Bupa Care Homes (ANS) Limited

Coppice Court Nursing Centre

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection which was undertaken on the 25 and 30 July 2014.

The home provided nursing care and support for up to 57 people on two separate units. The unit on the ground floor provided care and treatment for people who had a dementia type illness. The first floor provided nursing care for older people and had up to ten allocated beds contracted to provide post-operative therapy

Summary of findings

(rehabilitation) for people who had undergone orthopaedic surgery. For the purpose of this inspection report the ground floor will be referred to as the dementia unit and the first floor will be referred to as the nursing unit.

At the time of the inspection visit 48 people were living in the home. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they felt they were safe living at Coppice Court Nursing Centre. One person said, "Yes, I feel safe from everything." Staff had received safeguarding vulnerable adults training and staff were able to tell us what they would do if they had any concerns. Staff had received training on the Mental Capacity Act 2005 and senior staff were familiar with holding relevant meetings when people lacked the mental capacity to make decisions for themselves. These meetings involved professionals and representatives to make decisions that took account of people's best interests.

Care documentation contained individual risk assessments in order to keep people safe. We saw from staffing rotas that there was a stable and consistent staffing level. Staff spoken with knew people well and there were systems in place to share information on people. However, records for the people receiving rehabilitation were not consistent and accurate and did not provide clear guidance for staff to follow.

Staff told us they felt that there were enough staff on duty to meet people's needs, although this did not take account of all social needs. One staff member said, "There are enough staff to provide good care, staff just need to be well organised." We noted that call bells were not always responded to in a timely manner, which could put people at risk. This was raised with the registered manager for improvement.

People were encouraged or supported to make their own decisions about their food. There were systems in place to assess people's nutritional status and to monitor and support people to eat a nutritional diet. For some people on the dementia unit the support provided did not ensure healthy eating. This was raised with the registered manager for improvement.

Care records and discussion with visiting professionals showed us that people had access to other health care professionals as and when required. Staff followed guidance from these professionals and sought additional advice when necessary.

People were cared for by kind and caring staff. Staff knew people well and responded to them individually. One person said, "They are so kind with my dad and everybody else." There was a good level of activity and interaction taking place in the home for most people. The activity co-ordinator knew people well and facilitated activity and entertainment within and outside of the home. Links with the local church were provided and advertised in the home's newsletter. The activity and entertainment for people on the nursing unit was not so well developed and the registered manager was aware of this and was reorganising the activity staff to address this area. Visitors told us that they were warmly welcomed and felt they could come to the home at any reasonable time. This helped to ensure people had access to the community, friends and relatives.

People were given information on how to make a complaint. People, their relatives and staff told us that they were able to raise a compliant easily and that they felt it would be dealt with effectively.

The registered manager and regional quality manager carried out regular audits. A review of satisfaction with the use of questionnaires was undertaken. Staff meetings and relative and residents meetings were minuted. This showed us that the provider checked that the service provided the care and treatment in an appropriate and safe way and that where necessary, improvements were made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service is safe.

People felt safe living there and knew who to speak to if they had concerns.

Staff knew how to recognise and respond to abuse correctly. We saw that they had been trained and had procedures and relevant contact numbers to refer any concerns on.

The provider had ensured appropriate recruitment procedures were followed so that only staff safe to work with vulnerable people were employed. There were systems in place to ensure the environment was well maintained and safe. There were clear procedures in place to ensure staff had relevant information and guidelines to respond to any safety concern including fire or electrical failure.

People had individual assessments of potential risks to their health and welfare. However, for people receiving rehabilitation these were not always accurate.

Call bells were not always responded to promptly. This could put people's safety at risk as people's requests for assistance were not responded to quickly, in some cases for over 20 minutes.

Is the service effective?

Requires Improvement

The service is effective.

People's care was effective because staff had a good understanding of peoples care and support needs. Verbal and written communication systems were well established with information on people's needs, preferences and risks associated with health and care were reflected within the care documentation.

Staff worked in conjunction other health care professionals using their advice and guidance to benefit people. People made choices about the food they ate which reflected their preferences. For some people on the dementia unit the support provided did not support healthy eating.

Is the service caring?

Good

The service is caring.

People were attended to by kind, and caring staff. People were treated in a caring and respectful manner. People and their relatives were very positive about the care provided by staff at the service.

All staff knew people well and they were kind and attentive when people needed support.

Summary of findings

People were treated as individuals. We saw people and their representatives were consulted about their individual preferences and the care and support they needed.

Is the service responsive?

Good

The service is responsive

People were able to make individual and everyday choices about their life.

People had the opportunity to engage in a variety of activities inside and outside the home. This was found to be more accessible for people who lived on the dementia unit than for people on the nursing unit.

People were made aware of how to make a complaint or to give feedback to the provider about the service. Complaints and concerns raised were responded to appropriately.

People had access to health care professionals when they needed them and to respond to any changing need people had.

Is the service well-led?

Good

The service is well-led

The provider had established a clear management structure and there were systems in place for monitoring the quality of the service. Audits were undertaken regularly and people, as well as their relatives, were encouraged to give their feedback or make suggestions on how to improve the service.

Staff told us they felt involved in improving the service and had been supported when they had raised issues with the manager.

Everyone that we spoke with told us that the registered manager knew people well and was very supportive and approachable.

Coppice Court Nursing Centre

Detailed findings

Background to this inspection

As part of this inspection we undertook two visits, we spoke with four relatives and six people who used the service on the nursing unit and three relatives and four people on the dementia unit. We interviewed five staff including the registered manager and the head of care. A further seven staff were spoken with during the course of our visits, this included discussions with the activities co-ordinator, the deputy manager and the regional manager.

We observed care and support in the shared living areas and visited people in their own rooms. We looked at all the shared living areas including the garden some people's bedrooms, as well as a range of records about people's care and how the home was managed. Records seen included, three care plans on the dementia unit and six care plans on the nursing unit along with supporting care documentation and risk assessments. A selection of charts recording daily care, support and monitoring of people's needs were reviewed on each of the units. Four staff recruitment files were reviewed along with complaint and audit records.

The inspection team consisted of two inspectors and an expert-by-experience, who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home, spoke with a visiting health care professional from the community health care team and a commissioner of service from the local authority. After the inspection we spoke to a commissioner who purchased services for the Clinical Commissioning Group. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We last visited the service on 15 August 2013 where no concerns were identified.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People and their relatives said they felt people were safe in the home and were well treated. Comments made included, “Yes, I feel safe from everything,” “Yes, very safe here and it suits her,” “One can come in unannounced at any time and dad is very safe here,” and “He is very safe here, and we are 100% happy with how they treat him”.

On arrival at Coppice Court Nursing Centre we were welcomed and asked to sign the visitor’s book. We noted that the door was open but the reception area was staffed and the registered manager advised us that the door was locked for security reasons if this area was not staffed. This ensured that only those people who had a valid reason to be in the home could gain access.

People were kept safe in relation to their environment. The home had a clean and well maintained environment which allowed people to move around freely without risk of harm. Corridors were wide and had handrails. The building had a passenger lift which allowed easy access to both floors of the home. The grounds were well maintained with clear pathways that gave access around the garden. We saw records and certificates that demonstrated that the home was subject to regular safety checks and maintenance.

Training records confirmed staff had received or undertaken training in safeguarding vulnerable adults. Staff we spoke with had a good understanding of the types of abuse that may take place and who they would report to should they have any suspicions or concerns. There was a safeguarding adult’s policy in place for staff which gave guidance on what abuse was, and how to report it. This referred to ‘No secrets’ which is a Department of Health document on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse". We saw relevant safeguarding contact numbers were displayed on the office notice board. This showed that there were relevant government research and guidance in place and appropriate contact details available to all staff should they have any concerns.

Staff understood their responsibilities to keep people safe from abuse. Staff told us that they would raise any concern that they had about possible neglect and would not ignore it. One staff member said, “People are safe here from anything including abuse, staff would not allow it here. They would report and deal with anything like that straight away.” We saw records that confirmed senior staff reported any concern around safeguarding to the appropriate authorities for review and action as necessary.

People’s rights to make decisions about their care was protected All staff had access to training and policies on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These took account of helping people to participate in decisions that affected their care and how to act in people’s ‘best interest’. The registered manager and senior registered nurse interviewed discussed best interest meetings that had been held recently. These related to particular treatments, including the need for surgery, and involved a multidisciplinary team and individual capacity assessments. The registered manager told us that there was no one living in the home with a DoLS in place and that everyone had the capacity to consent to personal care needs. She demonstrated an awareness of when a DoLS would be applied for and the review process. Those people who were able to move around the home were not restricted and freely accessed the garden and both floors of the home as they wanted to. One person said, “Out there is a beautiful garden and I can go and sit out there in the summer if I want.” Another said, “I have no problem moving about and I can be here or anywhere I want.”

There was a system in place to identify risks and protect people from harm. Each person’s care file that we reviewed on each of the units had a number of risk assessments completed. The assessments were individual and reflected different risk factors. For example, related to mobility, possible skin damage and nutritional status. We saw that these assessments were up to date and were reviewed regularly which meant staff had up to date guidance about people’s needs and how to support them. Discussion with staff confirmed that risks were dealt with on an individual basis and told us how they balanced the possible risk depending on the individual and that risks were never the same for everyone. For example, people who were at risk of falling out, or off the bed had different measures including bed rails, sensor mats, regular checks and mattresses placed on the floor. This showed us that options to minimise risk with the least restriction were considered.

We observed people on each unit being moved safely with assistance and equipment as required. People who were receiving rehabilitation had input from an allocated

Requires Improvement

Is the service safe?

physiotherapist and occupational therapist. We found that the most up to date information from these therapists was not always reflected in the care plans that staff were following. For example, a visit undertaken by the occupational therapist had not been recorded and the last guidance recorded by the physiotherapist indicated 75% weight bearing, whereas the care plan indicated 100% weight bearing. We also noted that one person receiving rehabilitation care was finding mobilising very difficult with the support provided. Their care plan and risk assessment had not taken account of their mental impairment that impacted on their mobilisation. Discussion with the manger and regional manager confirmed that this area had been raised with the therapists and unit staff to ensure documentation was accurate to support people's safety. This area was identified as requiring improvement.

Observation through our visit indicated that the staffing arrangements ensured people's needs were attended to and people were safe. We heard that an emergency call bell rung on the dementia unit was responded to quickly. However, we noted that one person on the nursing unit was calling for assistance. When we checked the call bell print out system this recorded that their call bell was not responded to for 11 minutes. The registered manager told us that the home had started to monitor the answering of call bells and were highlighting any call that was not responded to within five minutes. We looked at the call bell print out for periods over the previous week. We found on one day eights calls had not been responded to within 10 minutes. Of these three had not been responded to within 20 minutes, one of which took 27 minutes to answer. This showed us that not all call bells were being responded to within a time that ensured people's safety. This area was identified as requiring improvement. At the time of our second inspection visit the registered manager had established further systems for monitoring the call bells and to identify the reasons behind the long response times.

Many of the rooms on the dementia unit did not have call bells. We looked at care documentation relating to the call bells. This recorded when people were not able to use the call bell and that staff should check regularly or a time for checks was indicated. For example, every 30 minutes for one person. Staff checked on people who were in their rooms from time to time during the day. People told us that there were enough staff working in the home to meet people's needs. Most people were positive about the staff availability and made the following comments. "They come quickly if I ring the bell," "I think they would help me if I asked," "There seems to be enough staff about as they always have time to stop and chat."

Staff confirmed that there were enough staff to ensure people received safe care. Staff said, "There are enough staff to provide good care staff just need to be well organised," "We are really busy, responding to bells, those who do not ring do not get so much attention. Another said, "We have no time to spend with people and interact with them." We looked at the duty rota and saw that a regular number of staff were deployed in the home. The registered manager told us that a dependency tool was used to assess the number of staff working in the home and additional staff were asked to work in the home if required.

The provider ensured that they employed staff who were suitable, and qualified to work with vulnerable adults. Records seen included application forms, identification, references and a full employment history. Each member of staff had undergone a criminal records check prior to commencing work at the service. We saw that any staff member employed as a registered nurse had their registration with the relevant authority verified before employment. We also saw evidence that when staff conduct was found to be lacking disciplinary procedures were followed.

The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were displayed in key areas throughout the home. These recorded the arrangements to be followed to respond to emergencies like fire and included the moving of people to nearby homes, as a place of safety on a temporary basis. Staff had access to relevant contact numbers in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

People told us that the home responded to changing health care needs and there were regular visits from clinical and healthcare professionals. Comments included, "There is no regular visit by the GP. He comes when needed," "I saw the GP and the outcome was completely satisfactory," "If I needed any outside medical help they would arrange it quickly," and "They discuss all care needs and they report on any medical appointments". People gave us some examples when health needs were responded to. For example, one person said, "X did have bed sores but now has a pressure mattress and all is fine." Another said, "Mum has her nails and hair done regularly and recently had a tooth done here." A further relative said that their relation was checked on regularly for fluid intake in their room and this was monitored.

People had consistency with their care and support from staff who knew them well. Coppice Court Nursing Centre had 25 people living on the dementia unit and 23 on the nursing unit at the time of the first inspection visit. Each unit was staffed separately from a designated team although there was some movement between units if staffing levels required. For example, we noted that staff from the nursing unit assisted on the dementia unit at lunch time when this area was busy. Staff spoken with told us having a designated unit allowed for continuity of care and reflected their preference. Staff told us that staff turnover was low with some staff choosing to work in the home for a number of years. One staff member said, "Staff do not work for the money, it's the job that we love."

Staff told us the staff training was well established and that they were reminded when they needed to complete refresher training in essential areas such as safeguarding, health and safety, dementia awareness, infection control, fire and safe moving and handling. A new staff member told us about the induction programme that they had completed. This had included a period of shadowing and working as an extra staff member for two weeks. They then worked with a senior staff member until they felt competent to undertake some activity on their own. They told us that they always had a member of staff to refer to, for help and advice. Records seen confirmed staff undertook relevant training to inform the role that they held within the home. For example, we saw that all care staff had completed training on safe moving and handling before they assisted with people to move. Staff were seen to use lifting equipment appropriately. Staff demonstrated skills in practice in the way they approached and spoke to people and in outcomes for people. For example we saw effective communication with people living with dementia that promoted pleasant conversations and interaction.

The provider supported staff to develop their knowledge and skills. Staff told us they had the opportunity for further training and received regular supervision and annual appraisal. Staff said that training and staff development was discussed at these sessions. One staff member said, "Supervision and my appraisal was useful. I have a mental health interest and I am able to pursue this through extra relevant training days." A registered nurse confirmed further clinical training was provided as needed and requested. They said, "The training is good and readily available. You can also access training at other BUPA care homes".

Staff were kept up to date on people's individual support and health care needs and referrals to relevant health services were made quickly. We attended a staff handover on the nursing unit in the morning. This was used to share information on how people were feeling and planned treatment and support to be provided in the future. Staff were encouraged to discuss individuals, raise concerns and discuss how best to meet their needs. All staff were listened to and some recorded notes. We saw that the registered nurse had a handover sheet that recorded important information on people's care needs that could be used for quick reference. Staff spoken with demonstrated that they had a good understanding of people's care needs. They were able to tell us specific details about individual support. For example, the appropriate approach to use if someone was becoming agitated and specific dietary needs relating to health and culture. staff referred to one person who had recently received a terminal diagnosis. The registered nurse explained the impact of this and confirmed a referral had been made to a specialist nurse.

The provider took account of people's individual needs and what care and support the home could provide. Records confirmed that the registered manager or the deputy manager completed an assessment before admission to ensure that their needs could be met. The commissioner spoken with confirmed these assessments took account of staffing numbers and competencies. Care records demonstrated that people's needs were assessed and plans of care were developed to meet those needs. These

Is the service effective?

provided clear guidance to staff about how people wished to be supported, including details of their personal care needs. There was evidence that these were regularly reviewed and updated.

There were effective links with a variety of community health care resources. Records confirmed that additional health care services were sourced. For example, we saw that one person had received treatment from a dentist, which had helped their eating. Other people had received input from the community psychiatrist and dietician.

People had enough food and drink and this was offered flexibly throughout the day to support individual needs. People were involved in making their own decisions about the food that they ate. We observed the lunch time in the dining rooms on each of the units. People said that they liked the food and people looked like they enjoyed the food provided. People were given choices and staff responded to these. For example, staff checked with people if their meal was what they wanted and changed to an alternative if desired. One person had a sherry with her meal and staff told us this is what they liked. Alternative diets including soft diets were well presented and looked appetizing. Lunch was followed by a drink which people chose. The menus offered variety of foods. Snacks were available throughout the day and night so they could respond to people's preferences on when and what people wanted to eat. One person said, "They are very good and do me a salad when I fancy one." Another said, "The food is OK and drinks are always available." This showed us that enough food and drink was offered to people flexibly throughout the day to support individual needs.

People told us that the food was good and they received a varied diet that met their needs. Staff were polite and engaged with people encouraged them with their meals, and explaining what the meal was. People's comments included, "She eats well so she must like the food," "The food is pretty good, it's tasty and is served well," "Very good food," and "He loves the food and eats well. They check that he drinks enough."

People on the nursing unit had a relaxed environment for dining which promoted healthy eating and people enjoyed a social chat during the meal. Staff assisted people in a respectful way encouraging and promoting independence whenever possible. Some people received their meal in their own room. For some people this was individual choice and for others this was due to their condition. People were assisted individually in their own rooms by staff members. For the people on the dementia unit the environment was busy and more chaotic. We observed that for some people meal times were not pleasurable and did not promote healthy eating. One staff member was seen to support two people to eat at the same time This did not allow the staff member to watch and engage with people in a way that allowed safe and unrushed eating. Another person had not received their first course when other people were eating their desserts. Two people were in an awkward position for eating and further seating at a dining table was not available. This area was identified as requiring improvement. These issues were raised with the registered manager who said they had raised them with staff following the inspection visit.

Records seen confirmed that people's individual nutritional needs were assessed and monitored. Those with complex needs or identified weight loss were referred to the dietician or the speech and language therapist. Some people were on supplements or an additive that ensured drink could be consumed safely. Staff knew who had supplements and additives and who was having their diet and fluids monitored. This meant that those people who needed dietary advice were given this and staff monitored people with identified needs.

Good

Is the service caring?

Our findings

Staff were providing care in a kind, compassionate and sensitive way. People wanted to tell us about the way staff cared for them and said, "The staff are very nice," "I am quite satisfied with my life here," "Life is OK and I like the staff, they are all nice," Relatives said, "Life for him is fantastic here, the staff are absolutely fabulous," "We could not have found a better home for him," "They are so kind with my dad and everybody else," "Nothing is too much trouble for them," and "I am made very welcome and the staff are very friendly."

People and relatives told us that they had the opportunity to contribute to the planning of care and we saw within records that there was evidence of regular contact and discussion with people and their representatives. Everyone spoken with apart from one was positive about the standard of care and support provided and told us it reflected their needs and their views were taken into account when care was planned. One person said, "I get the care that I would expect," and a relative said, "All mums needs are met and her care is individual to her." People said that they could talk to staff about any matter. Others said they had made comments and even complaints and the staff listened. Relatives were very complimentary about the staff's attitude towards them. One said, "We've never had issues or problems but I would express my views and discuss matters with the staff." Other people said they had been involved in the planning of care and changes to care. One person said, "They do speak to us about things here," and another said "I am very happy to mention things on X's behalf."

People's cultural needs were responded to. Staff spoken with were able to tell us about people's different cultural and religious needs and what this meant to them. For example, staff knew people's belief and religion and described how this impacted on meals and religious celebrations. One relative said, "X enjoys the church service and joins in with the hymns." Another relative reported that the church delivered communion and held services regularly. One staff member said, "If something was important to somebody the staff would know about it." When asked how? They described the information provided by loved ones and discussions held at staff handover.

Staff responded to people in a polite way, giving them time to say what they were saying freely and always asking what they wanted to do and giving choices. We saw that there was a close and supporting relationship between them. For example, staff used touch and comfort appropriately, and only when it was well received. One staff member was seen to touch the side of a person's face in a caring way. One relative said as a positive comment, "The staff are very chatty and give residents cuddles."

Staff took account of people's wellbeing with an individual approach and showed that they cared.

Staff spoke positively about the standard of care provided and the approach of the staff. They talked about a stable, caring and committed staff group with a low turnover of staff. One staff member gave an example of staff caring, and told us that staff were donating money for a person to have a special hair do. Another staff member described how staff were affected by a recent terminal diagnosis of a person living at the home. People were addressed according to their preference and this was mostly their Christian name. Staff supported people in maintaining their privacy and dignity. People had their care provided in a professional and discreet way. For example, when helping people to the toilet or when being moved by equipment. Staff were conscious not to cause any embarrassment by ensuring people were appropriately covered and were made aware of what was happening. We saw that when any personal care was provided bedroom doors were always closed. People who were in bed or sitting in their rooms were appropriately covered to maintain their dignity. Staff were able to give examples of how they treated people with respect and promoted their dignity. Staff talked about personal care and said, "I always ensure residents are covered when washing them and I always knock on their door before entering," and "We close curtains when providing care in their rooms." People told us that staff knocked on doors, and closed them when providing care. Other staff talked about promoting people's independence and said, "We enable people to do what they can for themselves." Another staff member described the importance of treating people as individuals. "People are always asked what they want to do and their choices and preferences are respected."

Good

Is the service responsive?

Our findings

People were encouraged and supported to express what was important to them. One person chose to sit in a certain place and we saw this was responded to by staff. A relative explained, "For the majority of the day X likes to sit facing the garden and staff always oblige." People and their relatives said the care received by people was personal to them. Peoples' comments about the care being reflective of their needs included, "Interaction between staff and mum is personal to her," "They take care of all her care needs, it's because they know her very well," and "They are developing a personal care system which is encouraging."

We attended a handover meeting on the nursing unit. During the handover people's views on their care were discussed and passed on to the staff working the day shift. For example one person had made a decision to stay in bed for the day. We found that staff had a very good understanding of people's needs and systems were in place to update staff on any changes. People were also listened to on a daily basis and staff responded and adapted care accordingly. For example, people were asked on a daily basis what their care needs were and choices were explored depending on how people felt and any changing health need.

Care documentation reviewed confirmed people or their representatives were involved in the development and review of care plans whenever possible. This included consent documentation on the use of equipment. People told us that their care had been reviewed but were unsure how frequently it was undertaken. We saw that people's views had been sought in relation DNARs (do not attempt resuscitate) forms. DNARs we looked at had been completed by the person's GP and showed evidence that the decisions had been discussed with the person or their relative. Other care documentation seen included individual maps of life and life profiles. These recorded areas of importance to people including families, faiths and activities.

An activities co-ordinator was employed and a further staff member was also providing additional hours in this role to develop further entertainment and activity on the nursing unit. We spoke with the activities co-ordinator and reviewed the records made to record individual participation. They knew people well and understood the specific care needs of individuals. For example, they walked slowly with one person supporting them to walk safely, and ensured they retained key items with them that gave them comfort. They worked mainly on the dementia unit, but told us that people from the nursing unit were able to come to the ground floor lounge and garden to join in if they wished and were able to. Records seen confirmed that people on the dementia unit had a variety of activity to join in with and this had been tailored to meet individual preference. For example, one person liked looking at photographs and talking about family member's time was spent individually with this person to allow this interaction.

Most people had the opportunity to participate in activities that were of interest to them. An activity programme was displayed in key areas of the home along with the homes newsletter. The July 2014 newsletter advertised the entertainment and activity planned for the month. This included a church event summer fete and singing duo coming to the home. People who were receiving rehabilitation told us they liked spending time focussing on their return home. Comments from people on the dementia unit included, "There is plenty to do and I choose to join in or not," and "Dad joins in with the activities sometimes if he fancies it."

People were enabled to maintain relationships with friends and relatives. People and relatives told us that visitors were made very welcome and could come at any reasonable time. On the day of our first visit we spoke with seven visitors. One person said, "I have family visit me and they are made to feel very welcome." Relatives were invited to social events in the home and this included the summer fete and that was being organised at the time of our visit.

People had the equipment and the staff made adaptations to help promote people's independence. Staff told us that there was enough equipment to promote people's independence. When we spoke to a commissioner of care they told us there was enough equipment to meet the needs of people they had placed in the home for rehabilitation. We noted at lunch time on the dementia unit that two people had difficulty in using the eating utensils provided. This was discussed with the registered manager who told us further eating aides had been ordered which the deputy a manger confirmed. The dementia unit had been recently decorated and had taken into account how people with a cognitive impairment

Good

Is the service responsive?

related to their environment. Signage and colour had been used to help people to move around the home independently. Memory boxes were used outside people's rooms to help people recognise their own room.

Information on how to make a complaint was displayed throughout the home and this provided clear guidance on how to make a complaint and provided a form to complete and asked for feedback on how to improve the service. There were also forms to provide suggestions and compliments. There was a comments book that people had filled in providing positive feedback on the home. Most people spoken with said that they would complain if they were unhappy about something. they said, "I've never complained but I would if I was unhappy about something," "They are very reasonable, they will listen to comments and complaints," and "We have no complaints."

Staff knew how to respond to people and relatives in a way that supported them to make a compliant. People told us that staff would listen to their views and would try and sort out any problems. One person said, "I've never complained but I would if I was unhappy about something."

Records of complaints, concerns and compliments received confirmed that complaints and concerns were taken seriously, fully investigated and responded to appropriately and that compliments were shared with staff. Records on complaints were not always easy to follow and this was raised with the registered manager.

There had not been any recent complaints but concerns had been investigated. We noted that actions had been taken with regard to the laundry to improve the service provided. Concerns around the laundry service had been identified and we saw that posters were in key areas around the home to remind staff to take care with laundry. The registered manager told us that two consistent staff were now working in this area to maintain accountability. This showed us that concerns and complaints were used to improve the service provided.

Good

Is the service well-led?

Our findings

The provider actively sought people's views and involved them in developing the service. People and their representatives were aware of the management arrangements within the home. Relatives said the management and the staff were approachable and that the manager had an "open door" policy. One relative said, "You can pop in to see the manager at any time". People said that they had the opportunity to express their views and there was written evidence to confirm that satisfaction surveys were completed by people and their representatives. There were also notes of relatives and residents meeting that reflected people's views were taken into account. The results of the last surveys which was undertaken and reported on in Autumn 2013. This showed how the service was performing against the results received the year before.

In this way the provider could see if the service was improving and in what areas the service needed further improvement. People had rated the overall service from the care home as 84%. Areas identified for improvement were mainly around the provision of food and activities. However it was noted that although people felt that the number of staff in the home had improved people's satisfaction with their promptness and amount of choice they provided had reduced. The report was shared with the registered manager who told us that this had been shared with staff. We also saw that people had been invited to a 'dementia café' which was being provided to share experiences and ideas as well as to gain support from the admiral nurse. The admiral nurse had been employed directly by BUPA to provide guidance and support to people and relatives living with dementia and the staff working with them.

There was a clear management structure in place with identified leadership roles. The registered manager was established and had worked at Coppice Court Nursing Centre for over four years. There was a designated deputy manager, and a head of care. The registered manager oversaw the whole home whilst the deputy manager and head of care had specific management responsibilities for the dementia and nursing unit respectively. There was a regional manager that the registered manager reported to. Each of the units had senior care staff who supervised the more junior staff.

Staff were supported to question practice and to raise any concerns and were protected if they did this. Staff were complimentary about the home's management and told us that they felt well supported. They said that they could share their views at staff handovers and at team meetings when they were held. They knew that there was a whistleblowing procedure and where to access it. All staff said they were confident that if they raised any issue they would be listened to and not blamed. One staff member said, "I would say if something was wrong, poor practice is always identified and something is done about it, sometimes people need additional training and support." Another said, "I would definitely say if something was wrong, we support new staff and most staff stay here for a long time."

Where required, the staff were able to work in partnership with others. Two visiting health professionals and a commissioner told us that Coppice Court Nursing Centre was well led. They said that the manager worked with them in a proactive way that took account of people's individuality. All felt that the staff had a good understanding of people's needs and asked for advice and support appropriately. The commissioner explained that the home worked closely and well with the allocated occupational therapist, physiotherapist and social worker.

A clear set of vision and values was promoted by staff and shared with people who used the service. The home's values and objectives were set out within the home's statement of purpose and other information provided to people. Staff had a good understanding of the aims and objectives of the home and spoke about people's rights that included privacy, dignity, choice and independence. There were a variety of policies and procedures to support staff in delivering appropriate care.

The registered manager co-ordinated a number of audits and responded to incidents and accidents. We saw the health and safety audit had been completed and the last Environmental Health report gave a high rating for the food hygiene in the kitchen. Quality reports for the organisation were being completed and these gathered information from each of the units on care indicators like number of pressure ulcers acquired, incidents and accidents. Further records on accidents and incidents confirmed action taken to promote people's safety. Actions taken included close monitoring and the use of sensor mats when assessed as required.

Good

Is the service well-led?

The provider's regional quality manager carried out a full quality audit of Coppice Court Nursing Centre in June 2014 over two days. This included talking to people who used the service and staff, reviewing support plans, complaints, safeguarding's and health and safety checks. The home scored highly at this audit with no action plan required. This showed us that additional support was available to the manager to recognise good practice and drive improvement.

Staff shared information and worked with organisations to develop best practice. Staff team meetings included staff working at all levels and gave them the opportunity to share best practice. The record of the group meeting held with the registered managers from other local BUPA homes recorded a presentation about working with a local 'Enabling Research in Care Homes' (ENRICH). This team worked with homes to prevent people from being admitted to hospital unnecessarily. Records in the home confirmed that staff were using tools recommended to reduce hospital admissions.