

Four Seasons 2000 Limited

Copper Beeches

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service effective?	Good ●
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Is the service responsive?	Good ●
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Summary of findings

Overall summary

The inspection was carried out on 18 April 2017 and was unannounced.

Our last inspection report about this service was published on 30 October 2016 and related to an inspection which had taken place on 9 and 10 August 2016. At the inspection in August 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 9, Person Centred Care. The design of activities provided for people did not ensure their needs and preferences were met. Regulation 18, Staffing. Staff were not receiving appropriate support, supervision and appraisal. We asked the provider to take action to meet Regulations 9 and 18.

The provider sent us a report of the actions they were taking to comply with the Regulations and they told us they would be meeting the Regulations by March 2017.

We also made a recommendation about the test and checks made on oxygen equipment people used, but that was not provided by the home. This could not be checked at this inspection because this equipment was no longer in use. However, the registered manager now had a system in place to ensure the recommendation would be met if required in the future.

We returned to carry out a focused inspection of two domains, Effective and Responsive, on 18 April 2017 to check the provider had taken action to meet the regulations. At this inspection we found that the provider had implemented new ways of working to address the breaches and recommendation made from the previous inspection which has resulted in an improvement in the ratings for this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Copper Beeches on our website at www.cqc.org.uk

Copper Beeches is a care home providing accommodation, personal care and nursing care for up to 36 older people who may be living with complex dementia and who may require nursing. At the time of this inspection there were 34 people living at the service. Accommodation was provided over two floors. A lift was available to take people between floors.

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.

The registered manager had implemented a consistent system for staff supervisions and appraisals. Staff received training that related to the needs of the people they were caring for and nurses were supported to develop their professional skills, maintaining their registration with the Nursing and Midwifery Council (NMC).

The resources and levels of commitment to activities and mental stimulation had improved by ensuring people living with dementia had access to activities based on their needs.

The staff team at Copper Beeches had accessed more specialised dementia training and the registered manager and nurses had started to attend the provider's 'Nursing Academy.'

Nursing staff continued to assess people's needs and plan people's care. Nurses worked closely with other staff to ensure the assessed care was delivered. People had regular access to their GP to ensure their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Nursing staff had the skills and experience to lead care staff and to meet people's needs effectively and the registered manager provided nurses with clinical training and development.

People's care needs and health was monitored and care plans were regularly updated so that they reflected people's most up to date needs.

People's care was centred on them. People and/or their families had been consulted about how people may like their care delivered, their preferences, choices and their life histories.

The registered manager continued to respond to any complaints in line with the provider's complaints policy.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People were supported to eat and drink enough to maintain their health and wellbeing. They had access to good quality foods and staff ensured people had access to food, snacks and drinks during the day and at night.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training and were well supported to carry out their roles. Nurses were provided with appropriate clinical supervision.

People's rights were protected by staff who were guided by The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff understood their responsibility to help people maintain their health and wellbeing. Nurses routinely monitored people's general health.

Is the service responsive?

Good ●

The service was responsive.

Information about people was updated often and with their involvement. Activities were now being provided in line with people's needs.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

People were encouraged to raise any issues they were unhappy about.

Copper Beeches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 April 2017 and was unannounced. We returned to carry out a focused inspection of two domains, Effective and Responsive. The inspection team consisted of one inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We spoke with seven people and one relative about their experience of the home. We observed care in the communal areas on each floor of the home. We spoke with seven staff including the registered manager, deputy manager, a nurse, a care home assistant, the activities co-ordinator and two care staff. We sought the views of the local authority contracts team.

We spent time looking at records, policies and procedures, complaints, compliments and activities records. We looked at two people's care files, two staff record files. The staff training programme and supervisions records.

Is the service effective?

Our findings

People living with dementia were not always able to verbally tell us their experiences. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered, or by talking to us about things that were important to them.

People told us they liked the food and choices they were offered. People confirmed that the meals were tasty. One person said, "I sometimes eat in here (referring to her bedroom) and sometimes out there (referring to the dining room) whichever really, today I will stay in here." And, "I asked the girls [staff] if I could have spaghetti more often". We noted that spaghetti was on the breakfast menu.

A relative said, "I cannot fault the home and staff; if anything ever happens to me this is where I want to come".

At our inspection in August 2016 we found a breach of Regulation 18 Staffing. Staff were not receiving appropriate support through supervisions.

At this inspection we found the situation had improved. The registered manager had ensured that a new supervision planner was in place and up to date. Records for the last two months showed that all planned staff supervisions had taken place. Staff we spoke with now described a culture where regular supervision and colleague support was effective. Two staff we spoke with told us there had been changes to the supervisions they received. One said, "There has been a definite improvement in supervisions and the designation of roles and who is doing what. Supervisions are every six weeks now". A nurse said, "I am very happy with the supervisions I get, they are about every six weeks". This meant that people were experiencing care that was provided by staff who were well supported and properly supervised.

Nurses and care staff informed us that they had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, First aid and moving and handling people. The first aid training had provided them with information on how to manage/support people who may be bleeding or choking. Care staff understood when to report concerns to nurses. This protected people's health and wellbeing.

Records showed that the registered manager was proactive in supporting nursing staff to maintain their skills and knowledge. The registered manager attended training to ensure they could support nurses with their learning. Nursing staff were already preparing for their Nursing and Midwifery Council revalidation. The provider had set up a nursing academy to assist nurses to maintain their skills. Maintaining nursing staff professional registrations, learning and skills ensured that people received effective and up to date nursing care.

Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This gave staff the opportunity to develop their skills.

We observed staff were attentive to people's needs and on hand to offer support to people. For example, one person was struggling to negotiate a corner with her walking aid and a member of staff was quickly offering guidance and support. Another person's slipper had fallen off and this was quickly replaced by a member of staff.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act. The registered manager completed assessments about people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. When required, the registered manager made applications to the local authority for authorisation to lawfully restrict people's rights under the deprivation of liberty safeguards. Restrictions were used to protect people from harm, but were regularly reviewed to ensure they remained lawful.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. People were mainly complimentary about the food and told us there were always choices of meals. Where people wanted different choices the registered manager had met with them to agree how this would be met. Nutrition assessment tools were completed every month for each person and actions were taken to support people to stay healthy if they were considered to be at risk. The care plans were very detailed to support people's wellbeing and enable staff to record progress. For example, how often people needed to be weighed or how much they needed to eat and drink based on individual risk.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, opticians and chiropodists, when needed. Nursing staff consistently monitored and protected people's health. Records showed that healthcare professionals' advice had been followed and whether their advice had the intended impact.

Staff handover meetings were led by nursing staff or senior carers. Staff shared verbal information about people's appetites, behaviours, appointments with healthcare professionals and the advice the professionals gave, to make sure all staff were aware of any concerns and the actions they should take.

Is the service responsive?

Our findings

People living with dementia were not always able to verbally tell us their experiences. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them. We observed the responsiveness of staff and people's reactions to care being delivered. We saw that staff met people's needs when requested. A relative said, "They [staff] are always in and out to check if she needs anything".

At our inspection in August 2016 we found a breach of Regulation 9 Person Centred Care. The design of the activities in the home were not ensuring people's needs were met.

At this inspection we found the situation had improved. There was now a greater emphasis on activities for people living with dementia. There were more structured one to one activity times with people who found it difficult to, or chose not to participate in group activities. The registered manager had ensured that staff were participating in specialised training based on a recognised dementia framework. The training was providing staff with enhanced learning in relation to many aspects of caring for people with dementia.

Individual likes and hobbies were catered for and easily accessible for people. For example, books were available and a person said, "I love reading as that will keep me busy".

Resources were made available to facilitate a range of activities. New systems were now in place to offer and record one to one time for people. Dementia kits were available that included tactile and sensory activities. We observed people living with dementia interacting contentedly with therapy dolls. One person was busy in her bedroom caring for her therapy dolls. She said, "I've bathed them and got them all dressed, it's been a busy morning caring for my babies." This promoted an enhanced sense of wellbeing, with staff responding to people's social needs. Information about activities was prominently displayed on a weekly and daily basis.

People received care from staff who knew their needs, their individual likes and dislikes and their life stories, interests and preferences. Knowing about people's histories, hobbies and former life before they needed care could assist staff to help people to live fulfilled lives, especially if they were living with memory loss, dementia or chronic illness.

People's health and wellbeing was protected by robust care planning. The care plans were well written. They focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. The care plans continued to show that people's diet, weight, blood sugar was regularly monitored and recorded. People also had support from District nurses via GPs when requested. The manager and staff responded appropriately to maintain people's health and wellbeing. Registered nurses had received training in skin integrity. They also had support from community nurses via GPs when requested.

Nurses had implemented weight management plans based on advice from a dietician and emergency health care plans had been completed in response to people's illnesses. We cross checked this against the

care plans and found they were kept under review. This had resulted in the people maintaining their health through good hydration and nutrition and minimised the risk of infection. After people had been unwell, the progress to recovery was monitored by nursing staff and if necessary further advice had been sought from their GP. This ensured that people's health was protected.

Changes in people's needs had been responded to appropriately and actioned to keep people safer. Care plans and risks assessments evidenced monthly reviews. Referrals had been made when people had been assessed for specific equipment, which was in place. For example, people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. Care plans gave guidance to staff and ensured continuity of care.

People experienced a service that enabled them to openly raise concerns or make suggestions about changes they would like. One person said, "The TV went up the creek yesterday so I am waiting for the maintenance man to fix it, I told the girl [staff] and she said the maintenance man will sort it." We checked and this had been reported for repair. The registered manager recoded people's views and responded to any concerns. This increased people's involvement in the running of the service. There was a policy about dealing with complaints that the staff and the registered manager followed. Information about how to make complaints was displayed in the service for people to see. There had been three formal complaints since our last inspection. Records showed that all of the complaints had been investigated, responded to in writing and resolved. The provider had oversight of complaints to ensure they were dealt with in line with the complaints policy.