Coopers Mill Limited

Coopers Mill

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on 20 and 21 November 2015.

Coopers Mill provides accommodation for up to 20 people some whom have a learning disability. There were 20 people living in the service at the time of our inspection.

There was a registered manager in post. 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 this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach referred to the provision that was in place to reduce the risk of people being harmed when they had accidents. The second breach referred to the provision that had been made to

Summary of findings

support people to eat and drink enough. The arrangements were not robust or reliable. The third breach referred to the arrangements that were in place to protect people's legal rights when it was likely to be necessary to deprive them of their liberty. Steps had not been taken to seek the necessary permissions to act in this way. The fourth breach referred to the way in which quality checks had been completed. They were not rigorous or effective and this had resulted in a number of shortfalls not being quickly identified and resolved. These breaches had increased the risk that people would not always safely and responsively receive all of the care they needed. You can see what action we told the registered persons to take in relation to each of these breaches of the regulations at the back of the full version of this report.

Although staff knew how to recognise if people were at risk of harm some of them did not know which agencies to contact outside of the service in order to raise a concern. The registered persons had not informed the necessary external agencies about an incident that could have put people at risk of harm. As a result the external agencies had not been able to check that people were safe. In addition, the arrangements to protect people from the risk of financial abuse were not robust. Although medicines had been correctly dispensed some of the records staff needed to complete to manage this process were not accurate. There were enough staff on duty and background checks on new staff had been completed.

Staff had not received all of the support they needed and did not have all of the skills that were necessary for them to reliably assist people in the right way. This included caring for people so that they had enough nutrition and hydration. However, staff recognised when people were unwell and had arranged for them to receive a range of healthcare services. In addition, staff had helped to ensure that people's rights were respected by supporting them to make decisions for themselves.

Although arrangements had not been made for one person to make their bedroom a comfortable and welcoming space, most people had been supported to personalise their bedrooms. People were treated with kindness and compassion. Staff recognised people's right to privacy and they respected confidential information.

People had been consulted about the care they wanted to receive. In addition, they had been supported to pursue their hobbies and interests and to express their individuality. There was a system for resolving complaints.

People had been involved in the development of the service and they had benefited from staff acting upon good practice guidance. The service was run in an open and inclusive way so that there was good team-work which encouraged staff to raise any concerns they had.

Summary of findings

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 consistently safe.

Some of the measures in place to safeguard people from harm were not robust.

People had not been fully supported to stay safe when they had accidents and medicines had not consistently been managed in the right way.

There were enough staff on duty and background checks had been completed before new staff were employed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People had not been reliably helped to eat and drink enough to stay well.

Legal safeguards had not been followed to protect people's rights when it was likely that they may need to be deprived of their liberty.

Staff had not received all of the support they needed to develop all of the skills that were necessary for them to reliably care for people.

Staff had liaised with healthcare professionals to help to ensure that people received the medical attention they needed.

Requires improvement

Is the service caring?
The service was caring.

Most people had been supported to personalise their bedrooms.

Staff were compassionate, kind and respectful in their manner.

Staff recognised people's right to privacy and confidential information was kept private.

Good

Is the service responsive?
The service was responsive.

People had been consulted about the care they needed and wished to receive.

People had been supported to pursue their hobbies and interests, to express their individuality and to maintain contacts with their relatives.

There was a system to resolve complaints.

Good

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

Quality checks had not consistently identified and resolved shortfalls in the care and facilities provided in the service.

People and their relatives had been invited to contribute suggestions for the development of the service so that their views could be taken into account.

Staff worked together well as a team and there were measures in place to enable staff to speak out if they had concerns.

People had benefited from staff acting upon good practice guidance.

Coopers Mill

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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 20 and 21 November 2015 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 10 people who lived in the service, two relatives, two senior care workers and five care workers. We also spoke with the nominated individual. This is a legal term that referred to a person who represented the company that owned and ran the service. This person supervised the provision of care for people who lived in the service. (We refer to this person as being, 'the registered person'.) In addition, we spoke with the registered manager who mainly dealt with issues relating to the accommodation. (When we are speaking about both the registered manager and the nominated individual we refer to them as being, 'the registered persons'.) We observed care in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After our visit, we spoke by telephone with a further three relatives and with three members of staff.

Requires improvement

Is the service safe?

Our findings

The registered persons had not established robust arrangements to ensure that people did not experience harm after having an accident. We noted that in the 12 months preceding our inspection a person had experienced a fall and as a result had been 'unresponsive' for a short period of time. Records showed that the registered person had decided not to seek medical advice because they did not consider it to be necessary. A second incident involved a person spilling a hot drink on their leg and scalding their skin sufficiently seriously to cause it to blister. Although records showed that the registered person had provided basic first aid, they had again decided not to seek medical advice. The registered person told us that both events should have been promptly referred to a healthcare professional to enable them to establish if any additional medical treatment was necessary.

Other care records showed that the people concerned had not experienced any lasting ill-effects. However, the registered person's decisions not to seek medical advice had reduced their ability to reasonably ensure that people were kept safe when they had accidents.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the registered persons had taken steps to reduce the risk of people having accidents they had not provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building. This might be necessary in the event of an emergency such as a fire. When staff described to us the action they would take we noted that their accounts were inconsistent and contradictory. This increased the risk that people would not receive effective assistance that reduced the risk of accidents occurring if they needed to move to a safer place.

People said that they felt safe living in the service. A person said, "I like the staff who are great." When we asked another person who had special communication needs they smiled and held the hand of a nearby member of staff. A relative said, "I've never had any concerns at all about the staff because they're just kind people. I'd know straight away if something wasn't right because I'd read it in my family member's face." However, we found that there were shortfalls in the arrangements used to keep people safe from abuse. Although records showed that staff had received training and guidance in how to keep people safe some of them did not know how to contact external agencies if they needed to raise a concern. In addition, the registered persons had not informed us about an occasion when a member of night staff had not been attending to their duties and had placed people at risk of not receiving all of the care they needed. This oversight had reduced our ability to check that suitable action had been taken to prevent the problem from happening again.

A further shortfall was that the registered persons did not operate robust systems to protect people from the risk of financial abuse. We noted that a small number of people had asked staff to hold money for them which was then used to pay for goods and services such as seeing the hairdresser. However, the system used to record the various transactions involved was not comprehensive. As a result of this shortfall, the registered persons could not generate an accurate account for each person of how money had been spent and how much was left. This situation had increased the risk that people's money would not be managed in a transparent and robust way.

There were reliable arrangements for ordering, storing and disposing of medicines. We saw that there was a sufficient supply of medicines and that they were stored securely. Records showed that when medicines were no longer needed they were promptly returned to the pharmacy. Senior staff who administered medicines had received training and we saw them giving people the right medicines at the right times. However, we noted that some of the records that needed to be kept had not been completed. These records are designed to ensure that there is a clear account of which medicines people have used so that there is less risk of them exceeding the maximum dose. Although other records showed that the medicines in question had been used correctly the shortfall had increased the risk of mistakes being made so that people did not consistently use all of their medicines in the right way.

We were told that the registered persons had used their experience of how the service operated in practice to establish how many staff were needed to meet people's care needs. We saw that there was enough staff on duty at the time of our inspection. This was because people received the assistance they needed and this care was usually provided in a timely way. For example, staff

Requires improvement

Is the service safe?

responded promptly when people asked for assistance. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons said was necessary. People who lived in the service, relatives and staff said that there was enough staff on duty to meet people's care needs. A relative said, "There always seem to be staff around whenever I call and I do think that people do get the care they need. Certainly if I'm going out with my family member they're always dressed and ready to go when I arrive."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that other checks had also been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Requires improvement

Is the service effective?

Our findings

Some of the arrangements used to support two people who were at risk of not having enough nutrition and hydration were not robust. Neither of the people had been offered the opportunity to accurately have their body weight monitored. This was because staff had not used a nationally recognised system that enables changes in a person's body weight to be correctly assessed. This was the case even though the registered person said that both of them needed this to be done to ensure that they were not losing any further weight. In addition, the registered person said that staff needed to keep a careful note of how much these people were eating each day so that any significant changes could be notified to a healthcare professional. However, these checks were not being completed in the correct way because the records were not always accurate. In addition, some staff did not know how to use the information when deciding if it was necessary to seek advice.

We noted that staff prepared a set meal for most of the people who lived in the service. This arrangement included the two people who are mentioned immediately above. The system used by staff in effect assumed that people wished to have the set meal and so it was left to each individual to indicate if they wanted to have an alternative. Most people said that the arrangement worked well but two people voiced reservations. One of them said, "I'd like to have a choice like in a café because it's easier to choose between two things on offer because there's no fuss involved." This aspect of the catering arrangements did not promote people's ability to readily choose meals they wanted to have and so contributed to the risk that people would not eat all of their meals and have enough nutrition.

The registered person also said that staff needed to keep a record of how much these people had drunk each day. We were told that this was necessary so that advice could quickly be sought if the amounts were not sufficient to promote these persons' good health. However, the arrangements were not robust. This was because staff had not correctly recorded how much either of the people had drunk each day. Some drinks had not been recorded at all and others had been recorded inadequately so it was not clear how much hydration had been taken. In addition, staff had not been given clear guidance and they were not sure how much the people in question should drink each day to maintain their good health. We saw that no action had been taken even though the amount the people had drunk had varied widely between days. In addition, the amounts were sometimes significantly below what a healthcare professional had advised the registered person was necessary to promote these people's good health.

Although other care records for the people concerned did not indicate they had experienced any direct harm, the shortfalls had reduced the registered persons' ability to ensure that they were eating and drinking enough to promote their good health.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the registered person and staff knew about the importance of supporting people to make decisions for themselves appropriate steps had not been taken to ensure that people's legal rights were protected. This was because the registered persons had not applied for the necessary permissions from the correct external agency even though they had concluded that it was possible that some of the people living in the service would need to be deprived of their liberty. The law requires registered persons to seek these permissions so that it can be confirmed that any deprivation of liberty is the least necessary and is in a person's best interests. During the course of our inspection we witnessed two occasions when people were at risk of being deprived of their liberty in order to keep them safe. This was because they had been accompanied out of the building by staff and then had not wanted to return within a reasonable timescale. Both of the people had to be gently but firmly encouraged by staff to return to the service.

This shortfall had reduced the registered person's ability to ensure that only lawful restrictions were used so that people's legal rights were protected.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the registered persons had provided staff with guidance and support some of them did not have all of the knowledge and skills they needed in order to be able to care for people in the right way. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development. However, there was no system to observe the way in which staff actually cared for people. As a result of this situation

Requires improvement

Is the service effective?

the meetings could not be used to assess and reflect on how well each member of staff was meeting people's needs. We noted that although staff had received training, this had not always been effective in giving them the basic knowledge and skills they needed in order to consistently care for people in the right way. For example, although records showed that most staff had received training in relation to supporting people to eat and drink enough, some staff did not have all of the knowledge and skills they needed. They were not confident that they could recognise all of the signs when someone was becoming dehydrated or not having enough nutrition.

People who lived in the service said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, "The staff are good to me and make sure I see the doctor if I'm off colour." A relative said, "I'm completely confident that staff do keep a tactful watch on my family member and in the past they've always told me when they've arranged for a doctor's appointment for them." We noted that the registered person had made special arrangements to support a person who doctors had said needed to have a blood test. This included confirming that completing the procedure was in the person's best interests. It also involved helping them to understand why the test needed to be done and then supporting them when they went to hospital so that their worry and distress was reduced to the minimum possible.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "The staff are really good to me and help me a lot." Another person said, "The staff help me do everything I need but they don't take over and I like that." A relative said, "When I was looking for a service for my family member I wanted somewhere that was friendly and lived-in. I didn't want a hotel. I chose Coopers Mill because it's not posh, indeed it's a bit ramshackle, but it loves like a big family and that's what really counts."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations which supported people's wellbeing. For example, we saw a member of staff chatting with a person while they assisted them to walk from the lounge to their bedroom. They spoke about the time later that day when the person's relative was due to call and how the person needed to have warm clothes on so they were ready to go out with them.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff asking a person questions about their relatives and chatting about one of them who had just had a baby. Another example involved the way in which staff helped people to celebrate special events such as giving cards to mark a person's birthday and preparing a special cake for them to enjoy.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who are independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. Staff had supported most people to personalise their rooms with their own pictures, photographs and items of furniture. However, we noted that one person who had just moved into a new bedroom had not been given the help they needed to make the room their own. As a result it looked bare and uninviting and even had someone else's furniture in it. However, the registered person said and records confirmed that new furniture had been ordered so that the bedroom could be re-arranged and made into a pleasant space that suited the person's needs and wishes.

Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, "When staff help me in my bedroom they always close the door so it's private which is good." A relative said, "I think that the people living here are treated with respect and with courtesy. Coopers Mill is very much the people's home and not a place of work for the staff as such."

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, "It's up to me where we go. I sometimes speak to my family member in their bedroom or we sit in one of the lounges. There are no set rules here."

Written records that contained private information were stored securely and computer records were password protected so that only appropriate staff could access them. We saw that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need to know basis. A person said, "I've not heard staff talking about other people here, I wouldn't like it if they did."

Good

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded the results in their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose where they wanted to sit and relax when they came in from helping staff in the garden. We saw that a member of staff spent time with the person to establish if they wanted to stay in the lounge or go to their bedroom to spend some quiet time on their own. In the end the person did neither of these things and went back out into the garden where we later saw them smiling and pushing a wheelbarrow.

People said and showed us that staff provided them with all of the practical everyday assistance they needed. A person pointed to a member of staff and gestured to how they had been assisted to comb their hair earlier in the day. Another person who was relaxing in one of the lounges saw a member of staff and patted the seat next to them. When the member of staff sat down with them the person clapped their hands, smiled and put their arm around the member of staff. Later on they told us, "Staff help me with all sorts of things so I can get things done that I like."

We saw that people were supported to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money. A part of this involved staff taking steps to support people who lived with reduced mobility so that they could be as independent as possible. For example, whenever possible staff ensured that hallways and other communal areas were kept free of any clutter so that people could safely move about without always having a member of staff with them.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using only sounds, signs and gestures. For example, we observed how staff knew how to recognise that a person was anxious about a visitor's presence in the service. The member of staff quietly explained to the person who the person was, why they were in the service and the fact that the visit did not relate to them in particular. The person concerned became less anxious and shortly afterwards we saw them smiling and joining other people in one of the lounges.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about having misplaced a snack that staff had made for them. A member of staff responded to this by looking where the person had been sitting where they found the plate they had been using. The member of staff then offered to make the person another snack but they were reassured and insisted on eating their original food.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, staff knew how to arrange for people to meet their spiritual needs by attending a religious service. In addition, we noted that the registered person and staff knew about the translator services they could use if someone lived in the service who had English as a second language.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included attending a local resource centre, visiting places of interest and attending social functions. We saw that people had been supported to maintain friendships with people who did not live in the service. For example, staff were supporting one person to regularly visit a friend in their own home, while another person was assisted to enjoy going to restaurants with their partner who did not live in the service.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. People had been given a user-friendly complaints procedure that explained their right to make a complaint. A person said, "I don't have anything wrong to say. If I did I would just say it to staff." The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any

Good

Is the service responsive?

formal complaints in the 12 months preceding our inspection. A relative said, “I’ve never really had to consider complaining because my family member plainly has what they need here and the staff are just so kind.”

Requires improvement

Is the service well-led?

Our findings

Some of the systems used to assess the quality of the service people received were not robust. For example, we were told that the care provided for each person should have been audited at least once a month. However, records showed that these audits were significantly overdue for most of the people who lived in the service. We noted that other audits were also overdue. These included checks that should have been completed in relation to the management of accidents, the arrangements to safeguard people including ensuring that they only received lawful care and the adequacy of the support received by staff. These mistakes had contributed to the various problems we found in the delivery of care not being quickly identified and robustly addressed.

Shortfalls in the auditing process had led to the continuation of problems in the running of the service that had increased the risk that people would not reliably and safely receive all of the care they needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the service had been invited to contribute their views about the development of the service. For example, people had expressed their views about the arrangements they wanted to make for the forthcoming Christmas break. In addition, the registered persons had invited relatives to complete an annual questionnaire so that they could contribute their views about how well the service was meeting people's needs. We noted that the results showed that relatives were confident that the service was well led. One of the written comments said, "We can relax knowing that our family member is safe and well cared for. Thank you."

We saw that arrangements were in place to develop good team working practices in order to support staff to consistently provide the right care. These measures included there being a named senior person in charge of each shift. In addition, there were handover meetings at the beginning and end of each shift so that staff could review each person's care. There were also regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures contributed to supporting staff to be able to provide people with the care they needed and wanted to receive.

People who lived in the service and relatives said that they knew who the registered person was and that they were helpful. A relative said, "The (registered person) quite simply is always there and obviously the service is more than a job to them - it's a way of life." Staff said that there was an open and inclusive approach to running the service. They were confident that they could speak to a senior colleague or to the registered persons if they had any concerns about another member of staff. In addition, they were reassured that the registered persons would listen to them and that action would be taken if there were any concerns about poor practice. A relative said, "The staff seem to work together well as a team and I don't get the impression at all of staff being defensive. Quite to the contrary, I think there's a positive atmosphere in the service. "

Records showed that the registered persons had provided the leadership necessary to enable people to benefit from nationally recognised good practice guidance. For example, the registered person regularly met with other health and social care providers in the area to receive guidance on how to promote good standards of hygiene. The registered person had also joined the Social Care Commitment. This is a national scheme that is designed to provide guidance for staff so that they can further develop the ways in which people are supported to experience positive outcomes from the care they receive. These measures had contributed to staff being enabled to provide kind and compassionate care that response to the needs of the people who lived in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 registered persons had not ensured that risks to people's health and safety were robustly managed to help keep them safe from harm.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered persons had not ensured that there were safe systems to meet people's nutritional and hydration needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered persons had not ensured that suitable provision had been made to ensure that people received care that consistently protected their legal rights**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.**