

Peninsula Care Homes Limited

Coppelia House

Inspection report

Court Street
Moretonhampstead
Newton Abbot
Devon
TQ13 8LZ

Tel: 01647440729

Website: www.peninsulacarehomes.co.uk

Date of inspection visit:
08 March 2017
10 March 2017

Date of publication:
31 May 2017

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

Coppelia House is registered to provide personal care, without nursing care, for up to 30 adults. The service provides care for older people and people living with dementia.

The service was last inspected in November 2015 when it was rated as 'requires improvement' overall. We had identified breaches to Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified that improvements were needed to how risks to people's health and welfare were identified and managed, and how medicines were disposed of. Staff did not have a good understanding of the Mental Capacity Act 2005 (MCA) or the associated Deprivation of Liberty Safeguards (DoLS). People were not routinely consulted about their care needs and how they wished to be supported. Care records did not provide sufficient detail for staff who were unfamiliar with the home or the people living there to be able to support people safely and consistently. We also found that the quality assurance processes with the service had not identified the issues we raised. Following the inspection the provider had sent us an action plan telling us how they would put things right. At this inspection in March 2017 we found that improvements had been made in all areas. We did not identify any breaches of Regulation. However, further improvements were needed to the quality assurance processes.

A registered manager was employed at the service. 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.

Improvements had been made to the quality assurance processes which had led to medicines being disposed of robustly, care plans containing good details of people's needs and risks to people's health and welfare being minimised. We also found people were routinely consulted about their care needs.

People's needs were met by kind and caring staff. One visitor told us "Staff are all very kind and friendly – consistently so." People told us "All staff are kind and helpful, some are very, very kind." People's privacy and dignity was respected and all personal care was provided in private.

The registered manager was open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager and said they felt well supported. One told us "[registered manager] will always make sure things are sorted." People also knew the registered manager well and told us they were always available to speak to.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and honest culture in the home. One staff member said "You can talk about anything". Staff told us they enjoyed working at the home. One said "It's not like coming to work it's a pleasure to be here with them [people]." Another said "It's a friendly loving home, a happy place for residents and staff."

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager indicated that where necessary people's capacity to make decisions had been assessed and decisions taken in their best interests. However, the forms relating to these assessments had not always been fully completed.

People's medicines were stored and managed safely. However, there were no clear directions for where topical creams should be applied. Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Although care plans and risk assessments were updated following any accidents or incidents, the incidents were not routinely analysed to look for patterns.

People's needs were met by ensuring there were sufficient staff on duty. People, visitors and staff told us they felt there were enough staff available to meet people's needs. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing staff who was unsuitable to work with vulnerable people.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

People and their relatives were supported to be involved in planning and reviewing their care if they wished. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Not everyone living at Coppelia House was able to tell us about their experiences. Therefore we spent some time in the dining room at lunch time and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Staff took time to ensure people received any assistance they needed.

People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals. A visiting healthcare professional told us "It's a great home."

There were regular activities available for people to participate in. These included singing, word games, crafts and gentle exercises as well as outside entertainers. We saw people enjoying a visiting entertainer and taking part in a quiz.

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.

People's medicines were managed safely.

Risks to people's health and welfare were well managed.
People's risk assessments were updated following any accidents and incidents. However, the accidents and incidents were not routinely analysed to look for patterns.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good ●

The service was effective.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in

making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Is the service well-led?

Good ●

The service was well-led.

There were quality assurance systems in place to monitor care and plan on-going improvements.

The registered manager was open and approachable, and there was a warm welcoming atmosphere within the service.

Records were well maintained.

Coppelia House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 10 March 2017 and the first day was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. In January 2017 the registered manager had sent us a completed Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone living at Coppelia House was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We saw all the people using the service and spoke with five people in private. We spoke with six staff, the registered manager, the care manager and two visitors. We also spoke with a visiting healthcare professional

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff recruitment and training files, records relating to medicine administration, complaints and staffing rotas.

Following the inspection we received information from the local authority's quality improvement team.

Is the service safe?

Our findings

At our previous inspection in November 2015 this key question was rated as 'requires improvement'. This was because we found improvements were needed to how risks to people's health and welfare were identified and managed, and how medicines were disposed of. At this inspection in March 2017 we found that improvements had been made.

People were supported to receive their medicines safely and on time. Medicine Administration Record (MAR) charts indicated people received their medicines as prescribed by their GP. During the inspection we saw staff offered people their medicines at the specified times, explained to them what the medicine was for and ensuring people had a drink to take their medicines with. People told us they always got their medicines on time. Copies of the signatures of staff giving out medicines were available. This helped to ensure it was possible to see who had given out medicine on any particular date.

However, an internal audit of medicines undertaken in October 2016 highlighted that records relating to the application of topical creams did not identify where the cream should be applied. During the inspection we noted that there was no record of where the creams should be applied for each individual. Staff were able to tell us where creams should be applied and records showed they had been applied as prescribed. We discussed this matter with the registered manager and the senior member of staff administering medicines during the inspection. They agreed to ensure instructions showing where creams should be applied would be recorded.

We recommend a robust recording system is put in place, so that the service can be assured topical creams are applied as prescribed.

Medicines were stored safely. Only staff who had received training administered medicines. Training was delivered by the local pharmacist and staffs' competency to continue to administer medicines was checked by the registered manager. The administration of medicine systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medicines. We checked the balance of medicines held for two people. All quantities were correct. There was a process to ensure any medicines not required were safely returned to the pharmacist.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed. Where risks were identified plans were put in place to minimise the risks. For example, pressure relieving equipment was used when needed, to minimise the risk of people developing pressure ulcers. Where moving and transferring risks had been identified there were instructions for staff on the number of staff and equipment to be used to ensure people were assisted safely. Where people had been assessed as being at risk of not eating and drinking enough to maintain their health, there were plans in place to minimise the risks. For example, people were weighed regularly and their nutritional intake was kept under review to ensure any issues would be identified quickly.

A monthly audit of accidents or incidents that had taken place was conducted and this showed the numbers that had occurred. However, no analysis of the events was undertaken to look for patterns in the incidents. We discussed this with the registered manager, who showed us that individual risk assessments were reviewed and updated following any accidents or incidents. This ensured any changes to people's needs were identified and their care plans updated. The registered manager told us that in future they would also look for any patterns or trends when auditing events, as they recognised this may help identify where any risks could be reduced.

People were protected from abuse. Staff had received training in keeping people safe and knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to report any concerns to outside of the service. Staff told us they were confident the registered manager would deal with any concerns they raised. People told us "Yes I feel safe living here," and "Oh yes I do feel safe here." For those people who were not able to share their experiences with us, we saw them interact with staff in a relaxed manner, smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with people who needed help with their care. We looked at the recruitment files for three staff members. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

There were 24 people living at Coppelia House, 16 people were living with some level of dementia and five people needed the help of two staff members to assist them with moving and transferring. People told us they never had to wait long for their needs to be met. People, staff and visitors told us they felt there were enough staff on duty to safely meet people's needs. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly. On each day of the inspection there were six care staff and the registered manager on duty during the morning. During the afternoon there were four care staff on duty plus the registered manager. Rotas showed that these were normal staffing levels. Overnight the rota showed there were three waking care staff on duty. A number of ancillary staff such as kitchen staff, domestics and maintenance staff were on duty during the day. An activity co-ordinator was also employed four days a week.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as in a fire. Should the need to completely evacuate the service arise, there were plans in place to take people to the local village hall.

The premises and equipment were maintained to ensure people were kept safe. A part time maintenance person was employed to ensure any environmental matters needing attention were dealt with swiftly. Suitable equipment was in place to meet people's needs. For example, hoists, wheelchairs and lifts were available which helped people move around the service. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

People were protected from the risks of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing

personal care to different people and when dealing with food.

Is the service effective?

Our findings

At our previous inspection in November 2015 this key question was rated as 'requires improvement'. This was because we found staff did not have a good understanding of the Mental Capacity Act 2005 (MCA) or the associated Deprivation of Liberty Safeguards (DoLS).

The 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.

Most people living at Coppelia House were living with some level of dementia and this could affect their ability to make decisions about their care and treatment. People were supported by staff who had an understanding of the principles of the MCA. This ensured people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People were able to make some day to day decisions, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and always asked them what they wanted. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff knew an assessment would be needed if they thought the person did not have capacity to make a decision. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held to discuss what would be in the person's best interests.

Discussions with the registered manager indicated that where necessary people's capacity to make decisions had been assessed and decisions taken in their best interests. However, the forms relating to these assessments had not always been fully completed. For example, one form stated the person did not have capacity to consent to receive personal care. There was no record of how the decision had been reached or who had been involved in making it. We discussed this with the registered manager who told us how the decision had been reached and that relatives had been involved in reaching the decision. They agreed to ensure forms were fully completed in future. Some people's relative had agreements to manage their care and welfare or finances on their behalf. Where this was the case the service had obtained copies of the agreements to ensure they were sharing information only with the person's authorised representatives.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service had a locked entrance door and some people were not free to leave the service unaccompanied for their safety. Because of this restriction on people leaving the building, the registered manager had made applications to the local authority to deprive 14 people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no applications had yet been authorised.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid, infection control and moving and transferring to help meet people's needs. They had also received more specific training such as caring for people living with dementia.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed and staff confirmed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. In order to assess staffs' competency, senior staff also observed the care practice of staff when they were meeting people's needs.

In January 2017 the registered manager had sent us a completed Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They told us "We hope some Coppelia staff will choose to become a Champion in an area that they have specific interest in. They will receive targeted training in their specific field and then disseminate this to other staff members." We heard the registered manager discussing this with staff and encouraging them to think about an area they were particularly interested in.

The registered manager told us new staff undertook a detailed induction programme, following the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. New staff were spoke with confirmed they were completing the Care Certificate. They told us this gave them up to date knowledge on how to safely meet people's needs. We spoke with an agency staff member who was working at the service for the first time in a while. They told us they had received a good induction when they had arrived at the service and were 'shadowing' other staff until they were more familiar with people's needs.

People told us they were happy with the meals served to them and always had a choice of main meal. People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. The cook told us they would always provide an alternative if people did not want what was on the menu. We spent some time conducting a Short Observational Framework for Inspection (SOFI) over lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Meals were presented nicely and there was plenty of choice. We saw that people who needed assistance to eat received individual attention. Staff sat beside people and told people what the meal was, they gave people time to eat, and chatted to them while gently encouraging them. Staff were aware of any dietary needs people may have such as, low sugar or pureed food.

People were supported to maintain good health and were referred to healthcare services where required. People told us they always saw their GP when needed. Records showed people had seen their GPs and health and social care professionals as needed. We spoke with one visiting healthcare professional who told us the home was very good at contacting them when required. They said someone from their team visited every day and staff would often say "Please can you see..." if they had any concerns. They said staff always acted on any advice given and always checked they were doing the right thing. The healthcare professional said, "It's a great home" and they were confident people's healthcare needs were being met.

The registered manager attended a meeting with the community matron every two weeks. This enabled them to raise any issues either may have. For example, the registered manager raised their concerns that assessments for continence aids were taking a long time to be completed. This had been addressed and three assessments had been completed very quickly.

We walked around the building with the registered manager to see how well the service was adapted to meeting the needs of the people living there. The service was generally clean, tidy and free from unpleasant odours. Many of the bedrooms were large and airy and some had recently been redecorated. We saw that some areas of the building had been adapted for people with mobility difficulties. There was a large wet room for people to shower in and a passenger lift to enable people to get to the upper floors. Other than some signs around the building to direct people to the toilets, there were few signs that would help people living with dementia find their way around the building. There were also several different types of floor covering which could be a problem for people living with dementia. This is because the contrast between different types of flooring could be seen as a barrier for some people living with dementia. The registered manager told us there was a programme of refurbishment underway. This was to include upgrading the lounge area and would take into consideration any best practice guidance on environments for people living with dementia. The provider told us they would be looking at the Kings Fund tool when making decisions about the environment. This is a tool that looks at how suitable the environment is for people living with dementia.

Is the service caring?

Our findings

At our previous inspection in November 2015 this key question was rated as 'requires improvement'. This was because we found people were not routinely consulted about their care needs and how they wished to be supported. At this inspection in March 2017 we found that improvements had been made. There was some evidence in people's care plans that they or their relatives had been involved in writing their care plans. One person told us they did not want to be involved in the care planning process, as staff were always asking them if they were happy with the way they were being cared for. Visitors also told us they could be involved with their relative's care planning if they wished. They told us staff were very good with keeping them up to date with their relative's changing needs. People's consent to receiving care was recorded throughout their daily records. Throughout the inspection we heard staff discreetly asking people if they were happy to receive help with their care needs.

Not everyone living at Coppelia House was able to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. They walked with people at their pace and knelt down to be on people's level when chatting to them.

Those people who could tell us their views and their visitors said staff were kind and caring. All the interactions we saw between people and staff were positive. Comments from people included "All staff are kind and helpful, some are very, very kind," and "Can't grumble about the staff." One visitor told us "Staff are all very kind and friendly – consistently so." We saw many 'thank you' cards from relatives. Comments included "Thank you for all the loving care you showed her," "You all displayed such understanding and kindness" and "We would like you and your staff to know how grateful for the care, kindness and love shown to [name]."

Staff communicated well with people to let them know what was happening. For example, staff assisted one person to move from an arm chair to a wheelchair. Staff encouraged the person telling them how near to the wheelchair they were before sitting down. Each time staff walked into the lounge they took time to speak with people. They asked if people wanted or needed anything and offered a choice of drinks.

Staff at Coppelia House treated people with respect and kindness. We saw staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When speaking with people staff used people's preferred names. We saw that people responded well to staff, speaking, smiling and laughing with them. There was much fun, laughter, appropriate banter and hugs between staff and the people they supported.

People's preferences were sought and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff told us about one person who had played many types of sport when they were younger. We heard staff speaking to the person about this and saw the information recorded on their care

plan.

Everyone had their own bedroom, many of which were personalised and contained many photographs and trinkets. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us regular meetings were held when they could express their views about the service. One person told us they tended to the informal 'spokesperson' for other people who did not want to speak themselves. We saw minutes from a meeting in September 2016. One comment had been made that staff could be loud in the dining room. The registered manager had agreed to speak with staff about this. The providers also responded to any issues raised and they were looking to ensure there was a relaxed atmosphere during mealtimes. During lunch we observed there was little noise and saw the registered manager monitoring the staff.

Is the service responsive?

Our findings

At our previous inspection in November 2015 this key question was rated as 'requires improvement'. This was because we found care records did not provide sufficient detail for staff who were unfamiliar with the home to be able to support people safely and consistently. We also had concerns that people who chose to remain in their rooms were at risk of social isolation.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before and while living at Coppelia House. Care plans were developed following the assessments and contained good descriptions of people's needs and wishes. Care plans were regularly reviewed and updated if required. Following the inspection we spoke with a member of the local authority's quality improvement team. Following our last inspection they had visited the service to look at the systems and processes in place. They told us they felt the care plans were very good and contained good personal details. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. We spoke with an agency member of staff who had not worked at the service for some time. They told us care plans contained enough information for them to care for people whose needs they were not familiar with.

In their Provider Information Return (PIR) the provider told us they were trialling a computerised care planning system in another of their services. This had been going well and they were hoping to introduce it into all their other services. They felt the benefits were that information was more easily available to staff and they were able to make recordings more quickly and timely. This ensured staff had the most up to date information about people's needs available to them.

Staff had received training in caring for people who were living with dementia. One member of staff told us this had helped remind them that dementia affected everyone differently and that it was important to treat people as individuals. They told us about one person, living with dementia, who had lived in another country for many years and enjoyed staff spent time with them speaking about that. Staff communicated well with everyone. They were careful to speak slowly and calmly and give people time to process any information, good eye contact was also maintained.

People told us they enjoyed being able to take part in all the activities and entertainments on offer. An activity organiser was employed four days a week and there was a regular programme of activities and events. These included singing, word games, crafts and gentle exercises as well as outside entertainers. We saw people enjoying a quiz and a visiting entertainer. The activities organiser told us when they were not there, other staff encouraged people to take part in activities. These activities included playing board games, manicures and exercises and records we saw confirmed this. The provider told us in their PIR they were recruiting another activity organiser to cover the three days the current activity organiser was not working.

One person told us how they helped out in the garden and we saw they had their own 'allotment' area where they grew flowers and vegetables. They also told us how much they enjoyed ensuring the pet guinea

pigs were well looked after. Another person told us they liked to make their bed each day.

There was lots of evidence of people's craft work about the service, and preparations were being made to make shamrock hats for the upcoming St Patrick's day celebrations. There was a 'reminiscence corner' in the lounge which contained items from the past that staff used to start discussions with people. There was also a selection of books and games that the activities organiser used in their sessions.

We spoke with several people who preferred to stay in their rooms. They told us staff often came and spent time with them. Records of activities showed this was the case. The provider told us this would also be improved when another activity organiser was employed.

People and their relatives were encouraged to express their views about the service. Regular meetings were held for people and their families to raise any concerns or suggestions for improvement. At one recent meeting it was suggested that a porch be constructed to enable visitors to shelter from bad weather while waiting for the front door to be answered. A porch was being constructed inside the hallway to enable this to happen. The provider produced a quarterly newsletter about all the services they own which was shared with people and their relatives. Each individual service has a section devoted to them. The 'winter' 2017 edition highlighted 'one resident and his shed' and the recent training the registered manager had attended.

Staff told us there was strong community involvement within the service. Regular religious services were held by the local church within the service. People attended coffee mornings in the town and visited local shops. The registered manager told us one of the local shops was especially supportive. They provided raffle prizes and were planning to provide a 'trolley' service for people to purchase items such as sweets and toiletries.

The registered manager took note of, and investigated any concerns raised. We saw that two complaints had been recorded in the complaints file since June 2015. These had been investigated and concluded satisfactorily. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. They felt the registered manager would respond to any concerns they may have. However, they told us they had never had to make a formal complaint. One visitor said they occasionally had to 'remind' staff about something they had mentioned but it had always been dealt with.

Is the service well-led?

Our findings

At our previous inspection in November 2015 this key question was rated as 'requires improvement'. This was because we found systems in place for quality assurance were not being followed effectively. Following that inspection the provider had submitted an action plan that recognised their quality assurance processes had not identified the shortfalls highlighted at the inspection. They told us they would be supporting the registered manager to improve the processes. At this inspection in March 2017 we found improvements had been made to the quality assurance processes which had led to medicines being disposed of safely, care plans containing good details of people's needs and risks to people's health and welfare being minimised. We also found people were routinely consulted about their care needs.

The registered manager had only recently been appointed when we last inspected, although they had worked at the service for many years. They were supported in their role within the service by a number of senior staff and an administrator. They were also supported by a representative of the provider who visited regularly and provided advice to the registered manager and some training to care staff. The service was regularly visited on an unannounced basis by representatives of the provider in order to assess and monitor the quality of care being provided.

There were some systems in place to assess and monitor the quality and safety of care provided. A series of audits were undertaken by the registered manager. Monthly audits were undertaken including medicines, care plans and accidents and incidents. We spoke with a member of the local authority's quality improvement team. They had visited the service to look at the quality assurance systems and processes in place. They told us they were 'quite impressed' with the service, but felt that some aspects of the quality assurance processes were not formally recorded.

Staff spoke positively about the registered manager and said they felt well supported. One told us "[registered manager] will always make sure things are sorted." People also knew the registered manager well and told us they were always available to speak to.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and honest culture in the home. One staff member said "You can talk about anything". Staff told us they enjoyed working at the home. One said "It's not like coming to work it's a pleasure to be here with them [people]." Another said "It's a friendly loving home, a happy place for residents and staff."

The registered manager carried out an annual survey to gauge the views of people using the service, staff and other interested parties. Results from the last survey in May 2016 showed a high level of satisfaction. Responses to what people liked best about the service included "Friendliness of staff," "Freedom of visitors to come and go" and "help is there when needed." No issues for improvement had been raised.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the intranet and the Care Quality Commission's website. They had recently attended a training course looking at simplifying care and taking it back to basics. This was to ensure staff

always put people at the centre of things and received care personalised to their needs. They were keen to pass their learning on to all staff in order to continue to improve the quality of care provided by the service.

The registered manager attended a meeting with the community matron every two weeks. This had had a positive impact for people living at the service as continence assessments were being completed more quickly.

In their Provider Information Return (PIR) the provider told us "The home is launching a drive to recruit some volunteers through introducing a 'Friends of Coppelia House' to help offer an even wider range of activities so that resident's interests from home can be maintained". The registered manager told us this had been launched but so far no-one had expressed an interest.

The service was well organised and records were well maintained. Care records were detailed and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.