Coppermill Care Limited

Coppermill Care Centre

Inspection report

10 Canal Way
Harefield
Uxbridge
Middlesex
UB9 6TG

Tel: 01895820130

Date of inspection visit:
29 June 2022

Date of publication:
19 July 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Coppermill Care Centre is a care home for up to 52 older people. At the time of our inspection 38 people were living at the service, some of whom were living with the experience of dementia.

People's experience of using this service and what we found
People were protected from the risk of avoidable harm. The risks to people's safety and wellbeing had been identified, assessed or managed. The provider had appropriate systems for investigating allegations of abuse, complaints and concerns.

People who used the service received their medicines safely and as prescribed. Safety checks were undertaken regularly, including fire safety and environment checks.

There were suitable systems in place to protect people from the risk on infection and cross contamination. The staff were aware of these and the systems had been reviewed and updated appropriately.

There were appropriate procedures to help make sure staff were suitable and had the skills and knowledge they needed to support people. These included recruitment checks, regular training and supervision. The staff told us they were happy working at the service.

People received personalised care that reflected their needs and preferences. People were supported to maintain good health and had their nutritional needs met.

The provider's systems for monitoring and improving quality were operated effectively and there were systems in place to mitigate identified risks. The provider had processes for learning when things went wrong.

There was a positive culture at the service and people told us the staff treated them respectfully. This had improved since our last inspection.

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.

Since the last inspection, the registered manager had left the service, and the provider was in the process of recruiting to this position. However, there had been improvements in all areas and further improvements were planned. Feedback from professionals, staff and relatives about the service was positive.

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 (published14 October 2020) and there were breaches of regulation. 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
We undertook the inspection to see if the provider had made improvements since the last inspection, and to find out how well the provider was meeting the key question not inspected at our last inspection.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsivefindings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Coppermill Care Centre

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 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, a member of CQC's medicines team 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.

Service and service type
Coppermill Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coppermill Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider was in the process of recruiting for the post, and the two deputy managers and the director were managing the service.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who lived at the service and we observed how other people were being cared for and supported. We also spoke with three relatives of other people and one visitor. We spoke with the staff on duty, including the director, deputy manager, a senior care worker, care workers, the activity coordinator and the chef. We met two visiting healthcare professionals.

We carried out a tour of the premises. This included an audit of infection control practices. We looked at how medicines were being managed. We looked at a range of records which included the care records for people who used the service, staff recruitment, training and support records, meeting minutes, complaints, safeguarding information, quality audits and other records used by the provider in managing the service. We also received feedback from three healthcare professionals involved in people's care.

Good

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.

Using medicines safely

At the last inspection we found systems were not in place to ensure the safe management of medicines. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed. At our previous inspection we found there were no processes in place to receive and act on medicines alerts. At this inspection, the management team could demonstrate they received alerts and could describe how they would act on these. However, they were not able to access the previous manager's records to show us the actions taken previously.
- Some people were prescribed medicines to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols was in place and staff were able to describe signs and symptoms they would look for in a person before administering the PRN medicine. However, protocols did not always include this information.
- Some people were prescribed medicines with variable doses. Staff recorded on the MAR when higher or lower doses were administered and maintained an accurate rolling stock balance. However, information to support staff administer variable doses consistently were not documented in care plans or protocols.
- Medicines were stored securely and appropriately in trolleys and medicines room.
- Medicine Administration Records (MAR) we reviewed provided evidence people were given their medicines as prescribed.
- Care plans had comprehensive information about people's medicines, including information about medicines prescribed to manage people's seizures, diabetes and end of life care.
- Following our feedback, the provider assured us they would make the required improvements without delay and provided evidence of this.

Learning lessons when things go wrong

At our last inspection, we found that the provider had failed to effectively implement systems to improve the quality of the service and mitigate risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The provider had implemented an effective system to learn from safeguarding concerns, incidents, accidents and complaints. Every month, they completed a summary and analysis of these to identify any trends and themes, and put in place measures to reduce the risk of reoccurrence. From this, they developed an action plan which was shared and discussed with staff.
● We saw that when unexplained bruises or marks were found on a person's body, staff recorded these appropriately and used a body map to monitor the progress of the marks. Records included a section for lessons learned, stating, "Staff are to carry out visual and physical risk assessments and care plan updates after identifying any marks or bruises."

Systems and processes to safeguard people from the risk of abuse

At the last inspection, we found although improvements had been made, further improvements were still needed. This was because feedback from the local authority representatives reported the provider had not always reported safeguarding concerns in a timely way. At this inspection, we found improvements had been made.

● There were systems to protect people from the risk of abuse. People told us they felt safe living at the service. Their comments included, "We are very lucky to be here" and "There is always someone around." Relatives agreed and told us they felt their family members were safe and well looked after.
● The provider had a safeguarding policy and procedure, and staff received training in this. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns.
● The staff we spoke with understood their duties to protect people and were aware of the whistleblowing policy. They gave us examples of how they would recognise possible signs of abuse, for example, the person being withdrawn or unhappy and unexplained bruising.
● We saw evidence that, during meetings with people who used the service, managers reminded them of the importance of feeling safe at all times and how to raise concerns if they were worried.

Assessing risk, safety monitoring and management
● People who used the service were protected from the risk of avoidable harm. Risks to people's safety and wellbeing had been assessed and mitigated. Risk assessments were detailed and were reviewed and updated when people's needs changed.
● One person was at high risk of falls. The risk management plan highlighted how to support them and prevent them from falling. The person had a mobility aid which staff supported them to use. The provider had put in place a falls prevention mat to alert the staff when the person was on the move. We saw evidence the person was closely monitored and regular checks to help ensure they remained safe were recorded.
● Some people were at risk of developing pressure ulcers. We saw they had wound management plans in place which were regularly reviewed and updated.
● There was a detailed risk assessment in place for a person who smoked, to help protect them and others from the risk of fire. This stated for the person not to smoke in the building, but use a designated area, and for staff to inform them how to safely dispose of cigarette butts.
● Each person had a personal emergency evacuation plan (PEEP) in place. This took into account the person's comprehension and ability to take appropriate action in the event of a fire. Based on the level of risk, these recorded instructions for staff about how to support the person if a fire broke out.
● One person who were being cared for in bed were closely monitored and there were up to date checks undertaken and recorded. For example, to avoid pressure on the person's skin, and the risk to develop

pressure ulcers, staff were required to reposition the person two-hourly and this was recorded accurately on repositioning charts. The person required bedrails to prevent them from falling, and we saw a safety rails assessment had been put in place, following a best interests meeting with the relevant professionals and those involved in the care of the person.

● The provider had a health and safety policy in place, and there were processes and checks in place to help ensure a safe environment for people, staff and visitors. These included gas, water and fire safety checks. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors and call bells. Equipment was regularly serviced to ensure it was safe.

Staffing and recruitment

● There were enough staff on duty to meet the needs of people who used the service. The deputy manager told us they sometimes employed temporary staff but ensured these were from the same agency and were regular, to help ensure continuity and rapport with people.

● The provider had recruited a group of care workers from abroad and provided accommodation on site for them. They demonstrated these care workers had been employed in line with the provider's policy and procedures.

● Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks had been completed.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections although we were not asked for evidence of a COVID-19 negative test on arrival. However we were asked to complete a sign-in book, where there was space to write negative or positive COVID-19 test results. We raised this with the provider who told us they would address this without delay.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found that handrails throughout the home had peeling paint, which could prevent thorough cleaning and pose a risk of infection. We discussed this with the director who explained they thought the chemical in the cleaning product had caused this. They told us all the rails were going to be stripped back to wood and treated to prevent further problems.

● 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 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.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

Is the service effective?

Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our inspection of November 2019, we found people's needs were not always appropriately assessed before they moved to the service. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, in August 2020, we were not able to make a judgement about whether this part of Regulation 9 had been met because there had not been any new admissions to the home since the last inspection. At this inspection, we found improvements had been made and the provider was no longer breaching this part of regulation 9.

- The provider assessed people's needs prior to them moving into the home. Because of the pandemic, all assessments had been carried out remotely. We discussed this with the provider who told us they were hoping that face to face assessments would resume soon.
- Although pre-admission assessments were fairly basic, they included all important information about the person, and their needs so the provider could ensure they were able to meet these.
- We saw evidence that information gathered during the pre-admission assessment was used to write the person's care plan and develop this to be person-centred with the involvement of the person and their relatives.

Staff support: induction, training, skills and experience

At our last inspection, although we found that improvements had been made, there were still areas where the provider needed to develop staff further. At this inspection, we found the provider had made the necessary improvements.

- People were supported by staff who were suitably trained, supervised and appraised. Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and help them improve their practice.
- New staff received an induction into the service which included training. They were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the

15 minimum standards that should form part of a robust induction programme
● Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. They also received training specific to the needs of the people who used the service. This included dementia awareness and promoting people's mental capacity.
● We identified that some training refreshers had not been completed for some of the staff. The provider assured us after the inspection that they had reminded the staff members to complete these by 8 July.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were recorded and met. People told us they liked the food they were offered and were given choice. One person stated, "They know my favourites and let me know when it's on the menu." There were menu boards displayed around the home and these were up to date, showing the meal options for the day.
● The chefs liaised regularly with people who used the service to help ensure they knew their preferences and provided food which people liked. They told us, "There are three meals per day. Whatever people like... always two options... there are sandwiches in the fridge, yogurts, milk, bread for when we are not here."
● Where a person was at risk of malnutrition, staff used a Malnutrition Universal Screening Tool and where necessary, referred them to relevant healthcare professionals such as Speech and Language Therapists. Some people received input from a dietician and were prescribed food supplements.
● Some people's care plans indicated they were at risk of choking and needed to have their food pureed. On the day of our inspection, we saw evidence this was offered and the meals were presented in an appetising way.
● The kitchen looked organised, immaculately clean and the chefs were passionate about their role and providing high quality service to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access external healthcare services. One person told us, "They come once, sometimes twice a week. They will come anytime if we need them." Relatives agreed and said, "We can't manage [family member] on outside appointments so there is always someone from the home going with [them]. [Family member] hasn't needed a doctor to come to the home but we know from other residents or relatives that when one was needed, they arrived quickly."
● The deputy manager told us they had a good professional relationship with the local authority, and healthcare professionals who supported them and regularly visited people, such as the district nurses and the GP. They added the pharmacy who supplied medicines to people were reliable and met their needs. A healthcare professional stated, "The service is safe, caring and very responsive for both residents and health care professionals, for example after hospital discharges the pharmacy and GP surgery are always informed of any medication changes and they are followed through."
● People's care plans clearly described their healthcare needs and how to meet these. This included details about people's oral care needs. For example, one person's care plan detailed, 'One care worker to assist with brushing teeth twice a day.' We saw evidence the dentist visited regularly.

Adapting service, design, decoration to meet people's needs
●The environment was suitable for the needs of the people who used the service. The corridors were well lit and wide enough to enable people to circulate safely, using the handrails provided. People's bedroom doors were painted in contrasting colours and had their room number, photograph and a door knocker. The environment was clean and clutter-free and there were no malodours.
● Bathrooms were well adapted for people's needs with enough room to accommodate wheelchairs and hoist if necessary.

● The corridor walls were painted in different colours to help people identify where they were, and there was a collection of pictures from actors and singers of times gone by to help people reminisce.
● There was pictorial signage around the home to help people find their way to areas such as toilets and bathrooms.
● People were supported to personalise their bedrooms with objects and photographs of their choice.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People using the service told us the staff asked for their consent before providing care. They said staff gave them choice and respected their wishes. One person stated, "I have a wardrobe full of clothes and I can wear what I like."
● Where necessary, the provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully. They sought advice from the local authority's DoLS team to ensure they followed guidance appropriately.
● Mental capacity assessments were in place and regularly reviewed and the care plans clearly reflected the support people required to make decisions.

Good

Is the service caring?

Our findings

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

At our last comprehensive inspection in November 2019 we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last comprehensive inspection, We found the provider had not ensured that people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the provider was no longer breaching this regulation.

- People were treated kindly and respectfully. One person told us, "We know most of the staff by first name and they always make an effort to meet relatives when they visit." Relatives echoed this and said, "The staff always find time to listen to [family member]. He really doesn't want for anything here."
- Throughout the day, we saw staff attending to people in an unrushed manner. Where they needed personal care, this was done discreetly and with respect for the person's privacy and dignity. The staff went about their work quietly and there was a relaxed atmosphere.
- Staff were attentive and provided small acts of kindness. For example, during lunch a member of staff offered words of encouragement to people including, "You have done very well, can I get you anything else to eat?", "Lovely, well done, now try with the fork, that's great", "Have you finished your meal? Anything else? We have nice chocolate eclairs after, that will be lovely, won't it?"
- The same member of staff displayed a skilful way to encourage people to socialise during lunchtime. For example, they introduced a person to another, stating a subject they both enjoyed, and this initiated a conversation between them. This also showed the member of staff knew people's needs and interests well.
- The provider had an 'Equality and diversity' policy. Staff understood how to support people according to their individual characteristics. The provider told us they were not currently supporting people from the Lesbian Gay Bisexual and Transgender (LGBT+) community.
- The staff told us they supported people from different cultures and religions and the care plans we viewed confirmed this. The activities coordinator told us, "I am just looking at organising a local church visit. We now have a vicar coming in."

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

- People were supported to express their views and be involved in their care. People's views were obtained

during meetings, surveys and one to one conversations.

● People confirmed they were consulted in all aspects of their care. Relatives said they were involved in planning the care of their family members. One relative told us, "Yes, very heavily involved in the care plan. [Family member's] needs are very complicated and we wanted to make sure right from the start that we were comfortable the home knew what they were doing" and "We have since had regular meetings – more face to face now as opposed to limitations due to the pandemic."

Respecting and promoting people's privacy, dignity and independence

● People and relatives told us the staff were respectful of their privacy, dignity and independence and we saw examples of this during our visit.

● People were consulted in relation to the gender of their care worker, and this was respected. One person told us, "I get washed from top to toe everyday but I only wanted female staff to help. That wasn't an issue."

● People were supported to be independent where they were able. One person told us, "I can do a lot for myself - I don't need help all the time." Care plans recorded people's skills and the things they could do for themselves. They confirmed staff encouraged them to be independent when they wanted to be.

Good

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; End of life care and support

At the last inspection we found people did not always receive personalised care and support. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the provider was no longer breaching this regulation.

- People's needs were recorded and met. Care plans were kept electronically and were detailed. They contained people's life history which contained details about their childhood, family members, hobbies and interests. Care plans were regularly reviewed and updated according to people's changing needs.
- Healthcare professionals felt people's needs were being met and had no concerns. Their comments included, "The staff at Coppermill know their residents well and are caring and friendly. I have watched them interact with the residents on many occasions and I have no concerns", "I think the residents' needs are being met at present" and "There have been many improvements over the last couple of years."
- People's needs specified the support they required throughout the day and night. For example, the time the person wanted to be supported to go to bed, what they wished to wear and if they required a snack and drink before bedtime. The care plan also specified any particular requirement the person had, for example how many pillows they required and if they wanted the light on or off.
- Care plans included all aspects of the person's needs and the level of care they required. This was measured as low medium or high. These included, continence needs, diet and nutrition, mobility, skin integrity, communication needs, oral care and end of life care.
- The staff recorded the care they gave to people throughout the day in real time, and we were able to view these live on the electronic system. We saw evidence the care notes were recorded in a person-centred manner and included all aspects of the care given throughout the day and night. For example, one person required repositioning every two hours and we saw evidence this was happening as expected. The staff recorded all the checks they undertook at night, and how they supported each person.
- People's end of life care needs were recorded in their care plans. These included how the person wished to be cared for at the end of their life, and the support they required to achieve this. For example, one person wished to be cared for at the home, and for their family member to be contacted.

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 communication needs were recorded in their care plans and met. At our last inspection, we found the staff did not always communicate well with people who used the service and there was sometimes a language barrier. This had improved and we saw the staff communicated effectively with people.
● A member of staff explained that being able to speak English was now an expectation. They said, "It has much improved since last time. We are an English home, and this is what we do. The previous manager enforced this. Staff must speak English and at a good level now."
● One person had difficulty in communicating their preferences and feelings. We saw their care plan specified how staff should communicate and engage with them. For example, 'Staff to use non verbal communication and gestures, eye contact and interpretation of body language, writing and pictures'. We saw evidence of this during our inspection.
● Documents were provided in large print and easy-read format for people who were visually impaired and required additional support. Where people were unable to express themselves verbally, staff used a range of methods to communicate with them, including hand gestures and the use of pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to undertake activities they enjoyed and these were recorded in their care plans. One person told us, "We have completed some questions around activities – what we liked about what we were doing and what we would like to do going forward."
● There were activity boards displaying activities planned for each day, using laminated photographs so people could easily identify what these were.
● Activities organised included, pamper morning, bingo, armchair exercises, afternoon walk, parachute game and poetry morning. The activity coordinator told us, "We also have outings, coffee morning Monday, I buy nice cakes on my way in. All people have a newspaper choice. We are just waiting for good weather and I will arrange another boat trip."
● The activities coordinator added they were insured to use cars for specific outings with people. They had recently taken some people to a theatre and to a dog home.
● The activities coordinator did not work at weekends. However, they told us, "For the weekend I leave games, colouring etc. for staff to engage with people. A lot more families visit at weekends so it's busier here."
● We asked what activities were provided if a person was cared for in bed. The activities coordinator gave an example where a person who was being cared for at the end of their life was provided with music of their choice. They also added that some people do not always wish to participate in activities and this is respected. They explained, "[Person] hates activities so we will go and talk to [them] one on one often about the things [they like] such as motorbikes."
● We saw photographic evidence of a recent Jubilee party, pancake day and cake making. There was an attractive accessible area in the garden where people could sit and enjoy the garden where they had helped to plant flowers.

Improving care quality in response to complaints or concerns

● Complaints were taken seriously and responded to appropriately and in a timely manner. People who used the service knew how to make a complaint. One person told us, "If something did bother me then I would speak to the nurse or may be just ring my son or daughter first." A relative commented, "We have not had to make a complaint about the home. If we needed to, I'd go to the manager and the council at the same time."

● There was a complaints policy and procedures in place and this was available to people who used the service. We saw evidence that complaints were investigated thoroughly and the complainant responded to. The provider issued apologies and discussed concerns raised during team meetings so the team could learn from these and make improvements.

Good

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.

Continuous learning and improving care

At our last inspection, we found systems were not effectively operated to improve quality and safety. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this regulation.

● The provider had improved their systems for monitoring and improving quality and these were effective. Following our last inspection, the provider had put in place an action plan which they regularly reviewed and updated.
● Checks undertaken were effective and included monthly care plan reviews, safeguarding concerns, medicines, people's weights and nutritional needs. This helped ensure information about people's health and needs were up to date and accurate.
● The deputy manager was studying for a social care qualification and currently acted as manager. They had been at the service for six years and had worked their way up. The staff told us the deputy manager was 'hands on' and caring and did not mind 'rolling their sleeves up' and working with the staff to meet people's needs. The deputy manager told us about their dedication to the home stating, "Coppermill is in my heart."
● The provider kept a log of all compliments they received. We saw the number of these had increased in 2022. comments received included, "Each time I step back into my car having visited [family member], I have felt happy leaving [them] to the brilliant care that Coppermill provides" and "Thank you all for looking after [family member]… your care, attention and careful treatment and kindness have been second to none."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was a positive culture at the service and people were involved in their care and support. People and relatives were positive about the management team and the care staff who supported them. One person told us, "There is a temporary manager. He seems very nice and knows my name."
● There were daily handover meetings where staff could discuss the needs of people who used the service,

and any changes and concerns they may have. The deputy manager explained there used to be daily 'flash meetings' where all the heads of department would meet. However, they told us these were stopped as they thought it was an hour of time which could be spent more usefully with people.

● There were daily 'Managers walkrounds' and these were recorded. They were carried out to check all areas of the home and the care given to people. Areas checked included infection control, home security, medicines and dining experience.

● There were regular day and night staff meetings where all relevant subjects were discussed and information was shared. There were also meetings with kitchen staff where people's nutritional needs were discussed and sought. They also discussed people's upcoming birthdays and any planning needed. There were also health and safety meetings where subjects discussed included accidents and incidents, health and safety training, the environment and equipment.

● There were regular meetings for people who used the service. Subjects discussed included reflection about how they felt about the home, any updates in relation to COVID-19, activities and future events planned. People and relatives were consulted about the quality of the service, and the outcome of the surveys were used to make improvements to the service.

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 director and deputy manager were aware of the importance of being open and honest when mistakes were made. The deputy manager told us they were "Too honest for my own good". They explained how they reported incidents and accidents and apologised to people where they received complaints or mistakes were made.

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

● At the time of our inspection, the previous registered manager had left and the deputy managers took turn to manage the service supported by the director who visited regularly.

● The deputy manager demonstrated they had a good knowledge of people's individual needs and knew them well. They were dedicated and worked with the staff to provide good quality care to people who used the service. A healthcare professional told us, "I can confidently state the service is very well led by [deputy manager]. All care workers and staff members are highly motivated with patient care in mind."

Working in partnership with others

● The management team and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.

● The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs.