

HC-One Oval Limited

# Coppice Court Care Home

## Inspection report

220 Willingdon Road  
Eastbourne  
East Sussex  
BN21 1XR

Tel: 01323431199

Date of inspection visit:  
15 February 2018  
20 February 2018

Date of publication:  
11 May 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Coppice Court Care Home on 15 and 20 February 2018 and our visit was unannounced. Coppice Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coppice Court Care Home accommodates up to 54 older people in a purpose built building divided into two separate units. The ground floor provides nursing care and support for people living with dementia. The first floor provides care for people whose main nursing needs are related to physical health needs, although people were also living with dementia or memory loss. This includes people who have had a stroke or lived with a chronic health condition like multiple sclerosis. Both floors cared for people at the end of their lives and used community specialist support when providing this care. At the time of this inspection 39 people were living in the service, 22 on the ground floor and 17 on the first floor.

The service did not have 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.

Coppice Court Care Home was taken over by a new provider at the end of December 2017. The inspection was brought forward as there had been a high number of safeguarding alerts that were under investigation. There was a recognition that the new management team were working to establish full compliance with an emphasis on recruiting a stable and skilled management and staffing team.

At the time of the inspection agency staff were relied on as part of the regular staff provision including the provision of registered nurses. They did not always have the skills, experience and knowledge to look after people effectively. In addition there was no identified leadership in ensuring effective and best care for people living with dementia.

Care records and practice followed in the home did not always support or promote responsive and person centred care that ensured care was appropriate and met people's needs. This included ensuring people were not looked after according to routine rather than in an individual way and being responsive to people's changing needs.

Quality monitoring systems had not been fully established and was not embedded into practice. Despite a comprehensive action plan being progressed to improve the service, further areas for improvement needed attention. This included poor record keeping that could impact on care. We found the management of some medicines was not robust. This included the administration of topical creams and some 'as required' medicines. The provider could not be assured these were given in a consistent way.

People and their relatives were satisfied with the care and support provided and they liked the regular staff working in the service. Staff were kind and attentive and demonstrated a caring approach to people. There were enough staff to respond to people's care needs on a daily basis. The regular staff knew people well and had formed caring relationships.

Staff employed by the service had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in the service. Staff had a basic understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had a working knowledge of the MCA and DoLS and what may constitute a deprivation of liberty. They followed correct procedures to protect people's rights.

People were supported to receive regular drinks and the meals that reflected their choices and needs. People were supported to take part in a range of activities and regular one to one time was provided to people. This ensured they had access to meaningful interaction. Visitors told us they were welcomed and people were supported to maintain important relationships and friendships.

The environment was clean and well maintained. The provider had ensured safety checks had been maintained and equipment and facilities in the service. People's rooms were individualised. Staff respected each room as people's own personal space.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Guidelines and records relating to some medicines were not clear and did not ensure all medicines were administered safely and in a consistent way.

People told us they were happy living in the service and felt safe. Any safeguarding concern was raised and dealt with appropriately by the management of the service.

There were enough staff on duty to meet people's care needs. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service.

The environment and equipment was well maintained to ensure safety. Risk assessments were used to assess potential risks and staff responded to these.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective.

Staff were supported to deliver care in a way that responded to people's needs. However, agency staff who formed a vital and regular part of the work force did not always have the skills experience and knowledge to look after people effectively.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary and had established good links with local community resources.

People had access to food and drink that met their needs and preferences.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were supported by kind and caring staff. People were supported to maintain important relationships and visitors were made to feel welcome.

Everyone was positive about the care provided by all the regular staff.

People were encouraged to make their own choices and had their privacy and dignity was respected.

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

The service was not always responsive.

Accurate care records had not been maintained or used to ensure that people got individual and person centred care.

There was a comprehensive and personalised activity programme which people enjoyed participating in. Individual time was also provided to support people's wellbeing.

Complaints had been investigated and resolved to people's satisfaction.

**Requires Improvement** ●

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

The service was not consistently well-led.

Quality monitoring systems had not been fully established to ensure best practice or identify all areas for improvement.

The management team were committed to developing and improving the service and ensuring safe quality care.

People were confident that they were listened to and had their views taken into account.

**Requires Improvement** ●

# Coppice Court Care 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.

This inspection took place on 15 and 20 February 2018 and was unannounced. The inspection was carried out by two inspectors 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 the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also considered the information which had been shared with us by the local authority and the Clinical Commissioning Group (CCG) before the inspection visit.

The inspection was brought forward due to a high number of safeguarding alerts that were under investigation. Therefore provider was not asked to complete a Provider Information Return on this occasion. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with seven people who used the service and six visitors. We spoke with eleven staff members which included care staff, two registered nurses, the chef, the maintenance manager and the housekeeping manager. In addition we spoke with the deputy manager, temporary service manager and regional quality manager. We also spoke to a specialist paramedic and following the inspection we spoke with a specialist nurse and a member of the community dietician team.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. This is a way of observing care, to help us understand the experience of people who may be less

able to tell us about their experiences.

We reviewed a variety of documents which included six people's care plans and associated risk and individual need assessments. This included 'pathway tracking' for four people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

This was the first inspection of the service since it was registered with the CQC under a new provider.

# Is the service safe?

## Our findings

People and visitors told us they felt safe living at Coppice Court Care Home. They said there was enough staff available when they needed them and care and support was provided in a safe way. Fire risks were responded to appropriately. One person said, "I used to fall at home and was not discovered for hours, it could not happen here, that's why I feel safe." Another said, "I am safe because all my medical needs are attended to. I asked the manager about fire after the Grenville fire. We have regular fire drills but I was concerned about how I could be evacuated in my wheelchair. A staff member explained everything and put my mind at rest." A relative told us, "There are enough staff in place to attend to personal care and to supervise communal areas." Another said, "My mother is safe she is moved from place to place but has to be hoisted and they do it very well." A third told us, "I know she is safe here, I couldn't watch her all the time at home."

Despite this positive feedback we found practice that did not support safe care in all areas. Systems followed did not ensure all medicines were administered safely and in a consistent way. We found there was no system for staff to follow and record how and when skin creams were applied. The provider could not demonstrate that skin creams were applied to people in a consistent way, or in accordance with prescriptions. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing anxiety or pain. We found that some people did not have individual PRN guidelines for staff to follow in relation to medicines or medical procedures. These should provide guidance for staff about why the person may require their medicine/treatment, when it should be given and how the effectiveness should be monitored. For example, one person was prescribed a bladder washout 'as required.' There were no guidelines for staff to understand when these should be given. This could lead to unnecessary discomfort to this person or a blockage of the urinary catheter. Another person was prescribed a certain dose of a strong painkiller 'as required.' This was not reflected within the individual guidelines and could lead to an inconsistent dose being administered and a person experiencing unnecessary pain. In addition we found staff had not always recorded the amount of medicine administered, or the time of administration. This meant staff had not been supported to administer all medicines in a consistent and safe way. This was particularly important as the service had new and agency staff who may have been less familiar with people's needs. The deputy manager had recently completed a full audit of medicines and was working through an action plan to improve medicine handling throughout the service. This included improved practice relating to PRN medicines and topical creams and we saw that this matter was being progressed. All issues found were identified to the temporary manager for them to address.

Storage facilities for medicines were appropriate and well managed. For example, medicine rooms were locked and the drug trollies were secured in these rooms when not in use. Medicines were only administered by registered nurses and the deputy manager had taken on responsibility to ensure the ordering and checking of medicines once delivered back from the pharmacy were correct. Stock checks were completed on medicines that required additional security and each medicine room had its temperature monitored, to ensure these rooms did not become too hot. High temperatures can lead to medicines not being effective. Practice observed during the inspection confirmed staff administered medicines on an individual basis.

Staffing arrangements included separate staffing for each of the floors and the number of staff provided ensured people's needs were attended to. Staffing included a registered nurse for each shift. Seven care staff worked the morning on the ground floor with six working the afternoon and evening. Five care staff worked the morning on the first floor with four working the afternoon and evening. At night each floor had two care staff working. In order to maintain the staffing numbers and skill mix, the provider relied on agency staff. At the time of the inspection visit they supplied approximately 50% of the care staff and registered nurses. Staff told us this number of staff ensured people's needs could be met.

As far as possible regular agency staff were used to ensure people were supported by staff who were familiar to them, and understood their individual needs. People and their relatives understood the need for agency staff and liked some that came to the service on a regular basis. However, they expressed a wish that regular staff were employed as they were 'kinder'. They were upset that staff they knew had left recently. A relative said, "For the agency staff it is just a job they come and do what they have to do only." The temporary manager and quality manager told us recruitment was being progressed as a priority and were aware of the challenges posed when using agency staff. We have highlighted in the 'Effective' domain of our report where we found concerns about the skills and competencies of agency staff deployed to meet people's needs.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. Checks included the completion of application forms, a record of interviews, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse. Records were obtained from the supplying agencies to confirm that appropriate checks were completed on agency staff supplied. For agency staff employed as registered nurses confirmation that they were appropriately registered was also obtained.

Staff employed directly by the service received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were confident in the reporting of any concerns and the safeguarding procedures to be followed if any concern was raised. Care staff including agency staff told us they would raise any issue directly with the registered nurses on duty who would contact the temporary manager or deputy manager. When concerns had been raised these had been dealt with quickly and effectively, any risks had been removed and appropriate local safeguarding procedures had been followed. Following any safeguarding concerns or safety incidents, lessons were learnt and action taken as a consequent of the incident. For example, medicine errors were reported and investigated with any staff competency matters addressed to reduce the risk of reoccurrence.

The provider promoted a safe and clean environment. Infection control procedures were followed and staff used protective clothing appropriately. Hand hygiene was promoted and hand sanitisers were available at key areas throughout the service. Security measures were in place and all visitors entering the service signed a visitor's book at the reception area. Health and safety checks and general maintenance were established and completed routinely by the maintenance person. Emergency procedures and contingency plans were established for staff to follow and use. Fire assessments and procedures were used to promote fire safety in the service and the maintenance person ensured fire equipment was maintained. Fire procedures had been reviewed and updated since the provider had acquired the service and these were documented clearly throughout the service. Each person had an updated Personal Emergency Evacuation Plan (PEEPs) and these were available to direct staff and emergency services for the safe evacuation of people from the service in the event of an emergency

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with moving people and skin damage were documented, and a risk management plan was then established. These plans were put into practice with staff ensuring people received care to reduce the risk of pressure area skin damage with the use of equipment when required. A visiting health professional confirmed the support and care provided had ensured positive outcomes for people with skin damage healing.

## Is the service effective?

### Our findings

People told us staff responded to their individual needs and felt the regular staff understood and had the skills to look after them well. They felt staff promoted their independence and ensured they had support from community health resources. One person said, "The staff try to keep you independent, the nurses dress my ulcers and cream you, but the carers let you wash yourself and they wash your back. I have no intention of giving up. When I can get in a wheelchair I shall be out and about." Another said, "They are very good at sending for the GP he came in to see me yesterday, staff cater for everything." Relatives were satisfied that staff worked hard to meet people's individual needs. One told us, "They call in opticians, the hairdresser, chiropodist and dental appointments can be made."

Despite this positive feedback we found practice that did not support effective care in all areas.

The agency staff who were deployed to maintain sufficient staffing levels at Coppice Court did not always have the skills, experience and knowledge to look after people effectively. Their induction was minimal and had not been completed by all staff working in the service. There was a limited introduction for them to understand the care needs of people or for the registered nurses to understand the clinical procedures to be followed. For example, one person attended to by an agency staff member was left in a lounge without a call bell, a drink or tissues. They called out for tissues and, in the absence of a staff member, an inspector ensured to the person had tissues. Another agency staff member supported a person with their meal but they ate very little. They were later provided accidentally with another meal and a permanent staff member was able to support this person to eat much more. The staff member told us how they knew how to encourage this person and understood it took patience and time in order to ensure they ate enough.

The agency registered nurses took charge of day shifts and completed clinical nursing duties including medicine administration. The provider had not assured themselves that they had the required skills and competencies to complete these tasks. For example, syringe drivers were used to give medicines over a period of time and registered nurses need specific training to ensure they know how to use this equipment. If staff do not have the required skills, people are at risk of receiving too much or too little medicines that would impact negatively on their health and control of any symptoms relating to their condition, including pain.

There was no identified staff member taking a lead on the provision of dementia care in the service and the temporary manager and deputy manager did not have any specific training or skills in this area. The provider had not employed anyone with specialist knowledge and qualifications to provide quality care to people living with a dementia. This meant the service was not working towards and developing areas for best practice. For example, the environment on the ground floor was plain and did not use colour, and signs to orientate people. Consideration had not been given to providing items and areas of interest for people to entertain or occupy themselves. We found some staff, particularly agency staff, had limited engagement with people on the dementia floor and were often remote in their approach, demonstrating little interest in people as individuals. There was no senior staff providing guidance and support to these staff to improve the experience for people.

This lack of training and support to staff working in the service meant people did not receive effective and safe care in all areas and the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was committed to establishing a structured learning and development schedule for the staff they employed. The service had a training facilitator who was beginning to work with the staff team to review and provide the required training. They were focussing on key areas that had been identified for improvement that included safe moving and handling and the Mental Capacity Act. They described a varied and thorough training programme to be implemented. This training programme had started and on the day of the inspection. Staff were attending a training day covering all aspects of safe moving and handling.

The induction training was to be rolled out to include newly recruited staff. It focussed on the organisation's expectations and was based on the 'Care Certificate', along with a tailored shadowing period within the service working alongside a senior member of staff. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. This will ensure new staff have a clear understanding of their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had a basic understanding of the MCA and described how they always asked for consent when providing care. Staff described how they explained what they were going to do and responded to any feedback from the person, be that physical or verbal. For example, one staff member told us how they would stop any care if a person resisted in any way. Staff knew further training on the MCA had been scheduled.

Mental capacity assessments were completed on admission and again when decisions on care and treatment were required and a person's ability to make that decision was not clear. A number of people had bed rails in use. Under the MCA code of practice, bed rails can be seen as a form of restraint. The deputy manager was able to explain the rationale for the use of bed rails and a bed rails risk assessment had been completed. People's capacity to consent to the use of bed rails had been assessed and a time and decision specific capacity assessment had been completed in relation to their use.

Systems to identify when a person may be subject to an unlawful deprivation of liberty had been reviewed since the change of ownership. The provider appropriately recognised people who may be deprived of their liberty for their own safety and had taken appropriate steps to do so in people's best interest. This included the use of bed rails. A key pad was in place to enter and exit the home. Some people were living with advanced dementia and were under constant supervision. Relevant DoLS application had been applied for and the temporary manager was following these up with the local DoLS assessment team.

Coppice Court Care Home was purpose built and met people's individual physical needs. People had level access to all areas in the service and adapted bathrooms and showers were provided. Wide corridors allowed for people to mobilise in electric wheelchairs. Bedrooms were large enough to accommodate

specialised beds and equipment and all had an en-suite toilet. Bedroom windows were positioned to enable people to see out of them when they were in bed. This ensured people with physical disabilities were able to comfortably access all areas of the service. However, as stated above, improvements were needed in making the environment more conducive to people living with dementia.

People felt the food was good, there were choices and their preferences were responded to with a daily menu to choose from. One person said, "The food is excellent." Staff knew individual preferences that were important to people. For example, one person liked a particular tea and staff ensured they were offered this drink on a regular basis. A relative told us, "My mother eats everything here and enjoys it all."

People were supported to eat and drink. Staff were available to support and encourage people to eat both in the dining rooms and in people's own rooms. People's nutritional needs had been assessed and reviewed and staff had a good knowledge of people's dietary needs. The chef was aware of these and was involved in discussions with staff, professionals on how best to meet them. For example, some people needed softened or pureed food. When this type of food was served it was presented on the plate in an appetizing way. If a person was losing weight, the chef responded by providing extra calories in the person's meals, if this was appropriate.

When people lost weight or had difficulty in eating and swallowing, staff referred people to appropriate professionals for advice as necessary such as a speech and language therapist (SALT) or dietician. Additional support and monitoring was put in place and recommended changes to food and drinks were implemented. For example, one person had nutritional supplements prescribed by the GP. Guidelines for staff on how to respond to a choking episode were displayed around the service. We have highlighted in the 'Responsive' domain of our report where we found concerns about how staff had responded to people's weight loss and changing health care needs.

People's nutritional needs were assessed and reviewed. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. This included the monitoring of what people were eating and drinking on a daily basis. Records completed included food and drink eaten and offered. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Visits from the Dietician and Speech and Language Therapist (SALT) were recorded along with the use of any supplements recommended. Advice provided following visits were reflected within the care documentation and available to staff in people's rooms if appropriate. This included instructions around use of cutlery and crockery. For example, staff to use a teaspoon when helping someone to eat.

Staff responded to people's mental health and physical health care needs. Staff worked with the community health care professionals and provided a multi-disciplinary approach to supporting people to be as healthy as possible. A variety of health care professionals were engaged with to support people's health. This included the local GPs and specialist nurses who gave valued input for people with complex care needs. Routine and regular appointments were organised and ensured people saw a dentist, optician and chiropodist when needed. A visiting health professional told us staff were proactive in seeking professional advice when needed. This ensured health promotion and hospital admission avoidance.

Staff communicated effectively with each other in order to respond to people's needs. For example, the staff handover shared information on how people were feeling and if they were feeling unwell. One person told us how effectively staff responded to their health needs. "I had a lot of bladder infections, but I have a catheter now and anti-biotics when needed." Another said, "They take good care of me, I have had blood and urine samples taken this week."

## Is the service caring?

### Our findings

People received care and support from staff who were kind, attentive and caring in their every day care. People told us they felt cared for and 'loved' and treated as an individual with rights. One person said, "They look after me very well and they are so kind." Another said, "I feel in control because I am well cared for." Relatives were positive about the care provided and the approach of the staff. Comments included, "I could not be happier with the care, staff are kind and loving," "I trust the staff and the way they look after her," and "The girls are kind and some of them are really very good."

The SOFI and general observations showed interactions between staff and people were pleasant and polite. The regular staff had clearly formed close caring relationships with people and demonstrated a genuine affection. For example one person was warmly greeted when they came to the lounge and a spontaneous hug and kiss was shared between them and a staff member. One person told us, "Everyone is treated equally here, no one shouts or abuses anyone or is impatient. I love them all they come in and kiss me good night and greet me with a smile in the morning, that's why I feel safe." A relative said, "You can see they have good relationships with the residents and you see them holding hands with them and giving cuddles." Staff asked people what they wanted, listened to what people said, and acted on what they were told. This supported people in making choices and having control over their own day. For example, people were asked what they wanted to drink and given choices of where they wanted to sit in the lounge.

Peoples' equality and diversity was respected. One person told us, "There is no discrimination here. You can't treat everyone the same we are all different human beings. Staff do their very best to treat people equally." People were supported by staff to maintain their personal relationships. This was based on people's choices and staff understanding of who was important to the person, their spiritual and cultural background and sexual orientation. Visitors were able to visit at any reasonable time. They told us they were always offered a drink and made to feel very welcome. Staff understood the importance of visitors to people. They engaged with visitors in a positive way, knew them by name and encouraged a friendly approach to promote regular visiting. We heard staff offer people and visitors an opportunity to move to a private area for their visit. People were supported to meet their spiritual needs. One person told us they were Catholic and their carer was organising a priest to visit. A relative told us that a religious service was provided each month and was well attended by those who wanted to. The activities person also took a key role in ensuring people were included and not discriminated against due to any disability. For example, they sourced a larger game piece to ensure people with poor eyesight could join in the game being played in the lounge.

Staff respected people and took account of their privacy and dignity. People's bedrooms were seen as their own personal area and private to them. Staff were seen to knock on doors and request permission to enter before entering. Bedroom doors were kept closed when people received support and staff told us curtains were always drawn. Bedrooms contained personal items that were important to people. This included pictures and photographs to make rooms look more homely. Outside some bedrooms a memory box displayed important information about people. These and bedroom contents gave people and staff a reference point and a link to people's past lives and an understanding of people as an individual. For those people who spent time alone in their own room, they were visited regularly to ensure they did not become

isolated.

Staff took account of people's choice around who provided their personal care. This ensured people were not embarrassed and felt comfortable when care was provided. One person told us, "I would rather have a female carer" but another said "I don't mind either, the men are very sensitive." Regular staff worked closely with the agency usually working with them when personal care was provided. Staff understood the importance of maintaining people's confidentiality. Records were kept securely within cupboards and staff knew not to discuss people outside of the service.

## Is the service responsive?

### Our findings

People and their representatives were involved in deciding how people's care was provided. People told us they believed staff knew and understood them and their care reflected their individual needs. People and relatives told us they had discussed their needs with staff and that these had been reviewed. One person said, "My relative deals with all the care plans I leave it to them." A relative told us, "We are always told of any changes quickly and the staff have reviewed the care plan with us."

Despite positive feedback on people's involvement in the provision of care we found care was not responsive in all areas.

Care records used did not always support or promote responsive and person centred care that ensured care was appropriate and met people's needs. A high number of people spent most of their time in bed. On the first floor 12 of the 17 people were cared for in bed routinely. Discussion with staff and the deputy manager stated that some people chose to stay in bed and comfort was a high priority when looking after people. However the rationale for how long and why people were cared for in bed was not always recorded within the care documentation. This practice had become a pattern rather than a response to people's needs and wishes, which can change over time. When asked staff did not know why so many people were in bed. When people stay in bed all the time this can impact on their emotional and physical health. For example, people's mobility becomes more limited, people can be at increased risk of pressure damage and can be at risk of social isolation. The temporary manager advised that the amount of time people spent in bed was to be reviewed to ensure care provided was focussed on individual person centred care.

Staff were using a nutritional assessment tool to identify people who were at risk from malnutrition. However, we identified three people who had lost a significant amount of weight and, according to the risk assessment too, should have been referred by staff for professional health advice. For example, one person had lost five kilograms over five months but no external referrals for advice had been made. The tools and information available had not been reviewed and dealt with to ensure people received appropriate care when their needs changed. The deputy manager ensured that, following our feedback, appropriate referrals were made for these three people as necessary.

This lack of responsive person centred care did not ensure people's individual needs were fully met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. One person told us, "A hearing aid man came in four weeks ago. He said I must get used to using them and wear them and he is coming back in two weeks." Another said, "They had my eyes tested and I

have some lovely new glasses." One person had a wipe board and diary book to write in to promote communication. Staff used touch and eye contact when talking to people. One staff member placed a drink in front of a person who had poor eyesight. They explained what it was, where it was, and guided their hands to it. The person was then able to drink independently.

A range of activities were provided throughout the service and tailored to meet people's individual needs and preferences. Activities and entertainment was seen as an important part of the care and support provided to people. People's past life, interests and hobbies were assessed for staff to arrange and provide suitable variety to people living in the service. People chose to attend the functions and entertainment as they wished. There were designated staff to maintain this and was led by an activities person who was highly motivated and respected by staff, people and visitors. One person said, "The activities organiser is excellent, she visits every room for 'one to one' and does group activities, she involves everyone." The one to one time was valued by people who spent much of their time in their rooms. The activities person was skilled at recognising each person as an individual and ensuring time spent with them was a positive experience and meaningful. For example, a relative told us they knew their loved one had written a book and would refer to it during individual time. Another person loved poetry and time was spent reading them their favourite poems. Staff interaction with people was also positive and promoted activity and conversation. Staff spent time looking at photographs and chatting with people. They supported the activities and entertainment programme and also provided additional one to one support when time allowed. For example one staff member painted some ladies nails while they chatted in the lounge.

Some people required end of life care and staff supported them to maintain a comfortable, dignified and pain free death. Appropriate support and treatment was sought in a timely way when needed. The regular staff had received training on end of life care and the registered nurses were skilled in using any additional equipment required along with managing palliative care medicines. People's pain was regularly reviewed to ensure each person was comfortable. Staff worked closely with community health care professionals. They told us staff provided a good standard of care and followed best practice guidelines. Care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. Staff discussed people's spiritual and cultural needs and any specific requests following death were respected.

Complaints were dealt with appropriately. There was a complaints policy and procedure with accurate information on who to contact when making a complaint. People and their relatives told us they could and would complain if they needed to. They told us complaints raised had been resolved to their satisfaction in the past. One person gave us an example of a complaint raised with the temporary manager that was resolved they said, "I had all the forms for a formal complaint but happily I did not have to use them." A relative told us, "We have complained in the past about missing clothing, but these have been found or replaced."

## Is the service well-led?

### Our findings

Although the provider only took over the management arrangements for Coppice Court Care Home in December 2017 the management arrangements had not been stable since August 2016 with a number of changes. This instability had impacted on people and staff. They told us they felt unsure if any manager would stay and if a stable team would ever be established. One said, "They have had quite a few managers since I came, here, they come and go." Another said, "New managers change things and then go." The new provider took over the management of the service in December 2017. At this time the regional management team was changed along with the appointment of a temporary manager of the service.

People and staff were complementary of the new temporary manager and the deputy manager. The deputy manager had been in post since September 2017 and had been retained in this role by the new provider. They were supported by a quality manager and a regional manager had also been appointed. We were told a new manager who was to register with the CQC had been recruited and was taking up post in March 2018.

The new management team were proactive and addressing key areas for improvement that had been identified through safeguarding referrals and information shared by the local authority and the CQC. An action plan had been developed and was being progressed. This included the recruitment and retention of suitable, skilled staff to work in the service.

However, the management systems had not been fully established and the quality monitoring systems had not identified all areas for improvement. This included poor record keeping that could impact on care. For example, records held in people's room to support the staff to deliver care and support were not complete. The care profile which gave a summary of each person's care needs had not been updated when people's needs had changed. One person's profile recorded this person was active and mobile when they actually were very immobile and spent most of their time in bed. This was raised with the deputy manager for her to update. A handover sheet was used to communicate information about people between staff. This record was not complete, or accurate and therefore did not provide staff with up to date key information for staff to follow. This was particularly important as many of the staff working in the service were agency staff and most did not know the people they were looking after well. Other records held in people's rooms were incomplete. For example, when people had air mattresses the records relating to the checking of this equipment was either not complete or not used. The provider could not be assured that the mattress was working at the correct setting. Despite the lack of records there was no evidence to indicate this had impacted on people's care. This lack of consistent record keeping was identified to the management team as an area for further improvement.

Quality monitoring systems were not embedded into practice. The lack of effective quality review and monitoring is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new providers were in the process of establishing the organisational procedures and practices that supported the management and quality monitoring of the service. These provided a comprehensive system

to be implemented. There was a commitment to establishing these in a structured and consistent way. For example, change was being progressed slowly with regular consultation with staff on how any changes were being received. For example, a new handover record was being used to ensure effective and full communication between the registered nurses. The registered nurses were asked for their feedback on the implementation of this form.

Staff said they felt changes being progressed were positive and were improving the management of the service. They told us they felt supported however staff had not received supervision recently. This was due to changes in the ownership of the service. We were shown that supervision sessions were being scheduled and were to be used to support staff and establish clear lines of roles and responsibilities. The organisation's aims and values were to be discussed along with staff's individual training and development needs. One staff member said, "I feel we are going in the right direction. The new manager gets things done and they will listen to what you have to say."

People and relatives were consulted and updated on changes affecting the service. A meeting had been held for relatives and residents. One relative told us "The most recent meeting two representatives of the new owners came and were quite honest and open with us." People and relatives understood the management arrangements and understood changes were necessary including staff changes. One person said, "This manager is very good, she brings me her own magazine when she has read it herself. I shall be sorry to see her go." Another said, "The manager comes up all the time to see me. I can't say anything bad against anyone." People told us they had been asked about their views on food. The temporary manager confirmed further work was being completed on improving the dining experience for people.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured people's needs had been assessed and responded to in a way that supported person centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured effective quality monitoring systems were fully established.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured all staff were suitably trained experienced or supported to provide safe and effective care.