

Stoneleigh Care Homes Limited

Copperdown Residential Care Home

Inspection Report

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Summary of findings

Overall summary

Copperdown is registered to provide accommodation and support for older people. On the day of our visit, there were 29 people living in the home and there were no vacancies. The home is located near to the centre of Rugeley and there are local facilities, shops and amenities within walking distance of the service.

The service is owned and managed by Stoneleigh Care Homes Limited and the provider has been the registered manager since July 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The registered manager manages two other services within the company. There were clear management structures, with the deputy manager also supporting staff in a managerial capacity and offering support and leadership.

The staff were kind and respectful to people when providing support. We saw staff smiling and laughing with people and joining in activities in the home. People received visitors throughout the day and we saw visitors were welcomed and participated in daily events. Relatives told us they could visit at any time and were always made to feel welcome.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. People we spoke with told us they were happy with the service provided and how staff provided their support.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets requirements to ensure that where appropriate decisions are made in people's best interests.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We saw that systems were in place to assess and manage the risks posed to people who used the service and the staff understood their responsibilities to ensure people were cared for safely. Improvements were required to ensure these systems were effective at protecting people from the risks associated with their medicines. You can see what action we told the provider to take at the back of this report.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Effective systems were not in place to ensure that medicines were managed safely. We saw that controlled drugs were not stored securely and had not been recorded to demonstrate they had been administered as prescribed.

Where staff identified possible harm or abuse, they knew how to act to keep people safe and prevent further harm from occurring. Reporting of possible acts of harm were not always referred promptly under agreed procedures.

Risks were identified and risk management plans were put into place in agreement with the people who used the service. The plans included information about how risks could be reduced to help people stay safe.

Staff demonstrated they had an awareness and knowledge of The Mental Capacity Act 2005 which meant they could support people to make choices and decisions where people did not have capacity. People were not deprived of their liberty and there were no restrictions placed upon them. The staff were aware that where people were restricted or deprived of their liberty a Dols application would need to be made, to ensure this was in people's best interest and the least restrictive practice.

Are services effective?

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed how they wanted to be supported and people told us they could choose how this support was provided.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People told us they could make choices about their food and drink. We saw people were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Arrangements were in place to request health, social and medical support to help keep people well.

Summary of findings

Are services caring?

People and their families told us they were happy with the care they received. We saw that care was provided with kindness and compassion. People said they could make choices about how they wanted to be supported and staff listened to what they had to say.

We spent some time in communal areas observing interactions between staff and the people who used the service. People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their family to provide individual personal care.

Are services responsive to people's needs?

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with people's preferences.

Family members and friends continued to play an important role and people spent time with family members and friends. Visitors could join people in activities in the home and the community.

Where people did not have capacity, decisions were made in people's best interests and in conjunction with people who were important to them.

People could raise any concern and people felt confident that these would be addressed promptly.

Are services well-led?

The provider had notified CQC of any the necessary incidents that occurred as required.

There was a registered manager in the service who managed other homes within the same organisation and was available when required in the home.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

Plans and systems were in place to ensure people knew how to act in the event of any emergency to keep people safe.

Summary of findings

The staffing was organised to ensure people's needs were met and support could be provided for any appointments and activities.

Summary of findings

What people who use the service and those that matter to them say

People told us they liked living at Copperdown Residential Home. One person told us, "It took a little while to get used to things because it was so different for me. Once I got to know everyone, I knew I'd made the right decision. I feel so much safer here and no longer worry about things."

People were happy with the support provided and how they were cared for by the staff. One person told us, "You can't fault any of the staff. They make me smile and always have time for you."

People said the staff respected their decisions and provided support in the way they wanted. One person told us, "The staff help me out, but let me do things for myself. They don't take over."

Visiting relatives told us they were confident that the staff provided suitable support and one relative told us, "I now have peace of mind. I used to worry but I know the staff here and they have my mother's interests at heart." Another relative told us, "We're always made to feel welcome here and are never made to feel in the way. I never worry about just popping in and visiting. We're very happy."

People knew how to raise any concern and were confident any issues would be addressed. People told us they had not had to make a complaint and one person said, "I'd just say something. What's the point of being miserable?" A relative we spoke with told us, "The staff are very accommodating. You can approach any of them and I would if I had any concerns."

Copperdown Residential Care HomeCopperdown Residential Care Home

Detailed findings

Background to this inspection

We inspected Copperdown Residential Home on 6 May 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

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 Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection was undertaken by an inspector for adult social care and an expert by experience who had personal experience of supporting older people, and the experiences of choosing and receiving a service in a nursing home.

Before we inspected the service we checked the information we held about the service and the provider. We saw that no concerns had been raised and that the service met the Regulations we inspected against, at their last inspection on 27 October 2013.

During our inspection, we informally observed how the staff interacted with the people who used the service. We also observed how people were supported during their lunch and during individual tasks and activities.

We spoke with eight people who used the service and five relatives. We also spoke with the registered manager and five other members of care staff.

We looked at four people's care records to see if their records were accurate and up to date and records relating to the management of the service.

We did not receive any additional information relating to this new inspection process prior to our inspection.

Are services safe?

Our findings

Robust systems were not in place to ensure people were protected from the risks associated with medicines. This meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The evidence below describes how this Regulation had been breached.

We looked at how the provider stored and administered controlled drugs for two people. These are medicines that are controlled under legislation to ensure that they are not misused. We saw that the controlled drugs book, which should be used to record the amount of controlled drugs on the premises, and what had been administered, had not been completed accurately. The amount of controlled drugs stored exceeded the amount recorded as being given in the controlled drug book. We looked at the medication administration record sheets and saw there were gaps in the recording of when the controlled drugs should have been given and three pages had been torn out of the controlled drug book. This meant it was not possible for us to complete an accurate audit to determine whether the controlled drugs had been given as intended by the person who had prescribed them. The provider carried out an audit of medicines each month including how controlled drugs were managed. The last audit was completed on 6 April 2014 and recorded that there were no issues identified. We saw these errors had occurred for a period of time and the last audit had not been identified these issues. This meant that the audit process was not effective. The person who used the service whose controlled drugs we were unable to account for, was not able to comment on whether they had received their drugs as prescribed. We therefore asked the registered person to report this to the local safeguarding team. This would ensure any appropriate investigation could be made to determine if people had been placed at harm.

During our inspection we spoke with the deputy manager and three members of staff who knew there were policies and procedures in place for dealing with allegations of abuse. The staff confirmed they had access to these and told us they had read and understood them. We were informed that a safeguarding referral had been made following our inspection, although this was not completed

for two days and the provider had instigated their own investigation with a pharmacist from the pharmacy who supported the home. This meant the provider had not followed their own procedures for reporting possible harm, to ensure that incidents were investigated appropriately.

Following our visit, the pharmacist obtained information from the general practitioner that they needed to complete an audit. They sent us a report confirming that medicines were now stored appropriately and systems were in place to record medicines correctly.

We saw the care records included assessments of risk, which provided staff with information about how risks should be managed including risk assessments for moving and handling. People moved independently around the home and we saw that staff assisted them to be mobile where necessary. Two staff were present when people were supported to move, or to transfer from their seat. The staff spoke with people throughout the procedure, informing them of what was happening. The staff ensured the person was comfortable before moving the wheelchair and we saw the foot plates were in place to support people's feet. Another person was supported to use their walking frame and staff ensured the person's feet were positioned correctly and that they were holding the frame securely before walking. We looked at the care records for these people and saw that the instructions in the records matched what we had seen during our observations. We spoke with two members of staff who told us they had received training to support people and knew what was recorded in the care records. One member of staff told us, "We had the training on how to move people and we work together so we can do it safely."

The staff had received training for The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This Act sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people are not restricted. The staff we spoke with knew about how decisions should be made and there had been no applications made to deprive people of their liberty. The deputy manager knew when a DoLS application should be made and knew how to submit one. This meant people could be confident that actions and decisions were being made in their best interests and only by people who had suitable authority.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at four care records and saw they contained up to date plans that were personal to each individual. These plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. The staff we spoke with were all aware of each individual person's preferences. The care records we looked at included a life story which had been completed by the person or their family members. Life stories can allow people who have difficulty communicating a voice, and can give staff a greater understanding about the reasons why people act in the ways they do. The staff we spoke with told us this information helped them to understand the person and one member of staff said, "It's important to know the person. Sometimes they can no longer tell us about their life or what they want to do but this helps us to talk about things they may want to talk about, or to plan activities." This demonstrated that staff used this information to help plan people's support and the service they provided.

The care records showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that their doctor had been called and treatment had been given. Staff had followed their advice to ensure the person's health and well-being. One person told us, "They're very good here; they never wait to call the doctor. The staff look after us really well." This meant people were supported to receive the health care they needed.

We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people needed a specialist diet to support them to manage diabetes and two people required a soft diet due to difficulty swallowing. As part of our visit, we carried out an informal observation over the lunch time period and we also shared a meal with the people who used the service to experience the support and care and the food served. We saw people were provided with protective clothing and there were condiments on the table for people to use. Prior to the meal we saw staff respectfully ask people if they

could provide support including asking, "Would you like an apron?" "Do you want some salt? I'll get you some salt." "Would you like me to cut it up for you?" "Do you want another drink?" Staff did not obstruct people from eating and provided the necessary support for people to eat and drink safely.

People we spoke with told us they could choose where they ate their meal and we saw people sat in their chair with a lap table, at the dining table and some people chose to eat in their bedroom. One person told us, "I don't mind where I eat, but I can go where I want." Another person told us, "I always go to the table because that's where I want to go." We heard one person expressing a wish to stay in the lounge to eat their dinner during the morning and saw this decision was respected.

There was a menu board with the day's meals in the hallway, however, the writing was unclear; there were no signs or pictures to inform people of what food was being offered that day. The staff we spoke with told us that the cook went round every morning and asked the people individually what they would like to eat. We spoke with three people who used the service who told us they could make a choice about what they wanted to eat and were pleased with standard of food prepared. One person told us, "They do ask us what we want. You get a choice of everything." We saw one person refused to eat the meals that had been prepared. A member of staff asked what else they might like and this was made promptly for them to eat.

We spoke with three members of staff who told us they received formal supervision and appraisals of their work which was an opportunity to discuss on-going training and development. One member of staff told us, "We meet every few months and talk about what we are doing and what we need help with. We don't have to wait for these meetings though, we can talk to the deputy manager at any time." Another member of staff told us, "If we need more training we just tell them and they're very good at arranging things for us to learn." This meant that staff's performance and development needs were regularly assessed and monitored.

Are services caring?

Our findings

Some people who used the service had dementia related conditions and were not able to talk to us so we spent time watching what was going on in the main lounge during the morning and over lunch time period. We saw how people spent their time and this included looking at the support that was given to them by the staff.

We saw that people were supported with kindness and compassion. During our observation one person became distressed. A member of staff sat with the person and provided support and spoke kindly with them. The staff responded to the person in a calm and reassuring manner which the person responded positively to. We saw the person was happy to continue with activities.

A member of staff sat next to one person in an armchair, crouching down to their level, and stroking their hand while speaking gently asking, "Are you alright?" We saw the person responded positively and began sharing a conversation with the member of staff. The staff knew about the person and their family and discussed when family members would be visiting next and how their grandchildren were progressing at college. One member of staff asked a person, "Is that your daughter who came from X today?" "Was that X's husband?"

We also saw staff treating people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath a shower. People were spoken with whilst they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. During our observation, we saw one person sitting in their

wheelchair near a doorway which meant it was difficult for another person to pass by. Staff spoke with the person and asked for permission to move them in their wheelchair and explained why. This meant staff supported people respectfully.

We spoke with eight people about the care and support they received. People spoke positively about the staff and one person told us, "It's very nice here and they look after you very well. They help very much." Another person told us, "If I don't look too good, they look after me. They're a good crew here." People told us the staff were available promptly and answered quickly when they used the nurse call alarm. One person told us, "They're very good. They come with the buzzer. They come quickly in the night if I buzz too." We saw one person ask a member of staff if they could be assisted to the toilet. The staff member was already providing support to another person but they gave assurances they would return. The member of staff had arranged for someone else to provide the support to ensure the person did not have to wait long. This meant people were provided with the care necessary to meet their needs.

People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. One person told us, "I'm not bothered about the papers. I know the staff know what they're doing and they ask me about it anyway. I'd soon tell them if they weren't doing it right, but they're fine." People told us they were encouraged to remain independent and one person told us, "The staff help me have a bath but I do what I can myself and they don't stop me. It's important I still look after myself." This demonstrated that staff supported people to remain independent.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us they could choose how to spend their time and whether to join in planned activities. On the day of our inspection, an organist had been arranged to visit the home. People were asked whether they wanted to join the group or could stay in a quieter lounge area. We sat with people whilst they participated in this entertainment and saw that they were asked what songs they wanted to be played. Three people welcomed the opportunity to hold the microphone and sing. One person stood up and danced and staff joined in with the singing and dancing with people. There was a relaxed atmosphere and people smiled, laughed and clapped to the songs. Visitors also joined in the music session. We spoke with three people who used the service and two visitors about the entertainment provided. They told us they could choose whether to participate in any activity and they were asked what they would like to be organised by staff at the monthly residents meeting. One person told us, "They try and organise what it is you want to do."

We saw one visitor was accompanied with a pet dog. We spoke with a person who used the service who told us, "I love it when animals visit too. I miss not having my dog." We saw one person holding a doll and there was a selection of fur bears and other animals for people to hold. We spoke with the staff about their use. They told us that they were available around the home as some people liked to hold them. One member of staff told us, "It's up to people here if they want them or not, but they are around. It's only a few people who want them but they're there and some people like them." The staff demonstrated they understood the value of 'doll therapy' as part of the care and support for people with dementia related conditions.

We saw people were supported to go to the hairdresser who was visiting on the day of our inspection. One person told us, "You have to look your best and she's very good and not too expensive." People told us organised activities included an exercise class and playing bingo. One person told us they enjoyed knitting in their room and staff supported them to go to the local shop to buy wool. Another person told us they could go to the shops or for a walk and said, "It's up to you where you want to go." One person told us that a religious service was conducted at the home. They told us, "It's up to you if you go. I like to as I like

to sing the hymns." The staff told us that the current arrangements met the diverse religious needs of people who currently used the service. This meant people were supported to do the things they enjoyed.

We saw that visitors were welcomed throughout our inspection and we spoke with five visitors for their views about the service. They told us they could visit the home at any time. One visitor told us, "I usually come late at night. X [person using the service] can chose when to go to bed and what they do. I like to come in the evening and we have a chat. If they want to go to bed earlier the staff just call and let me know." Another visitor told us, "It doesn't matter when I visit, the staff are always smiling and everything is fine here. They include us in everything that goes on, you never feel like you're intruding." A person who used the service told us they continued to visit family members outside of the home and told us, "I can go out with my family and go and have dinner. It's nice sometimes, but when I'm tired they understand and we stay here." This meant people were supported to maintain contact and relationships with people who were important to them.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I'd complain to the boss, but I haven't got any complaints. I'm not that type of person." Another person said, "I would go and tell someone." The complaints procedure was displayed in the communal hallway and this information was readily available to people who used the service and their visitors. The provider also ensured people were aware of advocacy services and promoted their use; information about this service was displayed in the home. An advocate is a person who people could speak with, or speaks on people's behalf and makes sure people's views are listened to or they get what they are entitled to. This meant people could use this service to help make decisions or raise their point of view.

We looked at one care record where we saw information that one person was not able to make a specific decision about their care. There was evidence that an assessment had been completed to determine whether the person had capacity to make the specific decision. Having capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. People can lack mental capacity because of an injury or condition, stroke or dementia. We saw a decision had been made in

Are services responsive to people's needs? (for example, to feedback?)

conjunction with people who were important to them in the person's best interests and those who had the legal authority to make decisions through a lasting power of attorney (LPA). Whilst people have capacity they can choose to set up a LPA. This gives someone the authority to

make decisions on the person's behalf. The registered manager had obtained a copy of the LPA to ensure they had acted in accordance with the law and appropriate decisions were being made and therefore were following the principles of The Mental Capacity Act 2005.

Are services well-led?

Our findings

We talked to staff about how they would raise concerns about risks to people and poor practice in the service. Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One member of staff told us, "You can't work here and pretend you care. People here mean a lot to us and if something wasn't right then I speak up." They told us they felt they would be able to raise concerns and be supported by the management team. This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

We saw in care records that as required under current fire safety legislation, each person had a fire safety risk assessment. The Personal Emergency Evacuation Plan (PEEP) is a document that provides staff with information to enable them to assist people who cannot get themselves out of a building unaided during an emergency situation. The provider also had an emergency plan agreed with another home in the local community, to provide temporary accommodation in the other establishment if the home was uninhabitable whilst alternative arrangements were made. This meant the provider had considered how to act in the event of any emergency.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that senior managers were approachable and had a regular presence. During our inspection, we spoke with the registered manager and the deputy manager. Both demonstrated they had an understanding of the care provided and showed they had regular contact with the staff and the people who used the

service. There was a positive and supportive culture at the home. One staff member said, "We work well together as a team. We all get on and are here for people. You only have to look around and ask people. It's important to get on; we are like a family here."

We saw that the provider carried out regular audits in order to assess and monitor the quality of the service that people received. We saw the service had recently had an external audit of infection control standards and reached a high percentage score demonstrating suitable infection control procedures were in place. There had been a recent visit by environmental health that assessed how well the service complied with food law and how much confidence they had in their ability to manage the service safely. The provider achieved the highest rating awarded to establishments. We saw internal audits were evaluated and where required action plans were in place to drive improvements. However, the provider needs to ensure that medicines are monitored effectively managed, to ensure there is safe system in place.

We looked at the staff roster to ensure the staffing numbers and skill mix were sufficient to keep people safe. We saw there was always four staff on duty and the deputy manager worked flexibly across the shifts to provide managerial and additional support for staff. The deputy manager told us that staffing numbers were flexible to enable people to attend appointments. Where additional support was required the deputy manager provided additional cover to ensure people were safe.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. Staff told us they were always made aware of any changes that had been implemented in response to incidents. The registered manager also notified us of reportable incidents as required under the Health and Social Care Act 2008.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 13</p> <p>‘The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity’.</p> <p>People were not protected from the risks associated with medicines because effective systems were not in place to ensure medicines were stored and administered safely. Regulation 13</p>