

# Coventry City Council

# Copthorne Lodge

## Inspection report

31 Copthorne Road  
Keresley,  
Coventry  
CV6 2EE  
Tel: 024 7678 5366  
Website: [www.coventry.gov.uk](http://www.coventry.gov.uk)

Date of inspection visit: 31 March 2015  
Date of publication: 08/05/2015

### 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	

### Overall summary

Copthorne Lodge provides housing with care. The unit consists of 30 flats, four of which are double occupancy. People live in their own home and have a tenancy agreement with Whitefriars Housing. Staff provide personal care and support to people at pre-arranged times and in emergencies. At the time of our visit 25 people used the service.

We inspected Copthorne Lodge on 31 March 2015. The inspection was announced so people could give consent for us to visit them in their flats to talk with them.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Copthorne Lodge. Staff were trained in safeguarding and understood the action they should take if they had any concerns people were at risk of harm. There were processes to minimise risks to

# Summary of findings

people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines. Staff understood the requirements of the Mental Capacity Act (MCA) and knew they could only provide care and support to people who had given their consent.

Staff received training in areas considered essential to meet people's care and support needs safely and consistently. People told us they received care from a regular team of staff who understood their likes, dislikes and preferences. There were enough suitably trained staff to meet people's individual support needs. People told us the care staff were kind, caring and respected their privacy, dignity and independence.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. Care plans were updated regularly and people and their relatives had

been involved in reviews. Staff referred people to other health professionals when their health needs changed and supported people to follow the health professionals' advice.

People were encouraged to share their views and opinions about the quality of the service and all the people we spoke with were happy with the service they received. People knew how to complain and information about making a complaint was available for people. Staff were confident they could raise any concerns or issues with the managers and this would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through direct feedback from people, returned surveys, tenant and staff meetings and a programme of checks and audits.

# 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?

The service was safe.

People were safe living at Copthorne Lodge. Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of harm. Risks associated with people's care were managed safely and people received their medicines as prescribed. Staff had the knowledge, skills and time to meet people's care needs.

Good



### Is the service effective?

The service was effective.

Staff had training and skills to support people effectively. People's consent was requested before care was provided and staff supported people to make their own decisions. People who required support had enough to eat and drink during the day and were assisted to manage their healthcare needs.

Good



### Is the service caring?

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be supported. People told us staff were kind, respected their privacy and dignity, and promoted their independence. People received care and support from a consistent staff team that understood their needs and who they were able to build relationships with.

Good



### Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences, and care and support was available when people needed it. Staff received daily updates about people's care and the care people required was regularly reviewed. People were able to share their views about the service and had no complaints about the service they received.

Good



### Is the service well-led?

The service was well-led.

People told us they liked living at Copthorne Lodge and that the service was well managed. The managers and care staff had clear understanding of their roles and responsibilities and staff had no hesitation raising concerns with the managers. The quality of service people received was regularly monitored through a series of audits and checks.

Good



# Copthorne Lodge

## 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.

The inspection of Copthorne Lodge took place on 31 March 2015 and was announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them during the visit. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked

for their views about Copthorne Lodge. They had no concerns about the service. We sent 29 surveys to people involved with the service and 10 surveys were returned. This included four from people who used the service and six from staff who worked at Copthorne Lodge.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, assistant manager, a senior support worker and two support workers. We spoke with seven people who used the service and two relatives. We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, the service's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People said they felt safe at Copthorne Lodge and knew who to speak with if they did not feel safe. People said, “Oh yes I feel very safe here, it’s the security of the building and the fact staff are available 24/7,” and, “I feel safe here, staff always enquire about my health and that makes me feel quite safe and cared for.”

We asked staff how they made sure people remained safe and were protected from abuse. Staff had completed training in safeguarding adults and had a good understanding of the signs of abuse and how to keep people safe. Staff knew what action they would take if they had any concerns about people. For example, one staff member told us, “I would talk to the person and try and find out a bit more, then record it and report it. If it was unexplained bruising I would complete a body map to show where it was.” The registered manager and assistant manager knew how to make referrals in the event of any allegations being received.

Returned surveys showed that people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

There was a procedure to identify and manage risks associated with people’s care. For example, people who needed assistance to move around or take their medicines, had plans in place to manage or reduce these risks. Staff knew about the risks associated with people’s care and how these were to be managed.

There were enough staff to meet people’s individual needs. People told us staff arrived when they were expected, did not rush and had time to talk with them. The staff allocation sheets showed there were sufficient staff to cover the scheduled calls to people and to respond to people requests for assistance between calls and in emergencies.

Recruitment procedures ensured staff were safe to work with people who used the service. The provider information return which was completed by the registered manager told us, “All staff went through a recruitment process which includes a Disclosure Barring Service (DBS) check.” Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service.

Three people we spoke with managed their own medicines, but other people needed support to do this. People who were assisted to manage their prescribed medicines said they always received their medicines when they should. One person told us, “Staff make sure I take my medicines at regular times.”

There was a procedure for supporting people to take their medicines safely, and where people required assistance to do this, it was clearly recorded in their care plan. Care staff we spoke with told us they were confident giving medicines because they had received training that explained how to do this safely. There was a procedure to check medicine records regularly to make sure there were no mistakes.

Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Checks were made by senior staff to ensure staff had administered medicines correctly. Staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely. People who were prescribed PRN (as required) medicines said staff always asked if they needed them. We found there was no PRN protocol in the medication policy. The registered manager said they would discuss this with the provider to make sure a protocol was in the policy so staff had clear guidance on how to manage these medicines consistently.

# Is the service effective?

## Our findings

People told us staff were knowledgeable and competent when providing their care and support. Comments from people included, “I think the staff have the correct skills to look after me,” and “The carers are excellent they definitely know how to look after me.”

Staff said they had completed an induction when they started to work in the service. This included training and working alongside a more experienced worker before they worked on their own. Staff we spoke with and responses from surveys, confirmed there was regular training and a supervision programme which supported them to provide effective care to people. Staff we spoke with told us they felt confident and competent to support people who used the service. One staff member told us, “I oversee the training for all the staff. I make sure they know when training is due for updating and let them know when this is booked. The training matrix shows all the training staff have completed and when it needs updating.” Another said, “There is always lots of training, I enjoy training as it updates my skills and reminds me of things I might have forgotten.” Records we viewed confirmed staff completed regular training to keep their skills up to date.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager told us there was no one

using the service at the time of our inspection that lacked capacity to make their own decisions. Staff understood the requirements of the Mental Capacity Act (MCA) and knew they could only provide care and support to people who had given their consent. They told us people made their own decisions about how they were cared for and supported. All the people we spoke with and who responded to our survey told us the service helped them to be as independent as they could, which included making their own decisions.

Some of the people we spoke with prepared all their own food and drinks; others made their own breakfast and supper and bought a lunchtime meal from the unit’s dining room. One person we spoke with relied on staff to prepare all their food and drink. We were told staff visited people when expected to make them something to eat and drink and always made sure they had access to a cold drink before they left. This made sure people who required assistance with food and drink had regular meals and remained well hydrated. Comments included, “Staff regularly make me refreshments throughout the day,” and “I make my own food and drink but if I’m not feeling well staff will make me a sandwich if I want one.”

People told us their health care appointments were arranged by themselves, their relatives or staff. If requested staff liaised with health care professionals on people’s behalf, for example the GP, and also arranged routine healthcare appointments with a dentist, optician or chiropodist who visited people in their flats if required.

# Is the service caring?

## Our findings

People told us staff were caring and treated them with respect. Comments included, “I think the staff show great patience and genuinely care about me.” Another said, “The staff treat me with the utmost respect and observe my dignity.”

People lived in their own flats so we were unable to observe care directly, but responses from people indicated their privacy and dignity was maintained. All the completed surveys from people who used the service stated staff were kind and caring, and treated them with dignity and respect. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. People told us, “They either ring the bell or knock. They don’t just walk in.”

People received care and support from a consistent staff team that understood their needs and who they were able to build relationships with. Care staff understood the importance of developing positive relationships with people. One staff member told us, “We work with all the people here, we have time to read care plans and to talk with people so we know their needs and abilities and we get to know and understand them well.”

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, “Staff don’t interfere with me because they know I like to be independent.” Another person who was usually independent with their care and support told us, “Staff were just wonderful during a period of ill health, they couldn’t do enough for me. The best thing I ever did was move here.”

People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. We saw staff held regular review meetings with people. People told us they were asked if they wanted relatives involved with reviews. One relative told us, “They do let me know and I come if I can.”

Staff understood the importance of maintaining people’s confidentiality. One staff member said, “You have to be mindful about sharing personal information. People live in close proximity to each other so you have to make sure doors are closed when you are speaking to people about their care. Sometimes it’s relatives who tell you things as they arrive or leave without thinking they can be overheard, I usually tell them I will come to their flat in a minute and talk to them, so it’s private.”

# Is the service responsive?

## Our findings

People told us their support needs had been discussed and agreed with them when they moved into their flat at Copthorne Lodge. One person told us, "They spent time talking to me and asked what I needed help with and how I liked things done." People said the service they received met their needs, choices and preferences. One person told us, "Staff are very familiar with my likes and dislikes, there is not a big turnover of staff so they get to know you." People had an assessment and a care plan completed that detailed the care they required. One person told us, "I have a care plan, it's in my folder. I don't look at it but the staff do when they arrive." The service made sure it was able to meet the needs of people who lived there and were able to provide people with an individualised service.

Staff we spoke with had a good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like. Everyone is different and they like things done in a certain way. It's sometimes the little things people appreciate, when you know they like marmalade on their toast or they prefer to get dressed in the bedroom not the bathroom." People confirmed that staff provided support in the way they liked. One person told us, "They [staff] know exactly how I like things done, I've been here for a long while; we are like family"

We looked at the care files of three people who used the service. These contained information that enabled staff to meet people's needs in a way they preferred. Files included an 'At a glance' document for each person. This document was easily accessible to staff and provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. We saw plans were reviewed and updated regularly and that people and their relatives were involved in reviews of their care.

People told us they received their care at the times expected. We were told the service was flexible and care staff responded to their requests to change their care

times. Staff told us they had allocation sheets which identified the people they would support during their shift and the time and duration of the calls. Allocation sheets and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them with people's care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred staff to more detailed information if needed. Staff said seniors and managers updated them if there were any changes to people's care during the shift. Staff told us this supported them to provide appropriate care for people.

People at Copthorne Lodge had access to a call system, and some people had neck pendant alarms that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. All the people we spoke with said call bells were answered promptly. One person told us, "Call bells are answered swiftly, if they can't get to you straight away they answer through the intercom and explain they will be there in a few minutes."

People we spoke with, or who had returned surveys, told us they had never had cause to complain but knew who to complain to if needed. Comments included, "If things go wrong there is always someone to turn to." "I have no concerns but feel able to speak to any of the staff if I did." Responses from staff surveys and staff spoken with said they would refer any concerns people raised to the managers or senior staff and they were confident concerns would be dealt with effectively. We looked at records of complaints. Minor concerns had been recorded and responded to and there had been no formal complaints received in the past 12 months.

The service had received many thank you cards and letters complimenting staff on the care and support provided, these included, "Thank you to all the staff who supported me during my recent period of illness. Nothing was too much trouble." "Thank you for caring for [name] with such dignity and compassion while she was there."



# Is the service well-led?

## Our findings

People told us their support needs had been discussed and agreed with them when they moved into their flat at Copthorne Lodge. One person told us, “They spent time talking to me and asked what I needed help with and how I liked things done.” People said the service they received met their needs, choices and preferences. One person told us, “Staff are very familiar with my likes and dislikes, there is not a big turnover of staff so they get to know you.” People had an assessment and a care plan completed that detailed the care they required. One person told us, “I have a care plan, it’s in my folder. I don’t look at it but the staff do when they arrive.” The service made sure it was able to meet the needs of people who lived there and were able to provide people with an individualised service.

Staff we spoke with had a good understanding of people’s care and support needs. We were told, “We have time to read care plans and sit and talk with people so you get to know what they need and what they like. Everyone is different and they like things done in a certain way. It’s sometimes the little things people appreciate, when you know they like marmalade on their toast or they prefer to get dressed in the bedroom not the bathroom.” People confirmed that staff provided support in the way they liked. One person told us, “They [staff] know exactly how I like things done, I’ve been here for a long while; we are like family”

We looked at the care files of three people who used the service. These contained information that enabled staff to meet people’s needs in a way they preferred. Files included an ‘At a glance’ document for each person. This document was easily accessible to staff and provided an overview of the care people required, how they liked their care provided and any risks associated with the person’s care. We saw plans were reviewed and updated regularly and that people and their relatives were involved in reviews of their care.

People told us they received their care at the times expected. We were told the service was flexible and care staff responded to their requests to change their care

times. Staff told us they had allocation sheets which identified the people they would support during their shift and the time and duration of the calls. Allocation sheets and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them with people’s care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred staff to more detailed information if needed. Staff said seniors and managers updated them if there were any changes to people’s care during the shift. Staff told us this supported them to provide appropriate care for people.

People at Copthorne Lodge had access to a call system, and some people had neck pendant alarms that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. All the people we spoke with said call bells were answered promptly. One person told us, “Call bells are answered swiftly, if they can’t get to you straight away they answer through the intercom and explain they will be there in a few minutes.”

People we spoke with, or who had returned surveys, told us they had never had cause to complain but knew who to complain to if needed. Comments included, “If things go wrong there is always someone to turn to.” “I have no concerns but feel able to speak to any of the staff if I did.” Responses from staff surveys and staff spoken with said they would refer any concerns people raised to the managers or senior staff and they were confident concerns would be dealt with effectively. We looked at records of complaints. Minor concerns had been recorded and responded to and there had been no formal complaints received in the past 12 months.

The service had received many thank you cards and letters complimenting staff on the care and support provided, these included, “Thank you to all the staff who supported me during my recent period of illness. Nothing was too much trouble.” “Thank you for caring for [name] with such dignity and compassion while she was there.”