

## Stoneleigh Care Homes Limited

# Copperdown Residential Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 7 October 2015 and was unannounced.

The service was registered to provide accommodation and personal care for up to 29 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 29 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 6 May 2014, we asked the provider to take action to make improvements because robust systems were not in place to ensure people were protected from the risks associated with medicines. This action had been completed and improvements had been made.

# Summary of findings

Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed. There were enough staff to people's needs. People told us and we saw that requests for support were responded to promptly by staff who had been checked to ensure they were suitable to work with the people who used the service.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

Staff were suitably trained to meet people's needs and were supported and supervised by the registered manager. Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with current legislation and guidance.

People with provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with specialist support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were treated with kindness and compassion and they were happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected.

People had support to meet their individual needs and preferences by staff who knew them well. Care plans were detailed and personal so that staff had the information they needed to be able to provide support to meet needs and requirements.

People knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place though no formal complaints had been received. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

The registered manager understood the conditions of registration with us. We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required. There was a positive and homely atmosphere at the service and people felt the registered manager was approachable and responsive.

# 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.

People's medicines were managed, administered and stored safely to ensure people got their medicines as prescribed. People felt safe and staff knew how to protect people from avoidable harm and abuse. There were enough staff to keep people safe and people's needs were promptly responded to. Risks were assessed and managed and care was delivered as planned.

Good



### Is the service effective?

The service was effective.

People were supported to make decisions in line with relevant legislation, to ensure their legal and human rights were respected. Staff had the knowledge and skills to support people effectively. People had support to eat and enough to maintain a healthy diet. Access to healthcare professionals was arranged promptly when needed.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment. People's privacy was respected and staff provided care in a dignified way.

Good



### Is the service responsive?

The service was responsive.

People received care that met their individual needs and preferences from staff who knew them well. People knew how to complain and staff knew how to deal with complaints.

Good



### Is the service well-led?

The service was well-led.

People, relatives and staff felt supported by the registered manager and there was an open culture where people were encouraged to give feedback on the care. Quality monitoring systems were in place which were effective in ensuring that issues were identified and were acted upon to improve the quality of the service. The conditions of registration with us were met.

Good



# Copperdown Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 7 October 2015 and was unannounced.

The inspection team consisted of 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.

We looked at the information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked

the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information in the PIR completed by the provider to help plan our inspection.

We spoke with eight people who used the service, nine relatives and a health care professional. We spent time observing care in communal areas because not everyone was able to talk to us about their experiences. We spoke with four members of care staff, the cook and the registered manager.

We looked at four people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, four staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

# Is the service safe?

## Our findings

At the last inspection the provider was not meeting the regulations because robust systems were not in place to ensure people were protected from the risks associated with medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made to the management of medicines.

People told us they were confident they got the right medicines at the right time. We saw that trained staff administered medicines and gave people explanations to help them understand what they were given. Advice had been taken from the Pharmacist to help improve the systems in place. We saw this advice was followed by staff administering medicines. The systems ensured that medicines were stored, administered and disposed of safely and we saw that these were effective to ensure that people got their medicines as prescribed.

People told us they felt safe. One person described how they felt safer and happier since moving to Copperdown and said, "I love it here." A relative said, "Definitely [person who used the service] is safe here." Staff knew how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise them. One staff member said, "I'd report any concerns to the manager and if that didn't work I'd report to CQC." We saw that suitable policies and procedures were in place to protect people. Staff showed us information that was displayed around the home with

guidance for people and staff to follow if they had concerns. When concerns had been identified, we saw records that showed they had been reported to the local authority and suitably investigated in line with local procedures.

People's risks were assessed and monitored. Individual assessments were completed by the registered manager for each person when a risk was identified and plans were put in place to minimise these risks. People were involved in these assessments when they were able to be. For example, one person asked for their bedroom door to be locked at night times, we saw they had been involved in discussion about the risks associated with this and were supported to have their preference. They had signed their risk assessment. We saw that care was delivered as planned. We observed one person being supported by staff to walk safely, as described in their risk management plan. We saw that regular checks of equipment were completed to ensure they were safe for use.

There were enough staff to meet people's needs. People told us and we saw that staff responded quickly when people needed support. One person said they chose the service because, "They provide better night time staffing levels." A relative said, "I think there are an acceptable number of staff." The registered manager told us they reviewed staffing levels and that extra staff were provided when needed, for example, if someone was unwell and needed additional support. Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

# Is the service effective?

## Our findings

People said that staff were suitably skilled to support them. One person said, "Some are exceptional at what they do." A relative said, "They definitely know what they are doing." Staff told us and we saw records that showed they had training and supervision to help them support people effectively. One staff member said, "Training helped me to understand how to support and communicate with people who have dementia. You have to be aware of your body language and facial expression. If people don't want to engage with you, it's best to leave them and come back later." We saw that staff effectively supported people with dementia. For example, one person was confused and asking people who used the service questions. A staff member kneeled on the floor next to them and asked them what the matter was. They held hands and chatted and the staff member waited until the person was calm before moving away. Staff told us and we saw that they had supervision with the registered manager. One staff member said, "I have supervision and you get feedback about your performance, it helps you to improve."

We saw that people were asked for consent before they were supported. For example, we saw staff ask, "Would you like me to help you to the toilet?" The Mental Capacity Act 2005 (MCA) sets out requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff had a good understanding of the MCA and we saw that people were supported to make their own decisions. One staff member said, "People can make their own decisions here but some people aren't able to. We spend time with them and explain things to them to help them understand." We observed that this happened and saw that people were given choices and explanations to help them understand. We saw that mental capacity was considered when people moved into the home. Mental capacity assessments were completed when required to see whether people were able to make decisions about their care. These were reviewed when changes happened to make sure people had the support they needed and their rights were protected.

Some people had attorneys who have the legal power to make decisions on behalf of people who are unable to do this themselves. The registered manager and staff were aware of who attorneys were and what powers they had. Copies of the relevant legal documents were obtained and

kept with people's care files. When people were unable to make decisions we saw that decisions were made in their best interests and involved the relevant people. This meant that people's legal and human rights were respected.

The Deprivation of Liberty Safeguards (DoLS) are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. We saw that the registered manager had considered DoLS for each person who used the service and where required, submitted applications to a 'Supervisory Body', in line with the legal requirements of the DoLS.

People told us the food at the home was good. A relative said, "I've had a meal here with [person who used the service], it was lovely." The cook told us and we saw that they went to each person daily and asked if they were happy with the day's lunch time meal. One person requested sandwiches, which were provided. People told us and we saw they were regularly offered and provided with hot and cold drinks and snacks throughout the day. One person said, "I never get thirsty." People were offered choice and provided with enough food and drinks to maintain a balanced diet.

Some people had specialist diets. We saw that pureed meals were advised for some people following an assessment from a speech and language therapist. The cook understood people's specialist diets and details of each person's needs and preferences were displayed in the kitchen. We saw that pureed meals were well presented and looked appetising to encourage people to eat enough. Some people were prescribed supplements and we saw they were given at the right times to manage risks to people's nutrition. The cook told us that one person needed their food mashed to help them to eat it and it was important it was well presented to encourage them to eat. The cook said, "They like all the colours separately, you eat with your eyes first, it makes all the difference." We saw the person commented, "That looks lovely" when they were served their meal and they ate it all. People were involved in decisions about what they ate. When people requested certain foods, the cook told us and we saw they were added to the menu. One person liked a particular jam, they told us they were impressed when the manager made sure there was always some available for them.

People were supported to maintain good health and had access to healthcare professionals when they needed

## Is the service effective?

them. One person said that whenever they were unwell, the staff made sure the doctor visited them. We saw the doctor visited to see one person at the staffs' request. One relative said, "They have a good relationship with the doctor here. They always get them out if there's an issue and they keep you in the picture." Another relative said that paramedics were contacted promptly when their family member fell. The manager contacted the family to tell them what was happening and this reassured them. We saw in people's records that referrals were made to professionals when needed including dieticians, chiropodists, speech and

language therapy and district nurses. A visiting healthcare professional said, "They follow our advice and guidance and they alert us straight away to any issues. They will ring us for support, the communication is really good, we have a good relationship." We saw that people's records were updated following advice from professionals. For example, we saw that a Physiotherapist had given advice on how a person should be supported, the care plan reflected this and we saw that staff provided support in line with the advice given.

# Is the service caring?

## Our findings

People told us and we saw that staff treated them with kindness and compassion. One person said, “They’re good people, they really are.” Another person said, “They’re very nice, nothing is too much trouble.” We saw that staff knew people well and called them by their preferred names. A relative told us, “They go above and beyond, each and every one of them. I can’t praise them enough.”

People and their family representatives were involved in decisions about their care. A relative said, “[Person who used the service] can’t hear but they still makes choices, staff show them a list of options.” We saw the person had a notebook with them where staff wrote things down for them. People were offered choice about their day to day care. They were given information to help them understand and make choices. For example, we saw a staff member ask a person where they would like to sit but the person, who had dementia, said they did not know. The staff member explained to them that they could sit near the window, or sit next to another person and showed them their options. The person was then able to choose where to sit and was smiling and chatting with other people. They were given time and explanations to help them make choices.

We saw that people’s dignity was respected. A relative said, “All the while staff are respectful. Everything we’ve asked of them they’ve done it and more.” A visiting professional told us, “They are respectful and the care is really good. People

always want their relatives to come here.” We saw that one person who had memory difficulties was worried about losing their handbag. Staff were aware of this and made sure the handbag was within their line of sight and that they took it with them when they moved around. Staff discreetly reminded the person so as not to highlight their difficulty. The person smiled and joked with staff. Staff knew people well and supported them in a caring and dignified way.

People told us and we saw that their privacy was respected. Some people chose to spend time in their rooms and staff were aware of people’s preferences. We saw that staff knocked before entering bedrooms and asked people if they were happy or if they needed anything. People liked their bedrooms and were able to choose how they were decorated. One relative said, “[Person who used the service] personalised their room and chose to bring their own furniture in. It’s like home from home, they’re proud to show us around.”

There was a warm and homely atmosphere. People told us they were happy with the care they received. One person said, “I have fun with all the staff.” Another person said, “I think they’re lovely.” Relatives told us and we saw they could visit at any time and the staff were always welcoming. There was a family room. People told us and we saw it was used to allow people to have privacy with their family, away from their bedroom if they chose to.

# Is the service responsive?

## Our findings

People and their relatives were involved in the planning and review of their care. A relative said, "We're always involved in reviews and there's never been any issues. The communication is excellent, they keep you informed." We saw in people's records that they were involved in developing their care plans and their relatives were asked for information when people were unable to do this. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences.

Care records contained information about people's care preferences and life histories which meant staff had access to the information they needed to provide personalised care and meet individual needs. Staff told us they were given time to read care plans and used the information to help them support people. For example, one person liked to have information written down to help them to understand and remember, staff told us and we saw that they did this, in line with what was recorded in their plan. Another person had always loved a particular singer and their relative described how staff knew exactly which track was their favourite and would play it to them, which made them happy and relaxed.

People told us they were offered the opportunity to take part in activities that interested them. A relative said, "The other week they had a clothes party. [Person who used the service] bought themselves something, they liked that. They're busy enough and really happy." A number of people told us they enjoyed weekly exercise sessions and a weekly entertainer who came into the home. Two people told us they enjoyed reading newspapers and magazines that were delivered to them at the home. Two people told

us they preferred to spend time in their room and that this was respected. They were aware of the activities within the home and one of those people said they sometimes chose to join in with the exercise session. We saw that staff offered people the opportunity to take part in activities and we saw that a game of skittles was offered. However, people said they wanted to watch a film and the staff helped them to choose a film that they all wanted to watch.

People received care that was personal to their needs and preferences. One person had a small selection of drinks in their room and said they enjoyed, "a small 'tipple' at the weekend." Staff told us and we saw in people's records that they were supported to go out for lunch or to the pub for a drink if they chose to. Records showed and we saw that the service had arranged for a person to have internet access in their bedroom so that they could listen to a particular type of music which helped them to relax. One relative said they liked that they could support their family member to go out regularly without restriction.

People told us they would go to the registered manager if they needed to complain about their care. One person said, "I'd go to the manager, she is brilliant." A relative said, "The manager always comes to me and asks if everything is alright. I feel like they really want relatives to be involved here." Staff knew how to respond to complaints, one senior staff member said, "I'd listen and write it down and try to help. I'd pass it on to the manager if I couldn't resolve it." Records showed that regular residents meetings were held and that feedback was encouraged and people were reminded about the home's complaints policy. A relative had requested that their family member had a new bed and we saw that this was promptly actioned and a new bed was in place. No formal complaints had been received by the service.

# Is the service well-led?

## Our findings

People told us and we saw that there was a positive and friendly atmosphere. One person said, "I think it's marvellous." A relative said, "They work as such a team, it's like a family and they treat each person as if they were a family member." Staff told us they enjoyed their work. One staff member said, "I love this job and I love the people who live here." Another said, "I like the thought of being able to do something nice for people, to help them and make a difference." There was an open culture where people and staff felt involved in the service.

People, relatives and staff felt supported by and had confidence in the registered manager. One person said, "It's well managed and well organised." A relative said, "The registered manager is very approachable. If there are any problems, you see her and it's sorted straight away. Any little thing." We saw that the registered manager was well known to people who used the service and knew their needs and preferences. People told us they knew who the manager was and we saw the register manager speak with people about things they liked.

The registered manager understood their responsibilities of registration with us and was supported by the provider at regular formal and informal meetings. We were notified of

significant events in line with registration requirements. Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.

Quality checks were completed by the registered manager. These included medication audits and analysis of accidents and incidents. We saw that these were effective and where concerns were identified, action was taken to improve quality. For example, during an analysis, the registered manager identified that one person had an increased number of falls. The person was referred to the falls team who reassessed them and provided additional equipment and guidance which reduced their number of falls.

The registered manager sought feedback from people who used the service and their relatives. A quality questionnaire was completed annually and issues were acted upon. For example, one person asked for their bedroom to be redecorated and we saw this was completed in line with their wishes. The person told us they were happy with the response from the manager. Another person had expressed that they did not like the sensor mat which alerted staff when they were out of bed because of their risk of falls. We saw that the manager worked with the person to reassess the risk and implemented new ways of working which the person was happy with.