

Copperfield House Ltd

Copperfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Copperfield House is a care home which provides accommodation for up to 16 older people who require personal care. At the time of the inspection seven people were using the service. Some of the people who lived at the service needed care and support due to dementia sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Copperfield House on 7 September 2016. The inspection was unannounced. The service was last inspected in June 2014 when it was found to be not meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "(I am) perfectly safe." An external professional told us "I believe people are in capable hands."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Most staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to an acceptable standard although there were some gaps highlighted in the analysis of training we completed. Staff received updates about important skills such as moving and handling, fire safety, infection control and first aid. Staff also received training about the needs of people with dementia.

Recruitment processes were not satisfactory. There was an application form, and written references. Most staff had an enhanced Disclosure and Barring Service check, but this was not completed by the service provider, but by previous employers. There was not a disclosure and barring service check on two staff files. This meant the registered provider could not assure us that all staff were suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. However records of when people had last seen a dentist and optician were variable. The registered manager said he would look into this, as the dentist did see people regularly.

There were enough staff on duty and people said they received timely support from staff when it was

needed. However there were not call bell's in each person's bedrooms. This meant people did not always have a suitable way of alerting staff if they needed support for example in an emergency. We did however observe staff being attentive to people's needs.

The building was satisfactory to meet people's needs, for example there were suitable adaptations for people with physical disabilities such as a passenger lift and hoists to assist people in and out of the bath. However, decorations in some areas of the home needed improvement as they had become shabby and looked neglected.

The service had some activities available which were either organised by staff, or through an external entertainer. However some people did say there was little to do and they would like more activities.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included "Lovely, very nice" and "Pretty good." People said they were offered an alternative meal if they did not want what was on the menu. People said they received enough support when they needed help with eating or drinking.

Staff were seen as kind and caring. "(Staff are) very kind," "The people here are nice," and "They look after me very well." One relative said "(My relative) is treated at all times by kind, attentive and skilled staff who ensure (their) needs are met and nothing is ever too much trouble."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told management were "Okay, very nice" and "Spot on." There were satisfactory systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe

Staff employment checks were not rigorous and it was not possible to state all staff were suitable to work with vulnerable people.

Arrangements to ensure the building was well maintained, and satisfactory health and safety standards were maintained were not satisfactory.

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Requires Improvement ●

Is the service effective?

The service was not entirely effective.

Arrangements for people to summon staff in an emergency were not satisfactory.

Overall, people's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support although some medical records were variable

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Good ●

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

The service was not entirely responsive.

There were insufficient opportunities for people to participate in satisfactory activities in and outside the service.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Requires Improvement ●

Is the service well-led?

The service was mostly well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service but these were not effective due to the shortfalls we found at this inspection.

The service had a positive culture. People we spoke with said communication was very good.

Requires Improvement ●

Copperfield House

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.

We visited Copperfield House on 7 September 2016. The inspection was carried out by one inspector. An Expert by Experience helped the inspector with the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with four people who used the service. We had contact (either through email or speaking by telephone) with four relatives. We also spoke with the registered manager and two members of staff. Before the inspection we had written contact with three external health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at five records which related to people's individual care. We also looked at seven staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included; "(I am) perfectly safe." and a relative told us "I have not witnessed anything that makes me feel the service is unsafe." Another relative said "At no point in the last six years, have I seen or heard anything that would cause me any concern either in the management of my (relative) or any other resident in the home." An external professional told us "I believe people are in capable hands."

Recruitment checks were in place, but were not comprehensive. Staff had completed an application form. One person did not have a full employment history on their application form. This was because the employer who obtained a Disclosure and Barring check, was not listed as a previous employer. There was either one or two references from someone who had known the person prior to them working at the service. References were not always obtained from the person's previous employer. One person did not have any references on their file, but these were forwarded to us after the inspection. The registered manager said they had been filed incorrectly. Satisfactory checks had been completed to check that staff who were not citizens from within the European Economic Area had a work permit, and /or had a right to stay within the United Kingdom.

There was a Disclosure and Barring Service (DBS) check on five of the seven staff files we checked. However the checks were completed by previous employers, often at least a year prior to the person leaving that job. In one case, according to their application form, the person had worked at another service since the check was completed, and prior to working at Copperfield House. There was no evidence that any further on line checks had been completed to ascertain if these staff had any criminal convictions since the checks were completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We had concerns about some of the upkeep of the building, and health and safety standards within the building. Decorations within some areas within the service were shabby and had not been updated at a frequency necessary due to wear and tear. For example, paintwork in corridors, bathrooms, toilets and the lounge was scuffed and damaged. In the downstairs bathroom an internal door was being stored, after being removed from the kitchen following maintenance work. A chair was propped in front of it to prevent it falling on someone. Tiles were either cracked or missing. There was no lock on the bathroom door. The veneer on the toilet seat had worn away, and the chip board the seat was made of had expanded. This presented an infection control risk. Otherwise the service was clean. Suitable cleaning schedules were in place. The service had satisfactory laundry facilities including appropriate systems in place to deal with heavily soiled laundry.

The boiler and gas appliances had been tested to ensure they were safe to use. Portable electrical appliances had been tested in 2014 and were safe. However, there was no evidence these items had been tested since. The electrical circuit had been tested in 2010 and required some upgrading. The registered

manager said this work had been completed. However, the certificate of the initial test stated it should be recompleted "Every three years," and there was no evidence this test had been done. Records showed the passenger lift and manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease, although checks showed various recommended tests were not currently being completed. An environmental health and safety risk assessment was in place covering for example manual handling, domestic tasks and cooking. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. A requirement had been issued by the fire safety officer to improve fire precautions, such as the fire doors. There was no evidence this had been completed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults and demonstrated an understanding of how to safeguard people against abuse. For example, we were told staff would report concerns to managers, and if they did not take suitable action staff would report issues to external organisations such as the Care Quality Commission, although one of the staff said the manager was "Very good at taking action."

Risk assessments were in place for each person. For example, to maintain people's physical and mental health, and to assist in preventing poor nutrition. Risk assessments were reviewed and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff we spoke with said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines was administered safely by staff. Medicines were observed to be given on time. Medicines were stored in locked cabinets, and trolleys in the office. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Training records showed that staff who administered medicine had received comprehensive training.

A relative was positive about how staff assisted a person with a skin condition commenting care was "Outstanding with none of the lesions becoming infected. This was due to the excellent cleansing procedures put in place and the constant monitoring and applications of creams."

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service looked after some monies on behalf of people. When staff purchased items, such as toiletries on behalf of a person, a receipt was obtained and the transaction was recorded in a finance record. We checked three people's money and cash kept matched what was recorded in the peoples' records.

There were enough staff on duty to meet people's needs. For example, rotas showed there were two care staff on duty in the morning and two staff in the afternoon and evening. During the night there was two care assistants on waking night duty. In addition, the registered manager and deputy manager worked in the service Monday to Friday. Care staff were also responsible for ancillary tasks such as cooking and cleaning. During the inspection staff were not rushed and attended to people's needs promptly.

People told us staff would help them promptly and there were enough staff on duty to meet their needs. For

example we were told: "(Staff are) very good when I have any problems," "Someone is there straight away if asked." and "(After lunch) they call in at least 4 or 5 times to see if I am alright," and "If I need help I have only got to say."

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "Staff are very efficient," and "They (the staff) are very helpful and caring."

The home had appropriate aids and adaptations for people with physical disabilities such as a bath hoist and a passenger lift. The service had a call bell system, but some of the units in people's bedrooms were not present. These were being stored in a box in the office. The registered manager said the units needed new batteries. We asked people how they would alert staff if they needed them, should there be an emergency. One person said "If I want help I have to shout in the night." Another person had a small bell they could ring, but this could only be heard over a short distance. It therefore would not be possible for staff to be alerted, if for example, they were upstairs, or at the other side of the building. This could put people at risk, for example if there was a medical emergency.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Staff had received training to carry out their roles. Staff said they had an induction when they started work at the service. However, the staff we interviewed were not specific about how this was structured. For example, staff told us "It was too long ago," (to say what the induction included), and "They showed me the routine, introduced me to the residents, and staff showed me the rooms and the fire exit." There were no completed induction records on the staff files we inspected. However the assistant manager showed us a copy of a checklist she had developed, for future use. The registered manager said he was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said staff which had recently been employed had all had previous experience in the care sector.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed most staff had a record of receiving training in manual handling, fire safety, food handling, infection control, safeguarding, first aid and dementia awareness. Staff who administered medicines had received suitable training. However the registered manager had no system to monitor what training the staff team had received without checking individual certificates on each member of staff's file.

Staff told us they felt supported in their roles by colleagues and senior staff. There were limited records of recent individual formal supervision with managers. However, when we spoke with individual staff they told us they had supervision every two or three months. The registered manager and the deputy manager worked at the service, during the day, Monday to Friday. Staff said management were approachable and we were told "If you have a problem, (we) just let (the manager) know."

People's capacity to consent to care and treatment was assessed in line with legislation 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had a mental capacity assessment within their care files. This detailed in what areas individuals had (or lacked) capacity. However, the form did not specify what actions had been taken, if a person lacked capacity. After the inspection we were provided with evidence that applications had been submitted to the local authority, where the registered manager had judged an external mental capacity assessment, and possible deprivation of liberty safeguards needed to be completed. Files showed staff had received training about mental capacity and deprivation of liberty safeguards.

People told us they did not feel restricted. For example, we were told "There were no unreasonable restrictions," although people said they felt reliant on relatives to take them out, as they were now unable to go out independently alone.

People were happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes. We were told meals were "Lovely, very nice," "So far lovely," and "Pretty good." We were also told there was some choice available, for example, "We are told what we are going to have. If you don't like it you get another choice." The written menu was displayed on the wall, in the lounge, but not in pictorial form. One person said "Everyone has their last meal at 5pm," but had asked staff to provide an evening snack so they were not hungry during the evening. It was however not clear if staff checked with other people if they wanted an evening snack. A relative described meals as "Home cooked and nutritious,"

We observed a meal time during the inspection. Tables were laid with clean table cloths and metal cutlery. People received suitable assistance to come to the table for lunch, and when they were eating their meal. Orange squash was served with the meal. Staff assisted people who needed their food to be cut up. The meal was an unrushed occasion, and where people needed individual assistance with eating this was provided in a calm manner.

We had some concerns about the support given to one person, who had recently arrived at the service. The person had a diagnosis of diabetes but was unwilling to have a specialist diet. The person complained they were "A bit shaky," and had problems managing their diabetes. The registered manager said he would liaise with external professionals working with the person about the concerns, and what help could be provided to the person and to staff.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations with GP's were satisfactory, but records of consultations with opticians and dentists were variable. For example it was not always possible to ascertain when someone last saw one or both of these services, and care plans did not identify if individual's needed this help. In the cases of two people confirmation they had received support from a dentist after the inspection. However a relative said "They (the staff) will always seek additional

support from medical professionals, dentists etc. and have often called someone out on their own volition. I trust them entirely to do the very best for my mother and take the most appropriate action in a timely fashion. I have never had to ask them to seek a professional opinion as they have always pre-empted the need."

External professionals were positive about care received at the service. Comments received included "Staff are helpful and friendly...They are on the ball. They are good at assessing people. I have no major concerns," and "Staff have "Always been open and helpful."

The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "(Staff are) very kind," "The people here are nice," and "They look after me very well." Relatives told us "Staff are very helpful and caring," "Mother really likes the staff and they are very helpful to her. I am confident she would tell me if this were not the case or she had any worries," and "I have noticed that each resident is treated with respect by all staff and at all times even when a resident's behavior might be challenging." Professionals stated "Staff are caring, very supportive and welcoming," and another professional said staff were "Open and helpful."

We observed staff working in a professional and caring manner. The people we met told us care was provided in a kind and caring manner and staff were patient. Staff were observed to be calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

One relative said staff were very good at managing behaviours which could be challenging for example, due to people's dementia. "(My relative) has displayed a number of challenging behaviours... (My relative) can be fiercely independent and resistive to any help. (They) have had to find ways (of dealing with difficult behaviours)...This has been incredibly difficult...The staff balance (my relative's) health and well-being with respecting her rights- not an easy achievement."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Wherever possible, people had involvement in how their care was given, and in the writing of care plans. For example we were told "It (the care plan) was discussed with me and my comments were taken into account." The registered manager said care plans were completed and explained to, where possible, people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments, to help people feel at home. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to the lounge if they wanted to meet with visitors.

Is the service responsive?

Our findings

People were very positive about the care they received from staff. We were told "If I need help I have only got to say. It is very good here." A relative said "Someone is there straight away if asked," and "(Staff are) very prompt" (if people need help), and "Staff are incredibly supportive and caring towards not only the residents but also to the visitors to the home." We observed staff acting in a kind and considerate manner.

The service arranged some activities for people. This included a 'music and dance' session which occurred fortnightly. One relative said a person particularly enjoyed this session. We were also told staff organised exercise classes, beauty sessions, a hairdresser, sing-along sessions, books and games. There were occasional parties which were also attended by relatives and staff. On the notice board it stated a keep fit activity occurred on a Wednesday, and staff facilitated a pedicure and "social chit chat" session. There was a poster which stated when a dance session would take place, but this was for June 2016. A member of staff told us "We entertain them with sing-along and dancing...playing cards and bingo...play what they want to play."

People said there were some books and magazines, but we were also told there "Could be more variety." The local library currently did not visit. Some people said staff had mentioned they could access talking books for people, but we understood these were currently not being used by people.

We were told the hairdresser visited the service and people enjoyed having their hair done. People said no body from the church visited the service.

When we spoke with people about activities we were told there was "Too much sitting about," "(We) just sit and watch TV," and a relative told us "There (is) very little, (their relative) is somewhat limited." However, another person said "I am quite happy sitting here doing nothing." People said there were no community activities, and they would only go out if they had to go to a medical appointment or a relative took them out. We were also told "I sometimes take (my relative) out in the garden. Copperfield House could make more use of it for the other residents."

On the day of the inspection we saw staff facilitating a make-up session. However, we were concerned that staff were applying the makeup using the same sponge and equipment with each person, which could lead to cross infection, and for example contamination of lip sores. Whilst the make-up was applied the member of staff spoke with people and told them what they were doing. However, we did not see staff facilitating people to have choice around what colour lip stick or eye shadow was applied. Interaction between staff and people however was kindly with staff kneeling besides people and making sure they were at eye level when they spoke with them.

We recommend the activities arranged at the service are reviewed so they are more effective at meeting people's individual needs and there is at least an activity available each day for people to enjoy.

Before people moved into Copperfield House, the service assessed whether it could meet people's needs.

Assessment records were stored on people's files and assisted staff to write people's care plans.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example, about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

People were encouraged to make choices about their lives. For example, we were told, by a relative that the registered manager and staff would always involve the person to make choices and decisions, and "They respect my mother's wishes when she does not want to do something." There were some differences of opinion whether people could get up in the morning when they wanted to. We were told "I get up and go to bed when I want...I go to bed at 10 o'clock," and "(My relative) is able to stay in bed in the morning and go to bed early if she is tired." but another person said "Breakfast is 7:30-8am...They want you to have it then, but they let you go to bed when you want...I go late for breakfast and they look disapprovingly at me." However, another relative said "(My relative) always seems to be very happy and content. She is well fed, washed and dressed in clean clothes. The staff divide their time equally between the residents and interact with my (relative) regularly. Nothing is too much trouble and my mother is shown so much respect."

We recommend management monitor that people are given the choice when to get up in the morning, and when they can have their breakfast.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. For example we were told "I have not got any complaints." When we asked the person if they did have any complaints, would these be treated seriously, we were told "I think so, if it wasn't I would complain." Another person said "I have not got any complaints." A relative said "In the past when I have raised some concerns... these have always been listened to, discussed, actions agreed and taken. I would have no concerns about raising any matter with the management team."

Is the service well-led?

Our findings

People and staff had confidence in the registered manager. We were told the deputy and registered manager were "Very helpful," and supportive. One person said "(The registered manager) is very nice indeed, very caring." A relative said "(The registered manager) has been able to support me personally on a number of occasions when the reality of my (relative's) condition has hit me." We were also told "I have total confidence in (the management) and their team, and know they look after (my relative) to the very best of their abilities as has been shown on many occasions." Another relative said "(The registered manager) and (deputy manager) manage Copperfield really well. They spend time with the residents and are always willing to spend time with relatives."

People said there was a positive culture at the service. People told us, "It is more like home," and "It is very good here." A relative told us "(The registered manager) believes in a family environment and views all residents as though they are part of his family. This approach ensures that all residents are treated well, given appropriate support and where necessary advice," and another relative said "(It is) spot on...he (the registered manager) runs a happy ship...manages it well." Staff said there was a positive culture among the staff team. The registered manager said he tried to ensure the home is "Like a family," and the "Residents are my boss." One member of staff told us "It is very happy here, like a house, a family. "None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management."

Relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. One relative said, "They take appropriate actions, without unnecessarily worrying relatives but do report back after an event as necessary or give me an update on (relatives) health if there is an immediate area of concern... (The registered manager) and his team have always time for me and are happy to discuss openly any issues as and when they arise, offering solutions, support and reassurance too."

There was a clear management structure in place. The owner of the service is also the registered manager and worked at the service from Monday to Friday. If staff had any problems they were also able to telephone him at home if he was not working. There was also a deputy manager, who worked similar hours, and assisted in supervising care and the staff team.

Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits such as of care records, medicines, health and safety, accidents and falls. However, systems in place had not picked up the shortfalls in regulatory standards outlined in this report. An annual survey of relatives was completed to find out their views of the service. Results of previous surveys were all positive. One relative told us "I will continue to recommend Copperfield House to others... (The registered manager) should be commended for

their level of care...I couldn't ask for anything more for my mother than this lovely warm and friendly family environment."

We recommend that quality assurance systems are reviewed as they are currently not effective.

The registered manager said there were staff meetings which were arranged every month. Staff also told us each day there were handovers between shifts. Staff we spoke with felt communication in the home was good.

The registered provider was registered with the CQC in June 2011. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with. As we have outlined in this report there were some shortfalls in regulatory standards which need to be addressed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The call bell system was not provided in each person's bedroom. This meant people may not be able to alert staff in an emergency.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The building was not maintained to a satisfactory standard. Health and safety precautions were also not satisfactorily maintained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks, for example the completion of DBS checks, were not satisfactory.