

Leicestershire County Care Limited

Cooper House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Cooper House is a residential care home providing personal care to 28 people at the time of the inspection. The service operates within a purpose-built building and can support up to 32 people.

People's experience of using this service and what we found

People were protected from the risk of abuse. Care staff had received safeguarding training and the provider had safeguarding policies and procedures in place.

People lived in an environment which was regularly checked, by the provider, to ensure that it was safe.

People were supported by enough care staff to meet their care and support needs. The provider carried out checks to ensure that the care staff employed were safe to work with vulnerable people.

People were given their prescribed medications safely, by senior care staff who had been appropriately trained. The registered manager was implementing improvements to the way that prescribed skin creams were recorded and monitored.

People lived in an environment that was clean and tidy. Care staff understood how to reduce the potential for infections and wore disposable gloves and aprons when carrying out personal care tasks with people.

People had care plans in place which care staff followed to ensure people's support needs were met.

People were supported by care staff who had received the necessary training. Arrangements were in place to ensure that effective handovers took place between care staff shifts.

People told us they enjoyed the food, and people were supported to eat and drink enough to maintain a balanced diet.

People were supported to access healthcare when they needed it, and the care staff worked in partnership with health care professionals to ensure people were appropriately supported.

The care home was purpose-built and met the needs of the people living there. There were different rooms available for people to spend time in during the day, so they could follow their interests.

People were treated with kindness and compassion by the care staff. The provider ensured that people's equality and diversity needs were met.

People were involved in creating their own care plans, where they were able to. Residents meetings took place, so people could give their views to the provider about any wider changes they wanted to see in the

service provided.

People's privacy, dignity and independence were respected and maintained by the care staff.

People's communication needs were understood, and the registered manager ensured information was provided in ways that people could understand.

People were supported to maintain links with their families and friends. The provider encouraged people to visit the care home and take part in activities with their relatives and friends.

People were enabled to plan for the end of their life, where they chose to, and were supported with kindness by care staff.

The registered manager ensured that the person's relatives were informed when any incidents occurred. The registered manager understood their responsibility to be open and honest with people when something goes wrong.

People were supported by managers and care staff who understood their roles and the need to provide a quality service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cooper House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cooper House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was responsible for two care homes, operated by the provider. An acting manager was also in place at Cooper House to oversee the day to day management of the care home.

Notice of inspection

The inspection visit on 28 August 2019 was unannounced. We returned, announced, on 29 August 2019 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives/friends about their experience of the care provided. We spoke with five members of staff including the registered manager, acting manager, care staff and maintenance person. We observed care staff interactions with people throughout the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which care staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the acting manager and audited by the registered manager. Changes in people's risk assessments were discussed at staff handovers. This helped to ensure people were protected from avoidable risks.
- Routine health and safety checks had been carried out, which helped to ensure the care home environment was kept safe.

Staffing and recruitment

- There were enough staff available to support the care needs of the 28 people who lived at the care home at the time of the inspection.
- The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included a full work history. The registered manager told us they would obtain full employment history records for all care staff.
- When agency care staff had been occasionally used, the provider had not always ensured appropriate pre-employment checks had been carried out by the agency. That was brought to the registered manager's attention who immediately obtained full pre-employment check details, from the agency, for all agency staff used at the care home. Those details were then held on file at the care home. This helped to ensure care staff were safe to work with vulnerable people.

Using medicines safely

- Medicine management systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

- Medication audits were in place and the acting manager told us they would be introducing a new format of controlled drugs record book, as minor recording errors had been identified in the current book.
- Care team leaders were trained in how to administer prescribed medications, when people required them, and their competence had been assessed by the acting manager before they were able to supply medicines to people.
- The registered manager had identified that the recording of when people had their prescribed skin creams applied was not carried out consistently. A better recording system was being introduced to help ensure people's health care needs were met, by receiving their prescribed skin creams at the required times.

Preventing and controlling infection

- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading.
- Care staff had completed infection control training, which ensured care staff understood how to prevent and control the spread of infections.
- Personal Protective Equipment, such as disposable gloves and aprons, was readily available throughout the service and used by care staff. This protects people, and care staff, from acquiring infections.

Learning lessons when things go wrong

- The registered manager reviewed incidents, analysed trends, and acted when needed. For example, the registered manager had identified improvements needed after reviewing recording errors related to prescribed skin creams. This helped to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The acting manager had created care plans which were updated as people's needs changed. This meant the care plans guided care staff to effectively meet people's needs.
- A care worker told us, "The care plans are in the office and we can see them. We have handovers, so we know about any changes." This meant care staff were provided with relevant information on how to effectively support people.
- The acting manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New care staff completed induction training, which included working alongside experienced care staff. Care staff told us that they received the training needed to meet people's individual needs. We observed care staff using their skills to support people effectively and sensitively.
- The provider had a training plan to identify care staff training needs, and arrangements were in place to ensure care staff were kept up to date with essential training.
- Care staff told us that they have regular handover sessions, team meetings and supervision meetings. This meant there was effective communication within the care team.

Supporting people to eat and drink enough to maintain a balanced diet

- Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's weight. However, the routine recording of people's fluid intake was not being consistently done. This was brought to the attention of the registered manager who told us they would implement daily audit checks to ensure records were appropriately kept.
- People were supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified to prevent potential choking, kitchen staff prepared food in the way advised by health care professionals.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans informed care staff about people's health care needs. This meant care staff had up to date information about how to support people.
- The service had links with GPs, district nurses and other health care professionals, and people were

supported to improve their health. For example, a person's mobility had improved, and they were now able to walk with a frame which they had not been well enough to use for some time. That was a significant positive outcome for that person.

- Care team leaders followed guidance, provided by a health care professional, on the administration of prescribed insulin to a person who required it. That meant care staff had the necessary training and skills to meet that person's health need.

Adapting service, design, decoration to meet people's needs

- The care home was purpose built and the decoration and other adaptations to the premises, met people's needs. For example, the provider had introduced a mini-shop cupboard where people could independently purchase toiletries and other small items.

- People had personalised their bedrooms. Bathrooms and toilets met the needs of the people living at the care home.

- People told us that they liked the garden area which was occasionally used for garden parties and events. One person had an interest in horticulture and had been enabled to grow floral hanging basket displays which were placed around the front of the building.

- People chose where to spend their time. The care home had a lounge, a quiet room, small library and a 'pub' room, which meant people had a choice of where to go if they wanted to watch television or take part in other activities.

- The care home had a 'sofa' in the entrance area near to the care staff office. That was a social point where people sat, chatted with friends and passing staff, and watched the general comings and goings of life in the care home. We saw that people valued that activity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Care staff received training, in relation to MCA and DoLS, and worked within the principles of MCA.

Appropriate referrals to the local authority DoLS team had been made.

- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.

- People were supported to have choice and control over their lives. Staff told us they supported people by offering choices and obtaining consent. A person told us, "The staff have helped me sort out my medication. I look after it myself now, and the staff just come and check that I'm taking it ok." The person told us having control over their own medication had a positive impact on their self-confidence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care staff were attentive to people's needs and supported people with kindness. A person told us, "They [staff] all do a good job here".
- Care staff supported people at meal times which were relaxed social occasions. People appeared to enjoy each other's company. This meant people developed friendships which were important to them.
- All care staff had received equality and diversity training. The provider's Equality and Diversity policy set out how the care home operated to support people, and staff, from diverse backgrounds.
- Peoples' disability support needs were met appropriately by the provider. The registered manager assessed people's equality and diversity support needs as part of the assessment carried out prior to people moving into the care home. This helped ensure a person's equality and diversity needs were considered when planning their support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in deciding their own care plans, where they had the capacity to do so. Best interest processes were in place where people did not have the capacity to make those decisions.
- The acting manager supported people to have 'resident meetings' to discuss the menu, plans for leisure activities, and the decoration of the care home. Outcomes from those meetings were implemented by the acting manager. That enabled people to shape the support they received.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was maintained. The acting manager told us that the 'mini-shop' cupboard had been opened so people could still experience going somewhere to choose what to buy, pay, and be given a receipt. That was important for those people who could not easily go out to local shops. That meant people were supported to be as independent as possible.
- People were treated with dignity. A care staff told us, "We help people to keep clean, dress nicely and be comfortable. When we are doing personal care, we make sure we keep the doors shut so that we respect people's privacy." This meant people were supported to maintain their dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which met their individual needs and preferences. For example, people chose whether to take part in activities in the care home, and some people chose to go out independently into the community. This meant people had choice and control.
- People's care plans contained personalised information. Care plans were comprehensive and covered areas such as personal care, health care, nutritional needs and interests. This meant care staff knew how to meet people's support needs.
- Care workers were attentive to people's changing needs. A care staff told us, "We have regular handovers and team meetings. When things change it is also in their daily notes." This meant support continued to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in care plans. That meant care staff were aware of people's communication needs and preferences.
- People's spoken language needs were met. For example, a person had started to prefer speaking in their native language and the manager had arranged for a care worker, who spoke the same language, to spend time with them. The person's friend told us that had a very positive impact on the person.
- Easy read activity posters, and other visual notices were present. That meant people's communication needs were met, and relevant information was also shared appropriately with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives. One person used a computer device to receive emailed photographs from their relatives. Other people contacted their relatives using their own mobile phones, or the care home phone. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- People were supported to maintain friendships. For example, one person's close friends had visited them regularly at the care home and other people were supported to maintain contact with friends they had in the local community.
- The provider encouraged relatives, including their children, to join in with social activities and eat meals

with people if they wished. This enabled people to maintain their family links if they chose to.

- People took part in activities at the care home. Care staff told us they would like to increase the variety and frequency of activities. For example, people told us that they enjoyed the art and music activities that were provided occasionally.

Improving care quality in response to complaints or concerns

- The provider had received no formal complaints about the care home in the 12 months prior to the inspection. However, there was a complaint policy in place and details of how to make a complaint or give feedback on the service, were on display.

End of life care and support

- People were supported with dignity at the end of their life. Friends of a person told us how the care staff, and manager, made sure that a person had been comforted and supported with kindness as their life came to an end.
- People's wishes for their end of life were included in their care plans. Staff told us, "I know who has a DNAR in place, they have red care plan folders and it's inside that." DNAR means Do Not Attempt Resuscitation and is a document signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager supported the care staff to provide person centred support which achieved good outcomes for people. For example, since moving into the care home, a person's health had improved to the point where they had regained some mobility that they had previously lost. That was a significant positive outcome for that person.
- The registered manager, acting manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "Morale is generally good. We have had a few new staff start recently and we get on well together. It is sometimes a rush in the mornings, but we work as a team to get things done."
- The ratings from our previous inspection were displayed so that visitors could see and read our report. The rating was also displayed on the provider's website.
- The registered manager provided supportive leadership. Care workers told us the registered manager, and acting manager, were approachable and they felt supported by them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place to monitor the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people and relatives to contribute their views on the service through an annual

satisfaction survey which the registered manager reviewed and acted on. Response rates had been low in previous years and the registered manager was looking into other ways of obtaining feedback.

- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's Equality and Diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.

- The registered manager was supported by the provider's quality monitoring processes which have resulted in the creation of a continuous improvement plan. We saw evidence of that plan being used.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure that people received the care and support they needed.

- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.