

Mr & Mrs T Burgess

# Coppice Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 25 and 26 October 2016. The home is registered to provide accommodation and personal care for a maximum of eight people. There were seven people living at the home on the day of the inspection.

There was a registered manager in place who is also the registered provider. 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.

At our comprehensive inspection on 14 August 2015, we found that people living at the home received their medicines; however systems and processes were not in place to provide an accurate count of medicines and to review usage. This inspection found improvements had been made. We found there was a record of PRN (as required) medicines. A medicines order and stock record had been introduced and staff told us medicine management had improved.

Relatives told us that people were safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. Staff were available to people and supported them to take their medicines when needed.

The registered provider was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Staff sought the consent of people before providing care and they could choose the support they received.

People's nutritional needs were met but the choice of meals could be improved. People were supported with drinks throughout the day. People were supported to access health care professionals and staff were responsive to the advice received in providing care.

People were comfortable around staff providing care and relatives told us people had developed good relationships with staff. Relatives told us people's privacy and dignity was maintained by caring staff and we made observations that supported this.

People were supported to enjoy various activities outside of the home; however they did not always receive support to engage in meaningful activities to meet their personal needs within the home.

Relatives said communication was good and staff and the registered provider were available to them. They said staff listened to them and they felt confident they could raise any issues should the need arise.

At our comprehensive inspection on 14 August 2015, we found that effective systems were not in place to enable the registered provider to assess, monitor and improve the service. We were given information about improvements to be made which we followed up at this inspection, to see what impact had been made in improving the care to people.

We found that some improvements had been implemented, for example, introduction of a medicine order and stock record, but further action was required to ensure that changes were embedded and further improvements made in a timely way. For example, completion of picture menus to support people's choice at meal times. a process to monitor accidents and incidents to identify trends to reduce the likelihood of events happening again; structured supervisions and staff meetings to support staff to provide more effective care.

We found some statutory notifications including information about important events which the provider is required to send us by law had not always been made by the registered provider.

You can see what actions we told the provider to take at the back of the full version of this report.

## 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 received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns

Staff were available to people and supported them to take their medicines when needed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training, were knowledgeable about their support needs and sought consent before providing care.

People were supported to access healthcare professionals and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Relatives felt listened to and people received care that respected their dignity and privacy

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive support to engage in meaningful activities to meet their personal needs.

People and their relatives were supported by staff to give feedback on care and raise any comments or concerns about the service

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The system of routine checks carried out by the management team was not effective in monitoring the findings and any subsequent actions.

Some improvements had been implemented but further action was required to ensure that changes were embedded and further improvements made in a timely way.

Staff said they wanted more structured supervision and staff meetings to support them provide more effective care.

Statutory notifications including information about important events which the provider is required to send us by law had not always been made by the registered provider.

# Coppice Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 25 and 26 October 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

On the day of the inspection people living at the home were unable to communicate with us verbally so we used different ways to communicate with them to seek their views about the quality of care they received. We also spoke with three relatives by telephone to seek their opinion of the service.

We spoke to the registered provider, the deputy manager and six care staff. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management, three staff recruitment files and staff rotas.

# Is the service safe?

## Our findings

At our comprehensive inspection on 14 August 2015, we found that people living at the home received their medicines; however systems and processes were not in place to provide an accurate count of medicines and to review usage. There was a risk of people's medicines not being available and administered to them as prescribed to meet their health needs. This inspection found improvements had been made. We found there was a record of PRN (as required) medicines. And a medicines order and stock record had been introduced. Staff told us medicine management had improved. One member of staff said, "The count is better and two people sign all medication, it gives you assurance." Another member of staff said, "It all works Okay. We put deliveries [of medicines] in the stock book."

People were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. All three relatives we spoke with told us they felt people were safe living at the home. One relative said, "[Family member] is safe. Staff know them and how to keep them safe, I'm assured of that." Another relative told us how their family member was supported by staff. They told us, "Staff are on hand to [support] them and also ensure they remain safe."

Staff we spoke with showed an awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident that people were treated safely and were able raise concerns with the registered provider if they needed to. They said they were confident that action would be taken as a result.

People were supported to participate in the activities outside of the home. Staff we spoke to were able to identify the level of risk and what support was needed. Where activities posed a risk, they were assessed to ensure that they could continue to enjoy these activities safely with the right level of support.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. Relatives told us staff were available to their family member when they needed them. One relative commented, "Staff are around when needed. They are there for [family member]."

The registered provider told us that staffing levels were based on the needs of people and were increased to support planned activities. For example, staff levels were increase one night each week to support people to attend a social club. This was confirmed by staff, one member of staff said, "There is an extra member of staff on each week when people go out to a club. [It] means there's enough to support people going out and those who stay at home."

We found times when one member of staff left the home for an hour or so to provide home care support to people using the registered provider's other service. Staff told us this impacted on the day to day support to people received and people would sometimes need to wait for support and this had been raised with management. We spoke to the registered provider about this, they told us staffing levels were normally maintained and any impact was minimal. They told us either they or another member of management were

on call each day so staff could call if they required support. This was confirmed by staff.

We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

All three relative's we spoke with told us they were satisfied with their family member's medicine support. One relative said, "[Family member] has their medicine every morning. They [staff] always tell us if their medication changes." We saw that people received help to take their medicines as prescribed. We saw a member of staff ask the person if they were ready for their medicine, before giving their medicine and recording that it had been taken. All staff we spoke with confirmed they received medication training.

We saw there was written guidance for staff on 'as required' medicines. The registered provider had introduced a medicines audit in September 2016. On the day of the inspection we were unable to fully determine how effective the audit programme was as only one monthly audit had taken place. We did see that the first audit had identified the provider's medicine policy was out of date and it had been updated.



# Is the service effective?

## Our findings

Relatives we spoke with felt staff had the knowledge to support people with their needs. One relative told us, "They [staff] are very knowledgeable, I am confident they are trained." Another relative commented, "They [staff] are trained to meet [family member's name] needs."

Staff we spoke with told us that training helped them to do their job. All six staff confirmed that the training was good and they were able to give examples of how training had impacted on the care they provided. For example staff told us autism training gave them a greater understanding and helped them to support people. One member of staff also told us they had completed specialist training to provide support to individual people, for example, epilepsy training.

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.

We saw that where one person needed help a best interests meeting had been held with their relative, staff and their GP. We saw staff asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this.

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 saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Applications had been made and five DoLS authorisations were in place.

On the day of our inspection we saw people enjoy their lunch and that they were supported with drinks throughout the day. We saw one person was provided with a cutlery aid to assist them eat independently. People were provided with seconds if they wanted more.

Whilst we were told that people were offered a choice of meals, on the day of our inspection only one meal was prepared. We also saw that when one person returned their meal to the kitchen uneaten, they were immediately served with a sandwich. It was not clear how involved the person was in choosing the alternative.

When we asked staff about the choice of meals they told us only one meal had been prepared because it was a meal that people enjoyed. We spoke to the registered provider and they told us a choice of meals should always be offered and this would be addressed with staff.

We spoke to the care staff who were responsible for the preparation of meals. They were knowledgeable about people's dietary needs, for example where people required softened meals. They advised that they worked to a three week menu plan and as they also served the meals and assisted people they could see which meals people enjoyed.

Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative said, "They [staff] are very proactive in getting people healthcare." On the day of our inspection we saw that a GP had been contacted to arrange an appointment as one person was feeling unwell.

We saw that people were supported to access a range of healthcare professionals. For example, GP, dentist and chiropodist. One relative told us, "They [staff] see to [family member's] every need. When they need a doctor, it's always arranged." Another relative told us they were happy with the actions taken by the staff in monitoring their family member's healthcare needs. They told us that their family member had been unwell; they advised that GP appointments had been made and their condition had now improved.

All staff told us healthcare support was good. One member of staff said, "We've [staff] arranged for the dentist to visit the home because people find it less stressful than going to the surgery."

# Is the service caring?

## Our findings

We saw that people were relaxed around the staff supporting them. All three relatives we spoke with told us staff were caring. One relative said "[Family member] loves the carers and has a lovely relationship with them and talks about them all the time." Another relative said, "I trust them [staff] all 100%."

We saw that the registered provider had received several written compliments. For example, one relative had written in saying, "I would like to thank all staff for their care and support whilst [person's name] was in hospital." Another relative had written in thanking staff for supporting their family member to a family celebration.

Staff we spoke with had a good knowledge of people's individual needs. One relative told us, "They [staff] know [family member] very well. It's one of the strengths of the service." Staff were knowledgeable about the support people required and we saw they gave choices in a way that people could understand. For example, we saw when supporting people with their medicines the member of staff showed one person two medicines and asked them which they would like first.

Staff told us that the benefit of being a smaller home is they got to know everyone well. They told us people's preferences were recorded in their care plans, but as all seven people had lived at the home for some time they had built up a good knowledge over time. We saw that staff were aware of items that were important to people and that they ensured that these items were available to people when they wanted or needed them.

We saw that staff understood how people expressed how they felt. We saw staff responded to the body language of one person and offered support in a timely way. When one person showed signs of being anxious, a member of staff went to their side and talked to them about their interests. As a result we saw that the person became more relaxed.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. One relative told us, "I am always welcomed when I visit." Another relative told us they liked the fact it was a smaller home because it was more homely and they felt all the people lived, "Together as a family."

Relatives told us staff treated people with dignity and respect. One relative commented staff were respectful when providing personal care. They said, "Staff allow [family member] space to respect their privacy." Another relative said staff were mindful of their family member's age. They said, "Staff use positive language and encourage [family member]."

We also saw staff provide support that respected people's dignity, for example when one person had fallen asleep in the lounge area, staff gently spoke to them to ask if they could help them be made more comfortable.

## Is the service responsive?

### Our findings

We saw that people were supported to enjoy various activities outside of the home such as, social clubs, swimming, bowls and shopping trips. However we found that whilst in the home, there was limited support for people to join in any meaningful activities to meet their personal needs. Relatives told us they felt people should be encouraged to do more within the home. One relative said, "There's too much sitting around." Another relative said, "There should be more going on. They [staff] should encourage them [people] more."

On the day of our inspection we saw people sat around in their choice of the two lounges for long periods of both the morning and afternoon. Staff sat with people but with little or no interaction and no encouragement to engage in meaningful activities. For example, when one person became anxious staff gave them a mobile telephone to access pictures of their hobby. Whilst we saw the person enjoyed looking at the pictures, there was no interaction from staff ask them about their hobby or talk about the pictures they were accessing. We saw that the person soon became distracted and stopped looking at the pictures.

Another person was supported to attend a sports activity outside the home. When it was found the activity centre was closed, the person returned to the home and sat in the lounge with a member of staff. We saw little interaction and the person was not encouraged to enjoy another activity.

There were tactile boards and exercise balls available in home and one member of staff told us, "There lots of activities available in the cupboard." However, none of these were accessed and people were not encouraged to use them during the inspection. This resulted in staff missing opportunities to engage and involve people and enhance people's experience of living at the home.

We asked staff about activities for people within the home. Two members of staff commented that they felt some members of the staff team needed to do more to encourage people. One member of said, "Staff are happy to just sit and talk and not do activities." Another member of staff said, "Activities aren't brilliant. Staff need to be managed more."

The registered provider told us that staff rotas were designed to have more staff available to people during the morning period to support people with activities. We noted that during the afternoon and early evening less staff were on duty. Staff told us during afternoons they had less time to spend with people individually. In addition, it was not unusual for one member of staff to leave the home for an hour or so to provide home care support for the registered provider's other service. Staff told us this impacted on their support to people. One member of staff said, "People are safe but we have less time to spend with them individually or doing activities."

We spoke with the deputy manager who acknowledged that activities for people needed to improve and be more meaningful for people when they were in the home. They told us that some staff were more proactive than others and this been previously addressed with staff. We saw that activities had been discussed at the last staff meeting. Minutes of the meeting showed staff were told, 'activities have slipped off, so get activities out of the cupboard.' The registered provider told us all staff had previously attended meaningful activity

training and this would be addressed with staff following our inspection.

We saw that staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for individual people was discussed. For example, we saw staff coming onto duty were told a GP had been contacted for one person who had become unwell.

Relatives told us they were involved in reviews of their family member care and they felt listened to. One relative said, "I feel they listen to me, take on my views and what I say. We all want what's best for [family member] so we all work together."

Relatives said they felt able to complain or raise issues should the situation arise. One relative told us, "I raised a concern, I spoke to [registered provider] and she explained and gave assurances to me." Two other relatives told us although they had not had reason to raise concerns, they would feel confident in approaching staff and that action would be taken. No written complaints had been received in the last twelve months. There was a complaints procedure in place to record, investigate respond to any complaints received.

Four members of staff told us if they had any concerns they could report them to the registered provider and they were confident that action would be taken.

## Is the service well-led?

### Our findings

At our comprehensive inspection of Coppice Lodge on 14 August 2015, we found that effective systems were not in place to enable the registered provider to assess, monitor and improve the service. We were given information about improvements to be made which we followed up at this inspection, to see what impact had been made in improving the care to people. For example, we were told that picture menus were being developed to support people's choice at meal times. At this inspection staff told us pictures of some meals had been taken and used for a period and did help one person in particular in making meal choices. However, staff told us they had now stopped using the pictures. We asked the registered provider about this, they acknowledged the pictures menus had not been fully completed as some photos were still on the camera and needed downloading.

At our inspection on 14 August 2015 we found accidents and incidents were not monitored. At this inspection we saw there was a record of accidents and incidents, however the deputy manager could not show us how accidents and incidents were monitored to identify trends to reduce the likelihood of events happening again. The deputy manager said this would be addressed following the inspection.

We asked staff about the support they received from the management team to develop their care to people. Four members of staff also told us that staff meetings were infrequent. One member of staff said, "[Meetings] should definitely be more frequent to get staff together and discuss things. It's an opportunity to share best practice." Another said, "I would like more staff meetings as a formal way of addressing things with the team." When we asked the registered provider about this they acknowledged that the last staff meeting was in February 2016 and the next meeting was now overdue.

Five members of staff also told us they would like more structured and frequent supervision to support them to provide more effective care. One member of staff said, "I would like it so there was a formal note of the things we discuss." Another member of staff commented, "I would like to be able to discuss things privately." We checked the records for two staff; these showed that neither member of staff had received formal supervision for over 12 months. The registered provider agreed that staff supervisions should be more frequent and said it had been overlooked that this had not happened. They advised us this would be addressed following the inspection.

Staff told us they could always speak to the deputy manager or senior care worker if they needed advice. However some staff were frustrated by the lack of action in some key areas such as staffing levels, supervisions and team meetings. Staff told us they had raised issues with the management team but the issues had not been resolved.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home and ensured that changes were embedded and further improvements made in a timely way.

At our inspection on 14 August 2015 we were also told new systems for managing medicines would be

introduced following the inspection. This inspection found that a new medicines audit had been put in place in September 2016. As a result we were unable to fully determine how effective the audit programme was as only one monthly audit monthly had taken place.

The registered provider told us they completed a weekly check of the home, observing care and checking the premises, although this was not recorded we could see actions identified with the premises had been recorded in the communication book and addressed by staff.

Whilst these routine checks were carried out, the system to monitor the findings and any subsequent action was not effective. For example, staff engagement in meaningful activities with people and the lack of regular staff supervisions and staff meetings.

The registered provider checks and audits did not assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

We found that not all relevant notifications had been submitted to CQC. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. The registered provider had failed to identify that five notifications of DoLS authorisations had not been made to CQC. The deputy manager said this would be done following the inspection. We also found that where one authorisation had expired, a new application made had not been made. The registered provider had also not identified the need to review and send CQC notifications for DoLS authorisations.

The registered provider had not made all relevant notifications of DoLS authorisations. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

We saw there was genuine warmth between people and the registered provider as they talked with people. All relatives we spoke with told us they were happy with their family member living at the home. One relative said, "[Family member] is happy and I wouldn't want them anywhere else." Another relative said, "We are happy with the service." Relatives told us the registered provider was approachable and available to them.

Relatives told us they had not received a questionnaire asking for feedback on the service but said they were happy to speak directly to the registered provider with any comments. One relative said, "I can speak to them any time."

The registered provider told us they looked to keep kept their knowledge current by attending training and accessing information via the internet. For example, they had accessed a copy of national guidelines on managing medicines in a care home for reference and also made them available to staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had not made all relevant notifications of Deprivation of Liberty Safeguards (DoLS) authorisations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider checks and audits did not assess, monitor and drive improvement in the quality and safety of services provided.