

United Health Limited

Coppice and Oakside Care Home

Inspection report

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Ilkeston
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 July 2016. The service was registered to provide accommodation and personal care for 10 adults who have a learning disability. At the time of our inspection 10 people were using the service. Our last inspection took place in October 2013 and at that time we found the provider was meeting the regulations.

There was a registered manager in post. 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.

The Coppice and Oakside comprises of two purpose built bungalows in the town of Ilkeston. They have a private garden which people can access from the rear of the bungalows.

People were supported to be safe at the service and staff had received training to enable them to know how to raise any concerns. Risk assessments had been completed to cover all aspects of the environment and to maintain people's safety when outside the service. Other risk assessments had been completed to support the individual's independence and provide guidance and techniques to enable this to happen.

There were sufficient staff to meet people's needs and we saw they had a flexible approach to the support they offered. Staff employed to work at the service had received the appropriate checks to ensure they were suitable. Medicines were administered safely by staff who were trained and regular audits ensured that any errors were addressed.

Staff had received a range of training to support the needs of the people. Additional training was available to increase the staff's knowledge and support their career development. There was a clear induction for all new staff which involved training and shadowing with experience staff.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests. Where people did not have the capacity to make a decision, they were supported through best interest assessments.

People could choose what food they wished to eat. Where people had specialist diets these had been provided and when required specialist advice had been sought. Referrals to other health professional had been made to ensure the people maintained good health and well-being.

The staff had established positive relationships with the people to provide an individual level of care. Relationships with families had been promoted and they felt able to visit anytime. People's dignity was respected and the staff had developed ways to promote their understanding of dignity. Staff told us they felt supported by the management team and received supervision that enabled the development their role.

The care plans provided details about people's preferences and how they wished their care to be provided. Activities were available to suit either a structured programme or a flexible approach to meet people's interests and hobbies.

There was a complaints policy in place which was available and any concerns had been addressed. The provider had completed a range of audits and quality checks to ensure the ongoing needs of the people had been met and any improvements had been made.

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

People felt safe in the service and staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed through risk assessments and clear guidance. The recruitment practices in place checked staff's suitability to work with people. People received their medicine as prescribed and there were clear protocols in place to manage medicines safely. There were sufficient staff to support people's needs.

Is the service effective?

Good ●

The service was effective

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests. People were given a choice of food and specialist diets had been catered for. People were supported to enjoy a relaxed and sociable mealtime. Specialist advice was sought promptly when people needed additional support to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring

People and their relatives were happy with the staff and were treated in a caring way. People were encouraged to make choices and be independent. People's privacy and dignity was promoted. Relatives and friends were free to visit throughout the day and felt welcomed.

Is the service responsive?

Good ●

The service was responsive

People received care which met their preferences and staff understood their likes and dislikes. There were opportunities for people to take part in their own individual activity programme. There was a complaints procedure and this was followed when required to address any concerns.

Is the service well-led?

Good 

The service was well led

There was a positive atmosphere in the home and staff felt well supported. People and relatives were encouraged to share their views about the service. Audits were in place to monitor the quality and safety of the service provided and had been used to drive improvement.

Coppice and Oakside 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. Our inspection visit was unannounced and took place on 20 July completed by one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed 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 spoke with three people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We reviewed four care plans to see if the care reflected the needs required to support the person.

We also spoke with three members of care staff, the deputy and the registered manager. We spoke with two health care professionals. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

We saw that people were supported to be safe at the service. One person told us, "I am more than safe." Relatives we spoke with also told us they felt people were safe. One relative said, "I don't worry about [name] being here, I feel they are safe and feel quite reassured." Another relative told us, "People are safe, the doors are locked and there are always carers around."

Staff had received training in keeping people safe from harm and were able to provide details of the types of abuse and the actions they would take if needed to report any concerns. One staff member said, "If something happens here, they respond very quickly."

The service had completed risk assessments to cover all aspects of the environment and when taking people in the community. These covered safety, use of transport and any medication needs whilst away from the service.

Other risk assessments had been completed to consider the risks identified for each individual's situation. For example when people required specialist equipment we saw that the assessment provided guidance to how it should be used, taking into consideration the environment and advice from professionals. Some people had fluctuating abilities and needed equipment on occasions. The assessment provided an explanation when the equipment should be used and focused on the person being encouraged to remain as independent as possible. We saw this happened and heard staff saying, "Place your hand here, you can do it." The staff took time and provided encouragement to enable the person to manage their transfer with a degree of independence.

We observed when staff used the equipment they were confident; they explained the steps they were taking and provided reassurance. They took opportunities to promote aspects of independence that the person was able to achieve. For example the person being able to sit themselves up, or move their arms into a safe position whilst using the equipment.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People and relatives told us they felt there were sufficient staff to support people's needs. One person told us, "Staff are here to help me with my hair and other needs." One relative told us, "It's hard to fault them, they are always available."

The staff we spoke with told us they felt there was enough staff. One staff member said, "We are a good team, we support each other and cover when anyone is off sick or on holiday." Another staff member told us how important it was that the staff team remained consistent to enable them to support the person's individual needs. They said, "It's important to establish a relationship and know the person, we used to have agency staff and it was too difficult for them to support the person as they did not know them."

The manager told us they reviewed the number of staff based on the level of people's needs and they felt confident the current ratio was working to meet these needs. We saw throughout the day there were staff available to support people with all their needs and they had some flexibility to respond to individual requests. For example we saw some people went out to lunch and another person was supported to use the foot spa.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff we spoke with all told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

We observed people being given their medicines. This was completed only by staff who had received the training. One staff member told us, "I have recently done my meds training. The senior checked that I was competent and assured me they would not let me do it alone until I felt confident." Staff know what medicine people received and the reason for them needing it at specific times. Records were updated after each person had received their medicine to show that people had taken them. We saw that the medicines were kept securely in a locked cupboard so only authorised people would have access to them.

We found that when people needed to take medicines 'as required' and not every day, there was a clear policy in place which staff understood and followed. When people went into the community there was a risk assessment and procedure for taking people's medicines to ensure it was safe and any administrations were recorded appropriately.

Is the service effective?

Our findings

Staff felt they had the necessary skills to support people. Staff told us in addition to the mandatory training, they were offered other training to develop their skills and knowledge. For example, one staff member had completed a course to gain a better understanding of diabetes and other staff members had been encouraged to complete distance learning in areas of care they were interested in.

We saw that some people had behaviours that challenge and staff had been provided with specific training in this area. Care records identified the triggers relating to the behaviour and the techniques to use to defuse the situation. To support the staff team further the deputy manager had arranged for the trainer to observe the techniques used and provide guidance to how they could manage a specific situation of concern. This demonstrated that the provider was proactive in promoting the training required to meet individual needs.

Staff told us when they started at the service they were provided with training and shadowing with experienced staff members. One staff member told us, "I read all the care plans and watched how the staff cared for people to learn how to support them."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Some of the people living within the home lacked capacity to make important decisions for themselves. We saw mental capacity assessments were in place when needed. Staff we spoke with demonstrated an understanding of the Act to assess people's mental capacity. One staff member said, "You must always assume capacity. People are able to process information differently so you have to consider this and if we have to make the decision this is done through a best interest assessment." We saw that best interest judgments had been taken following an assessment when a flu vaccine was being considered. We also saw how decisions had been made to keep people safe from harm. For example, some people had a tendency to scratch themselves custom of scratching themselves and a best interest assessment had covered the importance of nail care and how best this could be achieved for the people concerned.

We saw staff explain to people what they wanted to do and gained consent from people. For example, one staff member explained they were going to hoist a person to make them more comfortable. We saw other

staff offered people different the options of where they wished to sit.. This demonstrated staff understood the importance of gaining consent from people before they provided it.

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for and DoLS orders had been authorised.

There was a flexible and relaxed approach to meal times. Although there was a menu for the lunch and evening meal, people could choose an alternative. People told us and we saw that they were able to have food and drinks at any time and some people accessed the kitchen independently or with the support of the staff.

We saw that people's likes and dislikes were recorded and specialist diets had been catered for. Some staff had received additional training in diabetes to enable them to cascade their knowledge to other staff and provide additional support to people who required this type of diet.

The provider had requested assessments for people from the speech and language therapy (SALT) team to ensure the staff knew how to prepare foods and to keep people well. A person from the SALT team told us, "Staff here have built on their knowledge of working with people." They also added, "We have a good relationship and are able to meet carers here, provide advice and feel confident it will be followed."

The service had enrolled in a local project to promote healthy eating. Staff told us that the '12 month health challenge' was another opportunity to talk about food and give people healthy choices in a fun and visual way.

We saw that people received support from a variety of health professionals. During our inspection the chiropodist was present, and they told us, "I come regularly and this time changed my day as the staff had contacted me to ensure the people I needed to see would be present." They added, "Staff are always supportive and know how to support people so I can provide the care they need for their feet." The care records provided details of other health professionals who visited people at the service and any guidance they gave had been documented in the care plans. For example guidance on moving and handling or health requirements for creams. This demonstrated that the provider supported people to maintain good health and well-being.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "The staff are more than good." Another person told us they enjoyed the company of the staff especially when they went out. A relative told us, "The staff are lovely and I am impressed with the way they speak to [name]; it shows they care."

Staff told us how important it was to know people needs. A staff member told us, "I enjoy my job; the people have become part of your family." We saw throughout the day staff responding to people with affection and there was spontaneous laughter. Staff knew the little things which made a difference to people; for example one person enjoyed a book, another listening to music and others the opportunity for time on their own.

People at the service required support from family and relatives to make life choices; however, some people had not got this level of support and received independent support from an advocate. An Independent Mental Capacity Advocate (IMCA) help the person make decisions. An IMCA represent the interests of people who may find it difficult to be heard or speak out for themselves. We saw records which show the IMCA had visited the person and been present to support them with decisions in their life.

Staff supported people to make choices about their day. We saw that people were encouraged to sit where they wished, and throughout the day daily life choices were offered like meals, drinks and activities. One staff member said, "Everyone is able to make some choices."

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. One relative said, "We come anytime we don't make an appointment." Other relatives had established a routine for visiting and this had been acknowledged and the staff ensured the person was ready for their relatives visit. Some people were supported to visit relatives in their home and some had arrangements to pay regular respect at the graveside of past family members.

Within the PIR the provider told us they had dignity champions and they would be promoting this area with different exercises. We saw this had happened and that the exercises had been shared in the monthly newsletter. The exercise 'blindfold sessions' involved a staff member being blind folded and another staff member supporting them with a meal or moving around the service. A staff member told us, "It's good to see how each other works and how it feels to be supported. It gives us a better understanding of how to support people." They added, "Its feels different when you are receiving help and you realise you need to have 100% trust in that person." A relative also commented on the training and said, "Staff are very respectful and understand the different disabilities."

We saw throughout the day that people's privacy was respected and when supporting people with personal care this was done discreetly. A visiting professional told us, "The staff show respect to the people and a genuine affection." This demonstrated that the service promoted people's dignity and respect.

Is the service responsive?

Our findings

People and relatives told us when they first considered using the service they had a transition period visiting for tea or a day before making the decision to stay. During this time the service obtained as much information as possible so that the care plan could be developed.

We saw that the care plans were person centred and included the person's preferences in their daily choices. The plans provided background information with some specific guidance or information written in a different ink to highlight its importance. One staff member told us, "We had a new person join us and I was able to have time to read the care plan and see how other staff interacted with them." Staff also told us how any changes were communicated through a daily handover and any updates to the care plans required staff to sign they had read them. This meant they were able to provide the level of care required following any changes. The manager told us that communication was important, they said, "It's important to have good communication with staff and involve them in the decision making."

Relatives told us they had been involved with reviewing of the care for their relation and how they were kept informed of any changes. One relative said, "They are on the phone instantly with any information."

People were supported to follow their interests and take part in social activities. We saw how some people had a structured weekly programme and others preferred a flexible approach to activities depending on how they felt. There was an activities coordinator who supported people to access activities and provided guidance to other staff to ensure all the people within the service received the opportunity to follow their interests or hobbies.

The deputy manager told us, "We are continually looking to expand people's opportunities in the community; recently people had joined the 'friday friends' and the 'stepping stones' group." We saw records confirming people had joined these groups.

Relatives told us they would feel comfortable to raise any concerns or complaints. One relative told us, "I had a few very minor niggles and they were resolved straight away". Another relative said, "I have complaints you can ask them anything." We saw that information was provided on how to raise a complaint, however the provider had not received any formal complaints. There was a process in place to ensure that investigations were undertaken and people received information about the outcome.

Is the service well-led?

Our findings

The home had a nice atmosphere, we saw staff were laughing and joking with people and showed an interest always greeting people by their name. Staff were engaging and knew about people's families to enable them to have conversations of interest to the person.

Staff told us the home was well managed and the management team were approachable. A staff member said, "They are so supportive, good at being flexible with work or for any personal issues."

The staff knew about the whistle blowing (WB) policy and told us they felt confident they could report any concerns and they would be responded to. The WB policy protects staff if they have information of concern and gives them an opportunity to raise concerns anonymously if they prefer.

Staff we spoke with said they received supervision which covered a range of areas. One staff member said, "It covers how I am feeling, what I want to achieve and any concerns." The deputy and manager also felt supported. They had regular meetings as a senior management team with the provider and individual supervisions to support their training and development.

The provider had given people the opportunity to comment on the service through surveys about the service. All those which had been returned were positive and had several compliments. For example, 'Thank you for caring for [name], please pass on my thanks to the staff.' And, 'As usual I am extremely happy with the care I get for my relative.'

The provider completed a range of quality checks and audits to ensure that the service was meeting the requirements and made improvements when needed. Where concerns with quality had been identified we saw actions had been put in place to improve this. For example a medicine audit had identified that some staff required some additional training and we saw this had been provided. Another audit in relation to accidents and incidents had identified an incident with staff carrying pens. Some people in the service were at risk of taking the pen and there were concerns that they may do some harm to themselves or others. The deputy manager developed a service policy that all pens had to be kept in the office or medicine room. We saw that all staff had signed the policy and that staff knew to follow these guidelines for people's safety.

The provider had an improvement plan for the service and we saw that this had been implemented. Both bungalows were having new kitchens fitted and if required new bathrooms and redecoration. We saw one bungalow had a new kitchen and both had been redecorated. People who used the service told us they had been involved in the decision making of the decoration and one person told us they had been shopping to purchase the accessories.

The manager understood the requirements of their registration and provided notifications and guidance to the service to meet with the regulations.