

Copper Beech Homecare Ltd

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Inspection report

104 Riversway House
Morecambe Road
Lancaster
Lancashire
LA1 2RX

Tel: 01524220080

Website: www.copperbeechcare.co.uk

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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

The inspection visit at Copper Beech Homecare Ltd took place on 02 and 03 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people and we needed to be sure someone would be in at the office.

Copper Beech Homecare Ltd is registered to provide personal care and support to people living in their own homes. At the time of our inspection, 34 people were receiving a personal care service. The office is based in Riverway House, which is situated between Lancaster and Morecambe.

Since the last inspection, the provider had employed a new manager who was in the process of applying to become the registered manager. 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 the last inspection visit, carried out in August 2016, we found the registered provider had not met the fundamental standards. We identified concerns in relation to Person-centred care, Dignity and respect, Safe care and treatment, Receiving and acting on complaints, Good governance and Staffing. We asked the registered provider to submit an action plan to demonstrate what improvements they were going to make. We used this inspection visit in March 2017 to check the required improvements had been made

During this inspection, we found action had been taken to improve the service. Staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were met.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required.

The provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed during discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people who were supported and their individual needs determined staffing levels.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve. Since the last inspection, the provider had increased the management team. They had introduced the role of senior carer. Staff spoken with felt the management team were accessible, supportive and approachable and would listen and act on concerns raised.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, safely. Recruitment procedures the service had were safe.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and had knowledge of the process to follow.

Where appropriate, people were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

The service was well led.

People and staff felt the management team were supportive and approachable.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had oversight of and acted to maintain the quality of the service provided.

Good ●

Copper Beech Homecare Ltd

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.

The inspection team consisted of one adult social care inspector and an expert by experience who contacted people and relatives by phone. 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 expert by experience who took part in this inspection had experience of older people's care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection, we visited three people who received support in their own home. We spoke with a further three people who used the service and three relatives. We spoke with four staff members as well as the manager and three members of the management team. We looked at the care records of six people who received a service and six staff files. We also reviewed records about staff training and support and looked at any compliments and complaints received.

We looked at what quality audit tools, data management systems and monitoring systems, the provider had in place. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member completed per day. We looked at the continuity of support people received.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. One person who used the service told us, "I do feel safe with the carers." A second person commented, "They do everything that needs doing." Family members we spoke with told us they had no concerns about their relative's safety.

At our last inspection of Copper Beech Homecare Ltd on 25, 26 and 30 August 2016, we found the provider did not always ensure people were safe. This was because we found the provider did not attend all scheduled visits. The risks to the health and safety of people who used the service had not been assessed and not all that was reasonably practicable had been done to mitigate any such risks. There was no consistency in the quality of the information contained within people's care plans.

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

During this inspection, we found improvements had been made in how the provider delivered care and support to people. Since the last inspection, the provider had introduced a senior carer role. A member of the management team told us this was to provide additional support to staff and to monitor the service being delivered. We saw documentary evidence spot audits had occurred by the senior carer. Evidence looked at included the daily logs written by carers and medicine administration recording (MAR) forms.

People we spoke with told us they had not had any missed visits. We asked people about carers' punctuality. One person commented, "Yes, they are on time and they stay for the full time." A second person commented, "Yes they are mostly on time, and if they are late the carer lets me know." The manager told us since the last inspection, they had introduced call monitoring of staff. This meant they could now see what times the carer arrived and left a person's home. The manager told us late visits, "Had reduced greatly" and the call monitoring system highlighted if staff were late or the visit was cancelled. They told us staff had to telephone and speak with a member of the management team if they were going to be late for a call.

We saw there was an ongoing recruitment program to ensure there were enough staff to meet scheduled appointments. During our inspection, we observed two people attended the office with documentation as part of their recruitment process.

The manager told us they had introduced a system where staff had a set period to notify a member of the management team if they identified any issues with their rota that would prevent service delivery. The manager and senior care co-ordinator both stated this shared responsibility had meant there was more time to manage and plan for the service. During our visits to the office base we noted the atmosphere was calm, there were few calls and we did not witness any crisis management. A member of the management team told us, "We had to give a lot of clients back, and start again. We had to get it right."

We looked at how the service was being staffed. We reviewed past and present staff rotas and focused on

how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. People we spoke with told us generally they had the same staff visit them except for when staff were on holiday or sick. We spoke with the manager who told us they planned visits around geographical locations. Staff we spoke with confirmed they had visits within a geographical area but also visited people outside of their usual locality at the person's request.

During this inspection, we looked at people's care plans. We noted since the last inspection the provider had introduced new care plans. These followed a set format that consistently held information to manage risk and keep people safe. For example, we noted there was step-by-step guidance on how to support a person using a sling and hoist. The care plans were separated into sections, which showed what information was needed on specific visits. The manager told us the information for a morning visit might be different to the lunchtime visit. They told us they had separated the information to make it easier to read. We saw the care plans also held risk assessments and identified what equipment was to be used. This showed the provider had introduced systems and changes to care documentation to identify and manage risks to people who used the service.

During the inspection, records we looked at showed staff had received abuse training. There were procedures to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any issues or concerns about the management team or colleagues' care practice or conduct. The staff we spoke with told us they had received safeguarding training as part of their induction.

The provider operated an on call service to maintain staff safety and manage risk when staff were lone working or working unsocial hours. This meant that should it be required, staff could contact someone for guidance and support.

We discussed accidents and incidents with the manager. We were told there had been no recent accidents or incidents. We saw there was a framework to document and monitor all accidents and incidents.

We looked at the recruitment procedures the service had in place in six staff files. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application forms completed by the new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not supported people until all their safety checks had been completed. One newly appointed staff member told us, "I wasn't even allowed to shadow staff until my DBS had arrived." We saw there was an ongoing recruitment program to ensure there was enough staff to meet scheduled appointments. During our inspection, we observed two people attend the office with documentation as part of their recruitment process. This showed the provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We looked at the procedures the provider had for the administration of medicines and creams. The provider followed National Institute for Health and Care Excellence (NICE) guidelines on the administration of

medicines. The provider liaised with the person or their family about the medicines they had been supported with. Since our last inspection, the provider had introduced new MAR forms and additional training on the administration of medicines. One person commented, "They (staff) check if I have taken my tablets, and if I haven't they wait until I have."

Is the service effective?

Our findings

People we spoke with told us they believed staff had the knowledge and skills to help them effectively with their care. One person who received support told us, "99% of the carers know what they are doing and [member of staff] is absolutely exceptional. She is fantastic."

At our last inspection of Copper Beech Homecare Ltd on 25, 26 and 30 August 2016, we found the provider did not always ensure staff had the skills, knowledge and support to deliver effective care. This was because the provider had not delivered appropriate support, training, professional development, supervision and appraisal as is necessary to enable staff to carry out their duties.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

During this inspection, it was difficult to assess if people had regular ongoing formal supervision, as there had been a high turnover of staff. Staff we spoke with said they felt supported by the management team. We saw planned dates forecast for staff supervisions. Staff told us they were able to visit the office anytime and had done so. We noted there were drop-in sessions scheduled on a weekly basis for staff to visit.

We noted there was a set framework that showed newly recruited staff received training as part of their induction. One staff member told us, "I had been working for one to two weeks and then did the mandatory training – safeguarding, moving and handling, first aid, mental capacity, dementia, it was for 26 hours in total." A second staff member commented, "I did a full week of training." About training a third staff member said, "I have started my NVQ 4 with Copper Beech and I am doing a course for care planning."

We spoke with the manager about training and they told us, "I want everyone to be qualified." They told us they wanted all staff to have at least the level three diploma in health and social care.

On the first day of our inspection, an assessor had a planned meeting at the office base with staff to review progress on achieving the diploma. They told us it was apparent the management team were supportive of staff achieving their vocational qualifications. They told us the manager had arranged for one staff member who did not benefit from a group environment to have separate one to one meetings with the assessor. We saw records which contained staff training. Discussions with staff members and training records we reviewed confirmed staff were provided with opportunities to access training to develop their skills. This showed the provider had introduced structured training to ensure staff had the knowledge and skills to deliver effective support.

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. We checked whether the service was working within the

principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed they had received training relating to the MCA and consent.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. One person told us, "I don't force anyone to do what they don't want to do. I don't go against their wishes. I encourage them."

This showed the provider had trained staff in the principles of consent to support people to make decisions.

We looked at how people were supported to have sufficient amounts to eat and drink. For example, one care plan guided staff on how to prepare breakfast but not to put milk on the cereal. Another plan prompted staff to ask the person what they wanted to eat and drink. One person told us, "When I have a shower in the morning they [staff] cook my breakfast. As long as I have a recipe, they make it for me. I have coffee in a Costa cup because I can't use a proper cup. They fill up the water beside me." A second person commented, "They help me to make it [my meal]. I only have one arm." A third person said about the staff, "They always ask if I want a meal or sandwiches, and check my drinks." This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. Visits were planned to coincide with district nurse visits, so information was shared effectively. One person who received their food through a tube into their stomach was arranging staff training with the district nurses to take place at their home.

Is the service caring?

Our findings

People we spoke with told us staff were kind. One person told us, "They [staff] are far beyond nice." A second person commented about the staff, "They are really nice, really lovely." A relative said about the staff, "They talk to [family member]. He likes chatting to them. He likes the banter."

At our last inspection of Copper Beech Homecare Ltd on 25, 26 and 30 August 2016, the provider had not ensured the privacy of people receiving a service. This was because we found staff had received group text messages from the management team that held people's personal information related to a change in their personal circumstances. Staff members received this information regardless of whether or not they visited the person whose circumstances had changed.

This was a breach of Regulation 10 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect

During this inspection, we found the provider had made improvements to how they protected and shared information. We asked the new manager about group text messages. They told us they never share people's personal information in a group text message. Staff we spoke with told us they had only received dates of staff meetings by group text messages.

We asked people if they felt they were treated with dignity and respect. Everyone we spoke with told us they were. One person told us, "They respect that [privacy and dignity]. They wait until I shout to come and get me, always knock on the door before they come in." A second person told us staff always closed the curtains when they supported them with their personal care.

People told us they had positive friendly relationships with staff. One person told us, "They [staff] ask 'How are you?' 'What have you been up to?'. They try to get involved with things that happen such as wedding anniversaries, etc." A second person told us, "They are always very friendly, do everything that needs to be done. They are very approachable." About the people they support a staff member commented, "They are like family."

Regarding dignity, the manager told us they were in the process of introducing dignity champions. We noted dignity action packs in the office. They told us having champions in the workplace gave staff responsibility and had brought staff working together better. This showed the provider had sought alternative methods to enhance the care being delivered.

Care files we checked contained records of people's preferred means of address, nutritional needs and how they wished to be supported. We saw people had the option of stating a preference on the gender of their carers. The plans contained information to guide staff to interact with people in a caring manner. People and relatives told us they had been involved in their care planning arrangements. We saw signed consent forms in care plans that confirmed this.

We discussed advocacy services with a member of the management team. At the time of our inspection, no one who used the service received support from an advocate. They told us, "If anyone wanted an advocate, we would sort it out." They were able to tell us what to do to provide contact details to people they supported.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy. There was a section in the care plans for people to share their wishes. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. We noted people had made end of life decisions and other people had chosen not to discuss the subject. This highlighted the provider had respected people's decisions and guided staff about end of life care.

Is the service responsive?

Our findings

At our last inspection of Copper Beech Homecare Ltd on 25, 26 and 30 August 2016, we found the provider did not deliver care and support that was person centred. This was because the provider did not have suitable arrangements for planning people's care and support that met their individual needs and preferences.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person- centred care.

Everyone we spoke with said they were happy with their care and staff were responsive to their requirements. People told us they had been involved in developing their care plan. We saw people had been encouraged to express their views and wishes. For example, we saw one care plan had been written by the person who received support. A second plan identified the person liked support from staff who could bake. Each care plan had a signature from the person or their representative to show they consented to the plan of support. One person told us, "My carers, they know exactly what needs doing, it's just done. They are great."

The care records were informative and enabled us to identify what support people required with their daily routines and personal care needs. One person told us they were able to ring the office and change their times if they had an appointment. This showed the provider was flexible and responsive in delivering care when needed.

We found at our last inspection, the registered manager did not follow service arrangements for receiving and acting on complaints to ensure they were effectively investigated and any necessary action taken.

This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, there had been no recent formal complaints. We did receive a copy of the complaints policy as part of our evidence gathering. It clearly identified Copper Beech's responsibilities and procedure related to making a complaint. It documented staff response if they received a complaint and stated, 'every complaint must have a conclusion.'

The complaints procedure which was made available to people the service supported and their family members. We saw the service had a system for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service.

Most people we spoke with told us they had no complaints with the service. One person told us, "I've got no complaints at all." A second person said, "No problems, no concerns." However, one person stated they had complained and felt they had not been listened to. With the person's permission, we shared their views with the management team. The management were aware of their complaint but felt this had been resolved

based on conversations that had occurred with the client. Upon receiving our information, they were able to make changes within the care plan to actively deal with the persons request.

The service sought regular feedback from people who used the service. People were asked about the quality of the service they received through courtesy calls. This showed the provider regularly sought the views of people who received support. The information we looked at showed people were happy with the support they received. People said they were happy with the carers and enjoyed the rapport they had. Another person stated they had two regular carers who were both brilliant.

We saw a number of compliments at the office base, thanking staff for the care and support they had shown to their relative. These included, 'I was impressed with [staff member] they were calm, sensitive and reassured my [relative].' We noted one health professional had contacted the service to say they were 'over the moon' with the support they witnessed being delivered.

Is the service well-led?

Our findings

At our last inspection of Copper Beech Homecare Ltd on 25, 26 and 30 August 2016, we found the service was not well-led. This was because we identified concerns about leadership, management, service delivery and quality monitoring of the service.

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

During this inspection, we found the provider had made improvements to how they managed and monitored the quality of the service provided. One person told us, "There was bad management in the beginning, but now it's great. I could not commend them any better." A second person commented, "They seem to be efficient. They keep to time; let you know if anything untoward is going to alter it. Everything is running smoothly at the moment."

One of the concerns identified at the last inspection was there was no visible management presence within the service. It was difficult to reach a member of the management team. The provider has introduced the senior carer role. A member of the management team told us this person provided a management presence for people who received support and staff outside of the office. Regarding accessing management, one person told us, "There is always someone there [at the office]. It's usually [name of coordinator]." About contacting someone at the office, a second person said, "I can get through. I usually ring them and they are quite efficient. They are very good."

As a result of breaches identified at the last inspection, the provider had introduced several changes to promote positive values and drive improvement. We found the service had clear lines of responsibility and accountability with a structured management team. There was a visible human resources presence within the service and robust policies and procedures in place that were followed. For example, we noted staff whose performance did not meet the required standard were managed and, where necessary, dismissed. On the second day of our inspection, we were made aware the human resources manager was meeting with a member of staff to discuss an area of concern. This showed the provider was able to demonstrate good management and leadership.

We found team meetings were held to support staff to raise concerns or make suggestions about service development. Topics discussed were sickness, change plans and risk assessments, team working and positive feedback received.

The service had systems and procedures to monitor and assess the quality of their service. These included seeking the views of people they supported through satisfaction surveys and telephone monitoring. Spot checks were also undertaken whilst staff completed their visits. These were to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. One person told us, "We get questionnaires to fill out." A second person confirmed they had received a questionnaire, "I have. I sent one back to them, maybe a few weeks ago."

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans to protect people if untoward events occurred.