

Stoneleigh Care Homes Limited

# Copperdown Residential Care Home

## Inspection report

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Date of inspection visit:  
26 July 2017

Date of publication:  
11 September 2017

## 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

This inspection took place on 26 July 2017 and was unannounced. Copperdown Residential Care Home provides residential care for up to 29 older people, some of whom may be living with dementia. There were 29 people resident at the time of our inspection. Our previous inspection was carried out on 7 October 2015 and the service was rated Good.

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.

Medicine management systems were not always safe as medicines were not stored or audited effectively. Advice was needed for how some medicines were prescribed to ensure these were safely administered to people. The staffing levels had been reviewed to meet people's support care needs in the afternoon but we saw staff were not always available to ensure people's safety at other times during the day. Where people needed help to make some important decisions about their care, it was not always clear how each decision was reached. Where people were subject to new restrictions on their freedom to keep them safe, these had not been identified to ensure these were lawful. People had mixed views about how they were supported to engage with activities that interested them. Quality assurance systems were in place, however these were not always effective as they had not identified these concerns.

Staff understood their role in protecting people from the risk harm or abuse and the actions they needed to take if they had concerns. People were confident that the staff supported them well and had received training to develop the skills they needed to provide their care. Recruitment checks were made before staff employment to confirm they were of good character and suitable to work in a care environment.

People were supported by a consistent staff team that knew them well and promoted their independence. People's needs were assessed and support plans were developed with them and their representatives to enable them to be supported in their preferred way. There were regular reviews of people's care to ensure it accurately reflected how they wanted to be supported.

People were happy with the quality of the food and could have food and drinks that they enjoyed throughout the day. People received support from health care professionals to help ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed.

Staff were kind and caring when supporting people and knew their likes and dislikes. People's privacy was respected and the staff made visitors feel welcome and were approachable. There were processes in place for people to raise concerns and express their views and opinions about the service provided.

We found a number of 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 the 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?

The service was not always safe.

Medicine management systems did not always ensure that people's medicines were recorded and stored safely. There was not always enough staff in communal areas to ensure they met people's support needs in an effective way. People were protected against the risk of harm or abuse. Staff knew how were able to recognise abuse and took appropriate action when it was suspected. Staff were suitably recruited to ensure they were safe to provide people's care.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Where people did not have capacity, it was not always evident how capacity had been assessed to ensure that decisions were made in their best interests. Where people were subject to new restrictions, these had not been considered to ensure these were lawful. Staff received the training they needed to provide people's care. People were able to choose what they wanted to eat and drink and had access to health care professionals to help maintain their health and wellbeing.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff provided support to people in a kind and dignified way. Staff were patient when they interacted with people and their wishes and privacy were respected.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People had mixed views about how they were supported to engage in activities that interested them. Information was available to ensure people received personalised care and support; this was reviewed to reflect their current support needs. People knew how to raise concerns and complaints and were confident these

**Requires Improvement** ●

would be resolved to their satisfaction.

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

The service was not always well led.

Effective systems were not in place to consistently assess and monitor the quality of the service. People were able to comment on the quality of service provision. The staff felt supported and valued by the manager.

**Requires Improvement** ●

# 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 visit took place on 26 July 2017 and was unannounced. Our inspection team consisted of one inspector.

We spoke with six people who used the service, five relatives and visitors, four members of care staff and the registered manager. We observed care in the communal areas of the home so that we could understand people's experience of living in the home. We also consulted with local care commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five people's care records to see if they records were accurately maintained. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers

## Is the service safe?

### Our findings

People's medicines were not always managed or stored safely. We checked the number of medicines that were stored in the home and we found that some of the tablets were unaccounted for and were missing. Some people only needed half a tablet administering; the medicines had been dispensed as whole tablets and requests had not been made for these to be prescribed in a smaller dose. The staff confirmed that the remaining half would be placed back in the opened foil packet. This meant the integrity of the medicine could be compromised and was not stored safely; we found a half tablet was missing and unaccounted for. When people needed their medicines 'as required,' rather than at regular intervals, there was no information available to support staff to determine when people may need this. Some people needed two different eye drops; there were no instructions for staff to follow to ensure the person received their eye drops at the correct times or intervals. The medicines were stored in a small room and the temperature was checked daily. We found that the room temperature was consistently above the recommended temperature to safely store medicines. The provider had not taken any effective measure to ensure the temperature was reduced and medicines were safely stored.

This meant there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

There was not always enough staff to keep people safe. Some people needed support when they moved around the home and we saw that relatives had to help and supported people back to their chair. One relative told us, "They are lovely but they do get up and move around a lot and they will fall." Staff confirmed that to ensure their safety a member of staff was needed to walk with them due to the risk of falls. One member of staff told us, "They have a walking frame but they don't use it correctly and this can sometimes be more of a hazard." We saw another person walking around the home, who sometimes upset other people as they were moving their personal belongings. A relative went over to the person, spoke with them and guided them to move to a different area of the home. At lunch time, once meals were served, there were no staff to support people with their meals in the dining room, where people ate in silence with there was limited interaction. One person removed the table cloth from the table and sat and waved their plate around but there were no staff to support them. One member of staff told us, "There should be someone in here really but we have a lot of people who need individual support and when the call bells go off we need to respond." The registered manager told us they had reviewed the staffing levels and additional staff were available in the afternoon, but we saw that due to the dependency levels of people who used the service and the lay out of the home, there was still insufficient staff available to keep people safe.

This meant there was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014.

Staff demonstrated they had a good understanding of how to protect people. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. One member of staff told us, "We have all the information about who to report our concerns too but if I saw something then I would report it to the

manager first. If they didn't do anything about it then we have the number to call the safeguarding team. We are all responsible to make sure the right thing is done." We saw where potential harm had been identified, this had been reported to the local authority under agreed safeguarding procedures and they had liaised with them to ensure these were investigated.

Where risks to people's safety had been identified, the care records included information how to minimise these. One member of staff told us, "We have the support plans which show us where the risks are. More importantly we have a handover every day so we know how people are and if they aren't feeling as well today and what we need to do." Another member of staff told us, "As people get older, the risks become greater, we work with the nurses or occupational therapist to make sure we are helping people and using the right equipment. We've had training so we can use the slide sheets correctly. They are full length ones and we work together to help people change position and check on people's skin to see if it is red or there is a pressure sore there." We saw where people had a number of falls, referrals were made to the falls team or health professionals to review the support and reduce the risk of future harm. Accidents had been reviewed to identify any trends or patterns.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need to assist them to move in the event of a fire or any other incident that required people to be evacuated from the home

Staff recruitment and selection procedures were in place to ensure new staff were safe and suitable to provide people's care. Relevant employment checks had been undertaken before staff had started work, which included police checks and written references. One member of staff told us, "New staff don't start working here until all the checks have come back. We have to make sure they are suitable."



## Is the service effective?

### Our findings

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. When people moved into the home, an assessment of mental capacity was completed where there were concerns how they could make decisions. However, this did not relate to a particular decision and there was no evidence about how capacity had been assessed. Where capacity had been previously assessed by a health or social care professional, there was a record of who had completed this, but no details of what decision their capacity had been assessed for.

Where a decision had been reached that a person lacked capacity to keep safe; an application had been made to deprive them of their liberty to ensure any restriction was lawful. We saw that some people now sat in a chair designed to restrict their freedom of movement. The staff told us the chairs had been recently purchased to ensure people's safety but they had not recognised that this also placed a restriction upon them. A review of the DoLS application had not been considered to reflect this restriction. The staff had received training for MCA and DoLS, however they had not identified that assessments of capacity had not been completed and further restrictions had been placed on people.

This meant there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014.

People were confident that staff knew how to provide their care. One person told us, "You can't fault the staff; they are excellent. They know what they are doing and I feel very happy with how they help me." When new staff started working in the service, they worked alongside an experienced member of staff whilst they got to know people to enable them to provide the right support. New staff had an initial induction that covered how the home operated and how to keep safe. Training was arranged for staff to learn about how to safely move people and recognise abuse. The registered manager told us, "Until the staff are trained they work with experienced staff and aren't expected to do what they don't know." Where people did not have a care qualification, arrangements were made for staff to gain a vocational qualification or to complete training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "The training here is very good. We are just about to start our annual training. We know the trainers now and they know some of the people here. When we are doing

moving and handling, we talk about any particular issues we have and they will help us with different people so we do everything in the best way."

People were provided with a varied diet and there was a choice of food and drink. People were weighed regularly when required where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking.

People felt the food was very good and they always had a choice. We saw a member of staff asked everyone individually what they would like for lunch before the meal was served. One person told us, "I love a proper roast dinner and we have these all the time so I'm happy." One person said, "I've never found a reason to complain about the food, it's really good here." At lunch time we saw some people were supported to move to the dining room to eat together. People could also eat their meals individually in the lounge or in their bedroom either by choice or because they were too unwell to leave their room. Where people needed a blended diet we saw, the different foods were served separately on each meal plate, so people could still enjoy the different food flavours. Where people had difficulty swallowing, they had been referred to the Speech and Language therapists (SALT) who had advised on how food should be prepared and what cups or beakers to drink from. We saw their advice was followed.

People were supported to access health care professionals including their GP, occupational therapist and chiropodists when required. One person told us, "The staff are very good at calling the doctor if you are not well. They don't like to see you ill." One relative told us, "The staff have been excellent here. We were told [Person who used the service] wouldn't walk again but they have worked with the physiotherapist and they are now walking quite long distances. I never thought I'd see that. We are really pleased." Where staff had any concerns, we saw that they sought advice and support for people from health care professionals. Outcomes of these visits were recorded and reflected within the care records so that all staff had clear information on how to meet people's health care needs.

## Is the service caring?

### Our findings

People were supported with kindness and compassion and their smiles and laughter showed they were comfortable with staff. People liked the staff and the staff were knowledgeable about the people they supported. Staff spoke positively about people, describing their interests, likes, dislikes and their personal histories. Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved. The relationships between people and the staff were friendly and relaxed. One person told us, "The staff are marvellous and what makes this place so lovely. They are so kind and thoughtful." Another person told us, "The staff are lovely to us and I think the world of them. I'm happy I chose to come here."

We saw that attention was paid to people's appearance and comfort. Everyone looked smart and people told us that they were able to choose their own clothes and were happy with the arrangements for their personal laundry. One person told us, "I like to wear some jewellery to look smart. My family visit me a lot and it's important to me to look my best." A relative told us, "I don't think I've ever seen [Person who used the service] look messy or out of sorts. The staff are very good at making sure people have clean clothes and look nice whatever the time of day." People sitting in the communal rooms had blankets over their knees or to hand if they needed them. One person told us, "It's lovely and warm today but if I'm sitting a lot it's nice to have a blanket as I do feel the cold."

When personal care was provided, people's dignity was promoted. Staff spoke discreetly with people and responded promptly to their requests for personal care, which was delivered behind closed doors to ensure privacy. The staff respected people's private space and knocked on their bedroom or toilet doors before entering.

People were able to make daily decisions about their own care such as how to spend their time or what time to get up. One person told us, "The staff are very good. They wake you in the morning if you ask them to but you can get up when you want. Once I'm awake though I like to get up. I'm not one for staying in bed." People told us they liked having the different lounge areas to choose from to spend time in. One person told us, "This room is good if you want to watch the television but often we want to just sit and knit or talk with each other so we go to the other lounge as it's quieter." People's independence was promoted. We saw that people's mobility aids were kept close to them so they could move around the home independently if they chose to do so.

People were supported to stay in touch with family and friends and they were able to visit at any time to suit the person. One person told us, "Friends and family can come at any time. This place is always so busy with people coming and going. I like that, as even if my family aren't visiting then other people's always come and say hello. I like to see all the different people." One relative told us, "The staff make sure we are still involved with everything and the moment I walk in, I'm offered a drink. It's nice to know we can visit and feel comfortable here."

## Is the service responsive?

### Our findings

People had mixed views about the level of support they received to engage with their interests. One person told us, "There's not very much to do. I have my knitting and talk with the others but some people just have the television on most days." One relative told us, "The television is on all day. I'm not sure most people are even watching it but it would be nice to listen to some music or even to turn it off for a while." Staff we spoke with told us all activities were organised by staff on duty. One member of staff told us, "We would love to spend more time with people and some days we do. We don't have a dedicated activity staff so if we are doing something and the call bell goes off, we have to respond." There were no activities organised for people during our inspection visit. We saw people either watched the television, were asleep, disengaged, or spoke with people sat next to them.

One day each week people were able to participate in an exercise programme and entertainers visited the home. One person told us, "I love it when they come in and sing to us. The last one was really good. I liked it very much." One relative told us, "We had an entertainer visit recently and it was lovely to see people's responses, dancing, clapping and singing. You could see how much people enjoyed it."

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care in order to determine how people wanted to be supported. This information was used to develop a support plan and people told us they had been consulted about this. One person told us, "The staff asked me what I wanted and my family told them about what I liked too. I don't really want to get involved anymore and they are doing everything just how I like it so I'm happy with what they wrote down." The plans were reviewed and one member of staff told us, "We can look at the plans when we need to and if anything changes then we discuss this at handover." We saw that the support we observed matched what was recorded in people's care records, for example how they were supported to move.

People had shared information about their likes and dislikes and personal stories. One person told us, "I've had a lovely life and I told the staff about how I met my husband and what I used to do for work. There's more to me than this person sitting here and the staff are always interested." Where people had shared information this was recorded. One member of staff told us, "Some people aren't able to speak with us; having this information means we know what was important and we can talk with them about their family and what they did."

People confirmed they would feel comfortable telling the registered manager or staff if they had any concerns. One person told us, "I would be happy to talk to any of the staff about anything that was worrying me. I have a good relationship with them all and I'm happy with everything here." Another person told us, "This is a wonderful place and I'm really happy here. I've made my room just how I want it and I have friends here and I'm not alone. The staff make everything right and I am very content." A complaints procedure was in place and guidance was available in communal areas of the home on how to express a concern or raise a complaint. A system was in place to record the complaints received.

## Is the service well-led?

### Our findings

The provider carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. However, these were not always effective as they had not identified our inspection findings. People's medicines were not managed safely; staffing arrangements did not account for people's dependency needs and the MCA was not being followed to ensure people's mental capacity was assessed and restrictions placed on people were authorised. This meant not all systems ensured that the service was well led and resulted in regulatory breaches within our question 'Is this service safe?'

People felt able to give their feedback about the quality of care had been sought in the form of a satisfaction survey. The results were analysed and a report was produced and displayed for people. The registered manager agreed they would review how the information was presented within the report, to ensure this was in a format that people could understand; this would be discussed at service user meetings. We saw at the last meeting with people the registered manager discussed the provider's complaints procedure to ensure people were aware of how to raise any concern, including informing them of our role and how they could contact us if they needed to. The entertainment programme was discussed and the plans for redecorating the home. People could choose to comment on issues they felt were important. A copy of these meetings was displayed in the home for people to view.

Staff felt supported by the registered manager and senior carers and they were visible throughout the day and were supportive towards care staff. We saw they were actively involved in supporting people and stopping for a chat with them and visiting friends and family. The staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the home. One member of staff told us, "The manager is really supportive and we can go to her at any time. She makes all the difference and we are lucky to have her here."

Staff were able to comment on how the service was managed through supervision and staff meetings. We saw at the last staff meeting, staff were reminded about the whistleblowing policy and who they could contact if they had any concerns. One member of staff told us, "We talked about whistleblowing at the staff meeting and know we can call or speak to our manager about things that are bothering us." They told us they understand that they could raise concerns about poor practice without the fear of any action against them. They also discussed care practices in relation to supporting people to move; to ensure that two staff were provided to support people safely to change body position when required. Monthly meetings took place with the provider so they were aware of how the home was managed. During these meetings issues relating to people who used the service, health and safety, and maintenance issues were discussed.

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not considered people having consent to their care in line with legislation and guidance. People had not received an assessment or provided with the support to ensure that decisions were being made in their best interest when they were unable to make decisions themselves.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicines were administered accurately and in accordance with the prescriber instructions. People had been placed at risk from not receiving their medicines</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not deployed sufficient numbers of staff to make sure they could meet people's needs.</p>