

MMCG (2) Limited

Coplands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Coplands Nursing Home is a care home providing nursing and residential care for older people, people with physical disabilities and people with mental health care needs. Coplands Nursing Home is registered to provide the regulated activity to up to 79 people. At the time of our inspection there were 71 people using the service.

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

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. Staff knew how to identify and report concerns. They had been recruited safely and showed good knowledge and skills in relevant areas including medicines administration and infection control. They demonstrated dignity, respect and compassion in interactions.

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.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager ensured policies and procedures met current legislation and were up to date. People who use the service and staff told us they were asked of their views about the quality of the service.

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

Rating at last inspection and update The last rating for this service was requires improvement (published 4 March 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted due to being rated requires improvement during the previous inspection and we have received evidence that improvements have made to increase capacity.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Coplands Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and one 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.

Service and service type

Coplands Nursing Home 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.

Notice of inspection

This inspection was unannounced.

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 (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff, including the regional manager, registered manager, registered nurse, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and medicines records. We looked at seven staff files in relation to 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, staffing rotas 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse. Systems and processes protected people from the risk of abuse were operating effectively. Staff practice demonstrated a good understanding of their responsibilities for identifying and reporting concerns.
- People who used the service told us that they felt safe and protected at the service. People said, "I'm safe and comfortable. My room is nice and all I want is here for me. No one gets annoyed with me ever" and "The reason I'm settled is because the carers are there for me. They can't do enough for me, they are so kind. I feel secure in every way. They check on me by popping their head round the door."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been considered. The risk assessments were comprehensive and provided staff with clear guidance on supporting people safely. We saw risks assessments around the type of support people required and their health conditions. These included risks associated with moving and handling, nutrition and hydration, falls, and health conditions such as diabetes, epilepsy, or Parkinson's disease.
- Each person had a Personal emergency and evacuation plan (PEEP) to guide staff and emergency services on supporting people in case of emergency, for example, fire.
- People lived in a safe environment. The home was newly decorated, clean and smelled nice. The home was clean of clutter and was spacious, ensuring people could move freely. There were chairs placed in the middle of some long corridors creating a resting place for people who could walk, which helped reduce the risk of falls.

Staffing and recruitment

- Staff were recruited safely. The provider carried out appropriate checks before they started working at the service. This included references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- People told us they had enough staff in the building if they needed help. One person told us, "I feel there are enough staff around; after all I can get someone to see me if I need help."

Using medicines safely

- Each person had general medicines care plan and risk assessment in place, and staff reviewed it monthly or more often if needed. Additional care plans and risk assessments were formulated when people received high-risk medicines, such as anticoagulants (medicines that help prevent blood clots), or temporary medicines, such as antibiotics.

- Where people had allergies related to medicines, this was recorded in their care documentation and easily accessible for care staff.
- Where people received medicines that required regular monitoring and additional observations, staff conducted these as required. For example, we saw regular blood checks for people with diabetes and on anticoagulant medicines.
- During the inspection we found one issue around the stock levels for the medicines one person as administered. We discussed this issue with the registered manager and were provided a detailed action plan shortly after the inspection. The action plan outlined in detail how the service addressed the issue and provided reassurance that similar mistakes will be avoided in the future.
- People who used the service raised no concerns in relation to the administration of their medicines. People said, "I receive my medication on time" and "I always get my tablets when I should."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The service followed current visiting guidance. On the day of our inspection the home was in lockdown due to a COVID 19 outbreak. However, we observed that essential care givers were able to visit people and visiting was facilitated where possible.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- The service recorded all incidents where people's behaviours could challenge themselves or others.
- The registered manager reviewed these incidents and effectively analysed them to identify why the incidents had occurred.
- Staff were routinely offered structured debriefs following incidents. Debriefs are an opportunity to reflect and discuss in depth what happened and what areas of support were effective or not and acknowledge feelings. Learning from this was taken forward to reduce the likelihood of the incident reoccurring.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 spoke positively about the care provided at the home. Some of their comments included, "Carers come in and talk to me and we have a laugh. It makes me feel they are there for me," "Carers show respect and kindness. They come and talk to me and that keeps me interested in things" and "I don't need to tell them anything that needs to be better for me because it's all good."
- Staff provided personalised care to people. Each person was comprehensively assessed before coming to live at the home. The assessment of needs covered psychological and behavioural needs, health conditions, care needs, nutrition and hydration and others.
- People received appropriate care and support when they had specific care needs, such as diabetes, epilepsy, Parkinson's disease, or taking high-risk medicines. Each person had a comprehensive care plan associated with these care needs that included information on best practices and complications related to these conditions. This meant staff had guidelines on how to support people well.
- People's care plans included personal information about their diverse needs, such as their culture, religion, and important relationships. This ensured that staff knew and could understand people's personal needs and preferences.
- People's care plans had been regularly reviewed with them, which ensured these were up to date and contained information about people's most current needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information about people's communication needs and preferences. Where people had difficulties in communicating, for example, they had hearing or speech impairment, staff were provided with personalised guidelines on communicating effectively with them.

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

- The service had an activities coordinator employed who found out from people what activities they liked and arranged these for people to take part in if they wished to do so.
- During the day of our inspection we observed limited activities due to COVID- 19 lockdown during a COVID - 19 outbreak. However, we observed staff sitting and chatting with people and facilitating one to one

activities. People who used the service told us that they were happy with the activities provided at Coplands Nursing Home. One person said, "I keep busy watching a bit of TV and doing word searches. I enjoyed the bingo when it was on: I guess it will start again soon." Another person said, "I'm not getting in the lounge at the moment, but normally I'd do flower arranging, bingo and exercises. I also like the ball games and the yoga. I get in the garden when the weather is nice."

Improving care quality in response to complaints or concerns

- The service responded well to complaints and concerns raised by people who used the service, relatives and visitors.
- We saw that complaints were well documented, and actions had been taken to address the complaints to reduce the risk of similar concerns being raised again. People who used the service raised no concerns with us during this inspection. One person said, "I would talk to [managers' name] if I had any concerns to raise."

End of life care and support

- Staff had explored the end of life choices and preferences with people and their representatives.
- People had end of life care plans which included information about how they would like to be cared for at the end of their life. Where people did not wish to discuss it, staff respected this.
- During the current COVID -19 restrictions we saw that the service involved essential care givers to promote people's wellbeing whilst receiving end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People confirmed care was planned to meet their needs, preferences and interests. One person told us, "I feel my needs are met. I get the same carer to shave me. I like my hair as it is." Another person said, "My needs are met, this includes my language needs. I can find some others who speak my language so that's nice. If not, I have this lady next to me who speaks Gujarati."
- There were a range of formal systems to ensure people had choice and control over their care. People participated in regular meetings and completed feedback surveys. The registered manager told us that the survey for 2022 has been sent out to people and the service is awaiting responses. The service had a spokesperson for people who used the service who engaged with people, staff and management of the service to discuss concerns and suggest improvements.

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 leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

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

- The service had a clear management structure consisting of the regional director, registered manager and her deputy. The registered manager told us that the service was currently in the process of recruiting a clinical lead who will be responsible for monitoring people's health care needs.
- The registered manager was passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback relating to arrangements of managing people's medicines, which they immediately acted on. Following the inspection, the registered manager sent us a detailed action plan reviewing their system of counting medicines' stock levels.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and medicines management. This helped monitor the performance of staff and the quality of the service provided to people.
- People and their relatives told us the service was well-managed. They described the managers in complimentary terms. One person told us, "The manager is so friendly. She was in my room this morning."

She updates my daughter on the phone. She's doing a very good job." This was reflected by feedback we received from staff. One member of staff said, [Name] is very supportive, good to have a manager who cares about the residents and staff and likes to improve the lives of people here. I have no complaints or concerns."

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

- Staff felt involved and empowered to raise concerns. One member of staff said, "We meet weekly, on Friday afternoon for a clinical meeting to discuss any issues, I feel my suggestions are listened to." Another member of staff said, "I worked here for six years have seen a lot of changes, [Name] has done a very good job and she keeps the morale going. She has an open-door policy and every time we want to speak with her, we can go, and she would make changes if this is needed and does listen."
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in people's care plans.

Continuous learning and improving care

- There were quality assurance systems to assess and monitor the quality of the service. One of those was an accidents and incidents system to check for a common cause, trend of incidents and learning points.
- Accidents and incidents were appropriately investigated and escalated. This supported effective decision making and allowed for action where performance was not meeting standards. There were evidence improvements had been made in relevant areas.

Working in partnership with others

- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and her deputy knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority.