

# Larchwood Care Homes (South) Limited

## Copper Beeches

### Inspection report

London Road  
Rake  
Liss  
Hampshire  
GU33 7PG

Tel: 01730892889

Date of inspection visit:  
15 October 2018  
16 October 2018

Date of publication:  
30 November 2018

### 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

We conducted a comprehensive inspection of Copper Beeches on 15 and 16 October 2018. This inspection was unannounced. Copper Beeches is a care home providing care for up to 40 people who require nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is in Liss close to local amenities. Accommodation is provided over two floors. At the time of our visit 30 people lived at the home.

We last Inspected Copper Beeches on the 01 December 2015 and following this inspection we rated the service as 'Good' At this inspection the service remained Good.

At our last inspection we identified the provider had not checked the practice or competence of nurses before allowing them to work in the home. We issued a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People consistently received their medicines on time and as prescribed. People's medicines were safely managed.

People were supported to maintain good health and to be involved in decisions about their health. They were provided with personalised care and support. People were positive about the care they received.

Risks to people's and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns.

People had their needs assessed across a wide range of areas and care plans included guidance about meeting these needs. People were encouraged to make choices about their care and support and to be as independent as possible.

Staff had the knowledge and skills to carry out their roles and their training was updated regularly. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

Staff took necessary precautions to prevent the spread of infection. Staff had completed training on infection control and knew where to access the policy.

People felt they would be listened to if they needed to complain or raise concerns. The registered manager appropriately investigated complaints, compliments and incidents. A complaints policy was also available to staff and families.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service when their views were sought every year. Monitoring and auditing of systems had ensured action was taken when required.

People's information was kept securely and staff respected people's privacy, dignity and confidentiality.

The registered manager placed importance on ensuring everybody received person centred support. They also ensured the staff team felt valued. The management team ensured that significant events were reported appropriately to the local authority and CQC when required.

## 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.

Risks to people had been individually assessed, monitored and reviewed.

Appropriate background checks had been carried out which ensured staff were safe to work with adults.

Staffing levels were appropriate to meet people's needs.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs met by staff that had the necessary skills and knowledge.

Where appropriate people were supported to maintain a healthy diet, and to attend appointments with other healthcare professionals.

The service had been decorated taking into consideration the needs of people living with dementia.

### Is the service caring?

Good ●

The service was caring.

People found their support workers to be supportive and told us they were very happy with the support they received.

People's equality, diversity and human rights were respected at all times.

People's privacy and dignity was maintained.

Relatives spoke very positively about the staff at all levels and were happy with the care.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans evidenced their care and support needs were delivered to meet their needs.

Regular reviews took place and people were invited to be fully involved in this.

Complaints information was widely available and people knew how to raise a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

Quality management systems were in place to ensure continuous improvement of the service.

People, relatives and staff told us the service had effective leadership and they could approach the registered manager with any concerns.

Regular staff meetings took place and quality assurance surveys showed positive feedback about the service.

# Copper Beeches

## **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 comprehensive inspection took place on 15 and 16 October 2018 and was unannounced. The inspection was carried out by one inspector, one specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses nursing and dementia care services. A specialist advisor is someone who has clinical knowledge and experience of working with people who require nursing care and who may be living with dementia.

We reviewed the information sent to us in the provider information return (PIR). The PIR 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. Before this inspection we reviewed information we held about the service including previous inspection reports and notifications. A notification is a report about important events which the service is required to send us by law.

During the inspection we spoke to six people, four relatives and four members of staff. We reviewed four care records and associated documents for people who lived at Copper Beeches. We reviewed other records relating to the management of the home, including quality survey questionnaire forms, audit reports, training records, policies, procedures, and five staff employment and supervision records. We also reviewed the provider's recruitment practices.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, "Yes. There's lots of people around and they are all very nice" and "Yes. There's always someone around. At night, they hush you back to sleep." A relative told us, "Yes, she's been here three years and nothing's gone wrong."

At our previous inspection on 01 December 2015 we identified the provider had not checked the practice or competence of nurses before allowing them to work in the home. We issued a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. Records showed that six nurses were now employed at Copper Beeches Care Home and where agency nurses were used they were used on a regular basis to maintain continuity. Appropriate competency checks had taken place and were documented in their files. A family member told us, "I trust the nurses. The full-time nurses, I'd trust with my life and that's the test, if I feel I could trust them with my life, then I'd be willing to trust them with [person]." The registered manager told us, "We have six permanent nurses. We only use agency nurses now when we have our nurses on leave or are off sick." The registered manager told us, "From the Agency we receive [staff] profiles and training."

The provider had effective systems in place to identify and manage risk. For example, the provider had a record of health and safety risk assessments completed which covered risks such as cooking, scalding, rubbish management, mopping floors, cleaning equipment, fire, security and a range of other risks. These risks were rated low, medium or high and identified measures taken to minimise risks as well as time scales. Risks associated with people's care had been assessed, for example we saw in one person's risk assessment, details of how to ensure they remained safe from falls. Other people had risk assessments in place for a variety of situations including medication management, finance management, skin tears and manual handling.

There were clear policies and procedures in place for supporting people with their medicines. The registered manager told us, "All senior staff receive medication training. Nurses give medication and complete yearly competencies and face to face training with a trainer." Documents demonstrated there were robust processes in place from ordering, storing, dispensing and disposal of medicines. Staff were well trained to follow processes. Information was available to aid staff and offer guidance for example, BNF (British National Formulary), NICE Guidelines, medication policy and procedures. The BNF is a joint publication of the British Medical Association and the Royal Pharmaceutical Society. The BNF aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines. Regular auditing was carried out to ensure staff were guiding people properly and management conducted frequent competency assessments as part of staff learning and development. There had not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on the actions to be taken if an error occurred. The registered manager told us, "My clinical lead assesses their medication competencies. When I came to Copper Beeches I introduced a form for the nurses to check each other's Medication Administration Record (MAR) charts at the end of each medication round and they sign

each other's off to help minimise the risk of errors."

Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. Staff comments included, "Report to manager or [senior staff], they'd report to safeguarding and CQC," and, "I'd go to the nurses, or the deputy manager or manager [to report abuse], depending on who it was, if it was staff below the nurses then staff member would go to them, if it was a nurse then would go to the deputy manager/manager. If it was the manager I'd go further up, the CQC and safeguarding team." We saw from our records that the provider notified the Commission and other relevant agencies, such as the local authority, of all safeguarding incidents in a timely manner. The provider had appropriate safeguarding and whistleblowing policies and procedures and training in place for staff.

The service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. Each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire.

Sufficient staff had been deployed to meet people's needs at all times. At the time of our inspection there were 17 care staff employed who provided care for 30 people. The registered manager told us staff were flexible with their work patterns and told us they use regular staff and agency to ensure people's needs are met. Rotas demonstrated sufficient staff were in place to meet people's needs. Comments from people included, "There's lots of people around and they are all very nice," and, "The few they have here work very hard." Another person felt there was not always enough staff. Relative's told us, "There seems to be now, there are far more than there used to be. They are very friendly and kind," "They're looked after, plenty of staff around" and, "Not all the time, they have a problem with recruitment." A staff member told us, "Enough staff at the moment" and stated that there had previously not been enough staff. We spoke to the registered manager about this and she explained that recruitment had been difficult since the closure of another service, staff had felt unsettled and several had left however they had a recruitment plan in place and used agency to ensure safe staffing levels. A visiting professional told us, "Yes when I come in there is always a nurse available, never sat around waiting, always adequately staffed."

Records showed the provider considered skill mix when they recruited staff. The registered manager told us, "We try and have a senior carer and an experienced nurse on each shift and they work in twos' for hoisting and turning."

Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Staff confirmed that they had undergone DBS checks. The registered manager told us any DBS checks which recorded any convictions were risk assessed in line with the providers policies and procedures prior to employment.

Staff were knowledgeable about the risks associated with infection control. The provider had a detailed infection control policy in place which staff were familiar with. People told us that staff always had gloves in their pockets and that staff wore gloves and aprons when required. A staff member told us, "PPE used for personal care and any spillages. Aprons gloves provided, masks available." A visiting professional told us that they had observed staff wearing gloves and aprons when necessary. We observed staff cleaning bathrooms using Personal Protective Equipment (PPE) as well as there being a good supply of gloves at



strategic points around the home. Infection control audits were carried out on a regular basis and the infection control policy was available and in date.

Documents demonstrated that incident reports were submitted to the senior management team and outcomes shared in team meetings. The registered manager told us, "To investigate, report them, if it's safeguarding then report there. Can look over incidents and accidents if there are any trends and deal with accordingly." The registered manager told us that although no changes were implemented recently to the provision of care following accidents and incidents, new risks were identified and discussed at monthly health and safety meetings, for example, during the hot weather details of where to obtain fans were made available and uneven paving outside had been identified and rectified to prevent an incident occurring.

# Is the service effective?

## Our findings

People told us that the support they received was effective. One person commented, "They are all good at their jobs, they work hard." Relatives comments included, "They're marvellous. They are so patient," "Yes, a very good job. If you need anything or just help, they're there or if anything goes missing from her room, they go with you to look for it" and, "I'm more than happy with the permanent staff. I haven't had problems with any of them. I don't know about the agency staff."

New staff undertook a period of induction before they were assessed as competent to work on their own. A staff member told us that the care certificate was offered, but she hasn't done it as she has NVQ Level 3. The care certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Documents demonstrated that staff had the opportunity to complete the care certificate.

Staff told us that supervisions and appraisals were valuable and useful in measuring their own development. Staff told us that they had regular supervision. One staff member told us, "Had one recently, I can say what I think and it is documented properly." Another staff member told us, "Bi monthly supervisions, we can be honest about our feelings. I feel supported." We asked people if they thought staff were well trained and competent. Their comments included, "They are to a point" and, "The majority are yes." One person did tell us that they thought the staff were not trained. Relatives comments included, "They are [well trained]. [Manager] is very good with her staff" and "Yes, in the case of the permanent staff. I don't know about the agency staff, do they have to prove who they are, do they have a log book or a photo? But I've no complaints, I've had no reason to doubt any of them."

Staff supported people that required support with their food and drink. Staff knew to seek help if people did not eat or drink enough or if they had any other concerns in relation to eating and drinking. Support plans and risk assessments demonstrated that specialist help had been sought from the Speech and Language Therapist (SLT) as required however SLT guidelines were not available at the time of the inspection. We spoke to the registered manager about this who informed us that SLT guidelines had been archived. The registered manager offered assurances that SLT guidelines would be put back in place to ensure best practice guidance was being followed. The registered manager has confirmed by email that these guidelines have now been reinstated into peoples' records.

People's feedback around the provision of meals was variable. One person told us, "They have some good cooks here, but the food could be better at times. I'm old fashioned in my breakfast, I like a light breakfast. They can't do a full English. They can't do crispy bacon or fried bread properly" and, "I've never had a problem with the food. I quite enjoy the food here. I've always got coffee. I like coffee and I always ask for it." One person was keen to tell us they always had enough food, whilst another person told us, "It's a bit bland, there's not much to it. It's not very exciting." Relatives comments included, "The food is good but it's all pureed for her. It's just different colours. The potato looks like potato and the carrot looks like carrot, but it's just white or orange [pureed food]," "The food's OK. She's awkward, she's got lots of dislikes and they've got a lot of people to feed" and, "He'd lost weight in hospital and he's been putting it on here. Whatever they're

feeding him now is doing him good."

We spent time with people during lunchtime on the first day of the inspection. We found people's experience was variable and people did not consistently receive the meal time experience. Two people were supported to the dining room in wheelchairs. They were asked if they minded the clothes protectors and their use was explained. They were given soup in cups with spouts. They were warned the soup was very hot. These people were living with dementia and may not have understood the warning. Both seemed to have difficulty eating the soup. Staff periodically supported them to eat the soup and finally removed the lids of the cups, recognising the soup was too thick to easily go through the spouts. We observed a carer come into the room and place clothes protector onto one person without seeking their consent and without realising they had already eaten. The carer did apologise to the person when they realised their error. The meal was not a relaxed, social occasion and someone overseeing and the provision of meals and ensuring people received the help they needed promptly may have been beneficial.

We spoke to the registered manager about this and they informed us that they were aware that the experience could be better and told us of the plans in place to reform mealtimes. Since the inspection the registered manager has informed us that they have changed the whole mealtime system, chefs now complete the serving of meals, chefs are getting to know people better and this has enhanced the dining experience for people and enables the care staff to offer more support around mealtimes. The registered manager commented, "This was started after the inspection and is working brilliantly."

On the second day of the inspection, improvements had already been made. We observed some really nice interactions between staff and people during lunch. Staff members encouraging people to do as much as they could for themselves. Appropriate tactile reassurance (rested hand on residents' hand when they were struggling to swallow). A staff member talked through what she was doing and asked permission consistently, every time she was assisting with feeding.

People's care records demonstrated their day to day health needs were being met. People had access to their own GP and hospital professionals. Records showed that people were supported to also access other specialist services such as a dietician and dental services. People told us that they did not see the GP or dentist very often but that they could talk to staff about their health needs and the staff would act on this. Relatives told us that people received medical attention if they were unwell and that they were kept informed. Comments included, "There's a lady doctor. [Person] had most of her teeth out and the dentist called here three or four times to see her" and, "She sees the doctor almost weekly recently."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people's mental capacity had been assessed and staff were aware of how this impacted on their wellbeing. Staff were knowledgeable about the MCA and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. We found that the MCA paperwork was completed for each decision however this was not always completed with all of the relevant information documented in full. For example, details of how it was established if people could retain information or different ways information was presented was not always documented. We spoke to the registered manager who assured us that they will review all of the MCA paperwork and ensure they are updated to include all relevant information. This did not appear to have had an impact on the people being supported. One staff member told us "Everyone is treated that they have

capacity unless given a reason to think otherwise." Another staff member told us, "Difficult to assess at times because people may or may not be able to answer. If they can't retain information they can't have capacity, we would ask family, ask different questions. There is a booklet, best interest meeting." A relative told us, "I have been involved in a best interest and capacity meeting."

Staff sought people's consent for care and treatment. People signed their consent forms if they were able to do so. We observed staff members explaining to people they supported what they were about to do and asking for consent before they went ahead. People unanimously told us that staff sought their consent before helping them. One relative told us, "They say what they want to do. Two come at a time. They tell him what they are going to do." We observed a member of staff come into the room and told the person she was going to give him medication. The person consented to this, although verbal communication was difficult for them. Another relative told us, "She's not capable [of giving consent]. I trust the staff, I hear the way they speak to her."

Peoples' rooms were furnished to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms. We observed that one person had a crack in their bedroom window. We spoke to the registered manager about this and the window was replaced by the end of the inspection.

Technology was used to support the effective delivery of care and support. For example, one person had a device which alerted staff if they fell, staff were then able to respond and support them to ensure their needs were being met. This was agreed in their care plan.

## Is the service caring?

### Our findings

People told us the service they received was well-led. Relatives spoken with told us they were in regular contact with the registered manager. Relatives told us they were happy with the service and the management were approachable. Their comments included, "I've been coming for four and a half years, I consider myself part of the family" and, "She is safe and looked after, [Registered manager] is admirable." Two people told us they were not aware who the manager was although one commented, "It's a lady, isn't it?" When asked their thoughts on the culture at Copper Beeches relatives comments included, "It's open. It's responsive" and, "It's open. They listen to you."

The registered manager was knowledgeable about people who used the service and could talk in detail about their care and support needs.

Notifications and minutes from care reviews demonstrated the registered manager worked effectively with healthcare professionals. A professional commented "Yes [Easy to talk to the manager] and she responds appropriately" and, "They work well with us, they refer to speech and language therapy and dieticians and that always seems to go smoothly."

People who used the service were unable to remember if they had been asked for feedback however, documents demonstrated that people were encouraged to give feedback about the quality of the service. Every year, people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the registered manager and shared with people, family and staff. The results showed that people were happy with the service provided. A relative commented, "I've done a questionnaire. They explain how they care for everyone."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. Staff spoke of wanting to provide a good quality service for people. Most staff told us the registered manager was approachable, supportive and they felt listened to. Their comments included, "[Manager] is brilliant, straight talking, couldn't ask for better," "Very, very good, she's been the best manager we've had to date. She's very approachable and really backs the staff" and, "I think she's alright, she's trying to change things here."

Staff had the opportunity to attend monthly team meetings and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. Team meetings covered items including, whistle-blowing, safeguarding, fire safety, care plans, environment plans, confidentiality, hot weather, and security. The provider sought yearly feedback from relatives and other people involved in the service. Relatives comments included, "I go to the relatives' meetings. [Manager] tells us what she's going to do and asks for any feedback. There's a small core of us who go to the meetings and try to help. I put the flowers in the garden and I put in one of the selections in the sweets cabinet" and, "There are meetings every one-two months. About four of us attend fairly frequently."

The registered manager had effective and robust systems in place to monitor and improve the quality of the

service provided. Monthly quality audits of the service included looking at such things as infection control, training, medication, supervision, appraisal and risk assessments. The registered manager submitted action plans monthly which were monitored and reviewed by the Operational Manager. Documents demonstrated that action plans were drawn up after each audit and reviewed at the following audit to ensure they had been completed.

There was a computer system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff told us they felt well supervised and supported.

There were policies and procedures in place to guide staff in all aspects of their work. There was information in the office regarding things such as training and how to make a complaint as well as information posters and leaflets on the wall.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.

## Is the service responsive?

### Our findings

People and relatives told us the service provided was flexible and relatives told us it was responsive in meeting their needs. One person told us, "They know me. If I don't want to do something and I say, 'tomorrow' then they say, 'tomorrow? Fine.'" A relative told us, "She's happy." We observed one staff member asking after a resident's daughter who had been unwell, in a friendly and concerned way, showing familiarity with the resident's family.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People were provided with a leaflet 'How to make a complaint' that covered requesting a review if people are not happy with the complaint response. This showed that people were provided with important information to promote their rights and choices.

People told us that if they were unhappy they would not hesitate in speaking with the staff or the registered manager. People's comments included, "I'd talk to any of the staff" and, "'I'd do it my way.'" Relatives comments included, "Once he had regular bruising on his arm, but they explained as you get older you only have to knock yourself and you bruise. His skin is so thin.... I was happy talking about it. I knew he was going to be cared for" and, "My daughter made a complaint about 12 months ago, it was thoroughly investigated and they put more locks on. It was fixed within a day." The registered manager responded to formal complaints and was aware of the policy and response times. We saw an email from a relative thanking the registered manager for addressing a complaint and documents demonstrated that it had been followed through and discussed at a house meeting.

People said they received the help and assistance they required from the staff at the Copper Beeches. People told us they received consistent person-centred support however, they felt staff did not always spend sufficient time with them. One person told us, "Not really. It goes back to them not having enough staff" and another person told us, "If they had more carers they could take me round the garden in a wheelchair. They used to have the staff to do that, but mind you, sometimes we'd get so far and then they'd be called back to help someone else." Relatives told us that their family members get the things they want and that staff listen to people. Records demonstrated that they were regularly reviewed and updated. The registered manager told us, "We have an open-door policy, I go around and speak with everyone when I come in, to have a chat with them and check that they have everything they need."

For each person there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by senior staff. Relatives told us staff supported people to access activities, their comments included, "A while ago they painted stones and put their name on them and put them out in the garden. They made pompom things and arts and crafts. They sit and talk to her and they read the papers with them," "They have activities, the church people come, pets, making things or people come in and play music, the ukulele was brilliant" and, "The activities coordinators asked people they know to come in. They had a ukulele band from Portsmouth. I asked this landlord I know

well, he thinks he can sing, to come up and do his Elvis Presley impressions, he's going to do Neil Diamond at Christmas." One staff member told us, "[Activities that happen are] Puzzles, balloon bashing, DVD's, CD's, radio, sweet shop, hairdresser, treat tray and puzzle book colouring" and, "The activity coordinator is very keen on doing things. Talked about sensory ideas for the garden." Documents demonstrated that people participated in a variety of activities including, church, arts, crafts and music. There were three activity coordinators at Copper Beeches.

People and relatives told us there was continuity of staff and they were very fond of their regular care workers. People told us that staff know what is important to them and act upon it and that they are flexible in their approach. One person commented, "They all seem to know how to treat me." However, people did not feel they had a choice of who supported them, one person commented, "I seem to get whatever's coming. When I first came here, they had a man getting me undressed and changing my pad. I felt dreadful. I've never had a man do that before. They are all very, very good, but you can't help how you feel." This person confirmed that they are now supported by female staff. Documents demonstrated that people had been asked if they preferred male or female support. The registered manager confirmed that people were asked their preferences however said they will readdress this with people to ensure their preferences are reconsidered.

The registered managers told us that they had developed good links within local communities. They told us, "We have a good relationship with the mental health team, good relationship with mental health consultants, close relationship with GP's and have dealt with safeguarding." Documents demonstrated that members of the local community came into the home to deliver entertainment and church activities.

When people approached the end of their lives, Copper Beeches had systems in place to identify their individual wishes and preferences. The registered manager told us that people involved their family, advocate or anyone that is important to them to support them when the plan is completed. Documents demonstrated that end of life care had been fully considered and discussed with people and their wishes and preferences had been documented.



## Is the service well-led?

### Our findings

People told us the service they received was well-led. Relatives spoken with told us they were in regular contact with the registered manager. Relatives told us they were happy with the service and the management were approachable. Their comments included, "I've been coming for four and a half years, I consider myself part of the family." "She is safe and looked after, [Registered manager] is admirable." Two people told us they were not aware who the manager was although one commented, "It's a lady, isn't it?" When asked their thoughts on the culture at Copper Beeches Relatives comments included, "It's open. It's responsive" and, "It's open. They listen to you."

The registered manager was knowledgeable about people who used the service and could talk in detail about their care and support needs.

Notifications and minutes from care reviews demonstrated the registered manager worked effectively with healthcare professionals. A professional commented "Yes [Easy to talk to the manager] and she responds appropriately" and, "They work well with us, they refer to speech and language therapy and dieticians and that always seems to go smoothly."

People who used the service were unable to remember if they had been asked for feedback however, documents demonstrated that people were encouraged to give feedback about the quality of the service. Every year, people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the registered manager and shared with people, family and staff. The results showed that people were happy with the service provided. A relative commented, "I've done a questionnaire. They explain how they care for everyone."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. Staff spoke of wanting to provide a good quality service for people. Most staff told us the registered manager was approachable, supportive and they felt listened to. Their comments included, "[Manager] is brilliant, straight talking, couldn't ask for better." "Very, very good, she's been the best manager we've had to date. She's very approachable and really backs the staff" and, "I think she's alright, she's trying to change things here."

Staff had the opportunity to attend monthly team meetings and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. Team meetings covered items including, whistle-blowing, safeguarding, fire safety, care plans, environment plans, confidentiality, hot weather, and security. The provider sought yearly feedback from relatives and other people involved in the service. Relatives comments included, "I go to the relatives' meetings. [Manager] tells us what she's going to do and asks for any feedback. There's a small core of us who go to the meetings and try to help. I put the flowers in the garden and I put in one of the selections in the sweets cabinet" and, "There are meetings every one-two months. About four of us attend fairly frequently."

The registered manager had effective and robust systems in place to monitor and improve the quality of the

service provided. Monthly quality audits of the service included looking at such things as infection control, training, medication, supervision, appraisal and risk assessments. The registered manager submitted action plans monthly which were monitored and reviewed by the Operational Manager. Documents demonstrated that action plans were drawn up after each audit and reviewed at the following audit to ensure they had been completed.

There was a computer system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff told us they felt well supervised and supported.

There were policies and procedures in place to guide staff in all aspects of their work. There was information in the office regarding things such as training and how to make a complaint as well as information posters and leaflets on the wall.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.