

Bupa Care Homes (ANS) Limited

# Copper Beech Care Home

## Inspection report

Eastbourne Road  
Ridgewood  
Uckfield  
East Sussex  
TN22 5ST

Date of inspection visit:  
12 October 2016

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25 November 2016

### 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

This unannounced inspection took place on the 12 October 2016. Copper Beech Care Home provides accommodation for up to 48 people who require nursing or personal care. There were 38 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Senior staff and nurses knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff, who provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

## 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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

People had access to a complaints process.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People's quality of care was regularly monitored by the systems in place .

People were supported by staff that received the managerial guidance they needed to carry out their roles.

# Copper Beech Care Home

## **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 unannounced inspection was carried out by an inspector on 12 October 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

Some of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with six people who used the service and five relatives. We also spoke with eight members of staff including one nurse, four care staff, the chef, the registered manager and the regional director. We reviewed the care records of five people who used the service and four staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

Everyone we spoke with told us that staff at Copper Beech care home provided safe care. One person told us, "Staff know what they are doing, they are quick to notice if I am not well." A relative told us, "[name] is safe and well here." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report anything of concern to my manager, and if they did not respond I would contact the local authority safeguarding team." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. The provider had mitigated risks associated with hot radiators by installing under floor heating across the whole of the home.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; these were colour coded to enable staff to see clearly in an emergency situation the level of support people required. Fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People told us there was always enough staff on duty to meet their needs and we saw that staff were on-hand to support people when needed. One person said, "when I use the call bell, they [staff] always come in good time." Staff told us there were sufficient staffing levels to meet people's needs, and that the Registered Manager ensured that people got the extra time they needed when their needs increased. Staffing levels were set according to people's dependency and care needs. People's assessed needs were safely met by sufficient numbers of experienced staff.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found

swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

## Is the service effective?

### Our findings

New staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge they required to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling and fire safety. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One new member of staff told us "I feel more confident in myself because of the support and the training, and I have been able to get to know the people I look after."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety and dementia awareness. Care staff were positive about the training they received and said it had helped them with supporting people. One member of care staff said "The challenging behaviour training was really good; I now have more of an understanding of how people might be feeling and what I can do to distract and divert people from situations."

All staff had supervision to discuss their performance and development with their immediate supervisor. Staff told us they had the opportunity to request specific training to develop their roles such as first aid and basic life support. Staff undertaking their vocational qualifications were supported by the Registered Manager to manage and complete their modules. One member of staff told us "I have been supported to do my NVQ; I would never be able to do it without her [registered manager]." Nursing staff received support to complete their re-validation to maintain their professional registration.

People told us that staff always asked for their consent before providing any support and they respected their personal needs and preferences. Relatives also said they had observed that staff sought consent before providing care. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Individual plans of care also contained information about people's consent to photographs, sharing information with health professionals and decisions about bed rails. Staff recorded the relevant information about people's lasting power of attorney for a time when they may not have the mental capacity to make decisions themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully



considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietician for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food.

Staff were provided with information about people's dietary needs including their likes and dislikes. One person told us "The chef knows what I like to eat." Staff told us "when people are not so well we visit their rooms more regularly to provide care and give drinks." Records showed that people were encouraged to maintain an adequate food and fluid intake and where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.. One member of staff said "We are kept informed if people's needs change, like needing a softer diet or more drinks."

Staff were knowledgeable about who needed assistance or prompting to eat. We saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. All staff were involved with assisting at mealtimes which meant that everyone could eat their hot meal together. Most people chose to eat together in the dining room which was set out so people could eat sociably. Where people chose to eat in their rooms, staff ensured that people had assistance where required.

People were offered alternatives to the planned menu if they had not eaten the food that had been served. We observed staff encouraging people to eat and drink by offering snacks to people throughout the day. The service also offered a 'night bite' menu which was a selection of hot and cold snacks which were available to people when the chef was not on duty. Feedback from people about the food provided was positive. Comments included "The meat was really tender" and "I loved the plum pie." There was a daily menu feedback process in place where people were able to comments on the meals and choices provided and this helped the chef to plan for future meal choices.

People were supported to access appropriate healthcare services including hospital appointments, their GP, podiatrist, optician, audiology and psychiatrist. We saw that people who were prone to urine infections were prompted regularly to drink and they were closely monitored for symptoms. Staff were knowledgeable about the significance of any changes in people's behaviours, they reported to the nurses promptly where people were not 'acting themselves', and the nursing staff liaised closely with the GP about people's health and acted quickly on any treatment instructions such as antibiotics.

## Is the service caring?

### Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us "the staff are angels, they are so lovely." One relative told us "The staff do a wonderful job." Everyone described the service as 'homely'; one member of staff told us "It's like a family here."

People told us they had good relationships with staff. One person said "staff are wonderful; I choose what I want to do when I want to." Another person told us "there is good communication." One relative told us "people have good relationships with staff, they look after [name], they know what she needs and they make sure she has what she needs, I can't ask for more." We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I am proud of the relationships we have with people." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

Staff knew people very well, they told us what was important to people and how they adapted care to meet each person's needs. One person who was cared for in bed liked to keep a teddy bear on the bed with them; care staff attached the call bell to the teddy bear so they could ensure the call bell was always in reach for this person. One member of staff told us that the person often declined to have the call bell on the bed and this solution worked really well.

When we observed people indicating they were anxious staff were prompt in responding to their needs. For example one person had not been able to finish their meal; staff had spoken kindly and suggested that it was better to have too much on the plate than not enough.

People's preferences for care were incorporated into their daily care, for example one disliked duvets and had requested blankets instead and we saw this was in place for them. People were helped to maintain family relationships. One family said "We visit two or three times a week and we are always made to feel welcome, I would recommend this home to everyone."

People's privacy and dignity were respected. One person told us "staff respect when I want time alone." We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. One person said "They [care staff] have to use the hoist with me because I can't stand anymore, but they are so gentle with me and explain everything." Everyone who required hearing aids or glasses were wearing them, we saw that people's glasses were clean and their hearing aids were well maintained.

## Is the service responsive?

### Our findings

People admitted to the service were assessed for their care needs prior to living at Copper Beech Care Home. People and their relatives or advocates were encouraged and supported to visit the home during the decision making process. We saw that the manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

People had been involved in planning and reviewing their care when they wanted to. One relative told us "I know what is going on, I am kept informed about everything relating to [name]'s care." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People's changing needs were assessed and care plans were updated. There was a daily meeting every morning where people's changing needs were discussed and important information was relayed to all of the staff. One staff member said "It is only a short meeting but it is focussed on anything that has changed in the last 24 hours; it is so important everyone is aware of people's health and mobility."

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. One person told us "Seeing my friends is very important to me." We observed that staff had ensured that they were ready on time to go out to meet their friends and had their meal early to accommodate their wishes. People were allocated one to one time with staff and group activities.

There was a regular timetable of activities in the home that people could participate in, this was displayed in the home and was also in the monthly newsletter. People enjoyed reminiscence session, board games and puzzles. A hairdresser and a manicurist visited the home regularly and there was a weekly religious service. People had also been involved in knitting blankets for the local special baby care unit and had received a 'thank you' card from the hospital.

The home had a 'you said, we did' poster on display which was suggestions that had been made by the people living at home; and what had happened as a result of these suggestions. For example, people had requested more reminiscence sessions and we saw these had been booked. There was also a suggestion of

more classical music and the manager had booked a pianist for a classical music session.

People had information about how to make a complaint or make comments about their care. There had not been any complaints recorded, however, people had written letters to compliment staff. One relative told us "when I have raised any concerns, these have been addressed straight away, so it's not really a complaint. The manager is absolutely on the ball."

## Is the service well-led?

### Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by nurses and senior care staff. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said "I'd love my [relative] to come here because they would be looked after", another member of staff told us "Staff have been there a long time, and they tend to stay."

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records had been reviewed on a regular basis and accurately reflected the care each person received. Records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Communication between people who used the service, their families or representatives and staff was encouraged in an open way. The provider issued a monthly newsletter which detailed activities and news from the previous month and including upcoming events. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved; questionnaires were sent out yearly to seek their views. The feedback about the care people received were all positive.

The provider had good links with the local community and this was used to enhance the activities that were already in place at the home. Local children from the neighbourhood were having a planned visit to the home on Halloween. The home hosted a Macmillan coffee morning and was very well supported which raised money for the charity.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff and the registered manager. Medication audits were completed after every round of medication administration and the recording tool was reviewed at weekly clinical risk meetings. The manager used all of the audits to

improve the service and feedback to staff where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.