

Copper Beeches Limited

Copper Beeches

Inspection report

138 High Street
Collingham
Newark
Nottinghamshire
NG23 7NH

Tel: 01636892789

Date of inspection visit:
08 May 2019

Date of publication:
04 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Copper Beeches is a care home that provides personal care for up to 20 people. At the time of the inspection, the home had 16 people living there.

People's experience of using this service:

The home was unclean and this can impact on good infection control. Areas of the environment were not managed safely (for example, hazardous substances were not locked away). Areas of the home require refurbishment to ensure a safe and clean environment. We have had long standing concerns about the management of the environment. These concerns have caused a repeated regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have observed some improvements since the last inspection. However, ongoing work is required for this service to be rated at the expected level of 'Good'.

Care plans and risk assessments followed evidence based guidance. Further work was required to ensure these records were thorough and robust enough to guide effective and safe care. Some work had been done to gather people's preferences, again this required further work to ensure that people's individuality was reflected in the care offered.

We found there were now enough staff during the day. Staff commented on the improvement this had on care. People told us that they did not need to wait long for support. We remain concerned about the amount of staff at night to respond in an emergency. This is because there are two staff and six people required two staff to mobilise. This could limit the effectiveness of a safe evacuation. Staff were recruited safely to ensure that they were appropriate (for example, staff had DBS checks.)

There were improvements to the management of medicines. Some minimal medicine concerns still required resolving, for example writing the date on topical medicines to ensure they were disposed of when needed. People told us that medicines were provided on time and all staff had been re-trained to ensure that they were competent to support medicine administration.

People told us that they felt safe at the service. Staff understood how to keep people safe, and how to raise concerns about potential abuse. We saw that incidents had been reviewed and clear actions put in place to prevent re-occurrence.

Improvements had been made in line with The Mental Capacity Act (2005). However, further work was required to ensure assessments reflected individual decision-making abilities. This would support people to have maximum choice and control of their lives and staff support them in the least restrictive way possible. Due to capacity assessments requiring improvement, the policies and systems in the service did not currently supported effective practice.

Records showed us that staff training was sometimes still out of date. The manager gave assurances that this was arranged for June 2019. Despite training being out of date, staff had been competency checked by the manager. We noted an improvement in knowledge and skill set among the staff.

People received a varied diet and had a choice about what they ate. Efforts had been made to develop the menu offered to people. People who were at risk of weight loss and dehydration were supported and monitored to ensure they remained as well as possible.

Staff were caring in their approach. However, this was attributed to the approach of individual staff members rather than a caring organisation. For example, most staff had expired dignity and respect training. The environment was not adequate to evidence a caring culture, for example bedding and towels required replacement and people's individuality was still not adequately reflected across care records.

The inspection identified ongoing concerns about the environment which had not yet been fully resolved by the service. We expect all services to reach a rating of 'Good'. The improvements shown by the service highlight that this service does have potential to continue to improve.

Rating at last inspection:

At the last inspection, the service was rated 'requires improvement' (Published 12 April 2019)

Why we inspected:

At our last inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included regulations 9, 12, 15, 17 and 18. We inspected this service to see if improvements had been made as required.

Enforcement:

At this inspection we found one ongoing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was regulation 15. While the service was no longer in breach of other regulations, further work was required to ensure that the service could be rated as 'Good'.

Information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the level of risk at the service until the next inspection visit.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service caring?

The service was not always caring

Requires Improvement ●

Is the service responsive?

The service is not always responsive

Requires Improvement ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

Copper Beeches

Detailed findings

Background to this inspection

The inspection:

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

The service has a history of not meeting the regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was arranged to see if required improvements had been made.

Inspection team:

The inspection team included two inspectors 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. The expert by experience for this home had experience of caring for someone with health and social care needs.

Service and service type:

Copper Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Copper Beeches accommodates up to 20 people, and there were 16 people living there at the time of the inspection visit. The service had a manager in place, they told us that they intend to register with the Care Quality Commission. A registered person is legally responsible for how the service is run and for the quality and safety of the care provided. As there was no registered manager, the provider was legally responsible for the quality and safety of care.

Notice of inspection:

We did not give the provider notice that we were inspecting the service.

What we did:

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a

form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service. We spoke with five people who used the service and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff and the manager. We looked at the relevant parts of the care records of six people who used the service. We also looked at three staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

We have inspected this key question to follow up the concerns found during our previous inspection published in April 2019. Improvements had been made to the service, however there was one ongoing breach of regulation 15. This is due to poor environmental safety and cleanliness. There was no longer a breach of regulation 12 (safe care and treatment) and regulation 18 (Staffing).

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulation 15 was not met.

Preventing and controlling infection

- At our previous two inspections, we found the home was not consistently clean. At this inspection, we found ongoing concerns about the cleanliness of the care home. A lack of cleanliness can impact of people's health and increase the risk of infection.
- Some areas of the home were not properly maintained, this did not promote good hygiene and increased the risk of infection. For example, there was visible dust on high up surfaces, a soiled continence product had been stored in a bedroom furniture drawer, the shower seat was not sufficiently clean and there was a strong odour in a bedroom, caused by a full bin and soiled mattress.
- Areas of the home required refurbishment and replacement. For example, linen and towels were worn, stained and with holes. There was damp visible on a bedroom wall which had been plastered over but remained a concern.

Assessing risk, safety monitoring and management

- The environment was still not safely managed. We observed vacant bedrooms had furniture which was not fixed to wall, and accessible cleaning substances which could be swallowed. This could present a risk to people who may enter these rooms unobserved.
- Bedrooms that were occupied also had loose shelves and un-fixed furniture which could fall on people. We observed a gap between a person's mattress and bed foot board which could result in the person getting trapped.
- The provider had completed audits to assess the safety of the environment. These had highlighted some areas of concern and resolved them. The manager advised that they are currently recruiting a maintenance worker to resolve ongoing environmental issues within the care home.

The unsafe environment and ongoing lack of cleanliness, causes a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At our previous inspection (published April 2019), we found that care plans and risk assessments contained

contradictory information, so risks were not managed safely. This inspection found that records had been re-written. These showed improvement from our previous inspection, however these required further work. This would ensure staff were guided to complete safe care. For example, one person required distraction if they became upset. However, there was no guidance on the type of distraction that worked for this person. Despite this, staff were seen to respond appropriately if this person became agitated.

- Following clinical guidance can prevent skin breakdown. The service now used nationally recognised risk assessments. For example, they had used a 'Waterlow chart' to assess a person's risk of skin damage. The person was assessed as having a high risk of skin breakdown. The service had followed guidance to ensure they used correct equipment and were supported to reposition regularly.

Staffing and recruitment

- Our previous inspection found unsafe staffing levels at the service. Staff told us that staffing levels had increased since the last inspection. Records confirmed this. One staff member said, "Extra staff members has made a big difference. A lot of people need two carers. We no longer need to say wait a minute." We observed that there were enough staff to meet people's needs during the day time. Staff were appropriately deployed around the home. The service was no longer in breach of regulation 18 due to staffing.
- People told us that there were enough staff to respond quickly to them on a usual day. This ensured their safety.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal record checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely

- The management of medicines had continued to improve. However, aspects of medicine management required further work to ensure safety.
- For example, topical medicines were now used as prescribed however medicines that were applied topically did not always have a record of when they were opened. This ensures the medicine is used in time of its expiry date. We identified that staff members who signed the medicine records, were not the same staff who administered the topical creams to people's skin. This can increase the risk of errors.
- Improvements had been made to 'as needed' medicines. There were now protocols in place to guide staff when this medicine should be given.
- People told us that medicines were given on time.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at the service.
- Staff knew how to recognise and report abuse. The service manager had responded appropriately to potential abuse. They had reported it to the local authority safeguarding team and worked with them to investigate as needed.

Learning lessons when things go wrong

- There were effective systems to learn from accidents and incidents to reduce future risk. There was a clear governance of incidents to try to prevent the same from happening again.
- For example, one person had experienced a deterioration in their mental health. This could present a risk to themselves and others. The service had changed the amount of times staff observed this person during

the day and night. There were clear records to show these observations had occurred.

- We had concerns about the environment requiring improvement. The manager advised they were aware of this and had hired a skip to remove unneeded or damaged items and were recruiting a maintenance worker.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

We have inspected this key question to follow up the concerns found during our previous inspection published in April 2019. Improvements had been made to the service, however further work is still needed to ensure it reaches the expected rating of 'good'.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

Staff support: induction, training, skills and experience

- We have had historic concerns about the amount of training, skills and competency of the staff. Records showed us that training was still out of date, the manager told us that outstanding training sessions had been arranged for June 2019. Areas of our highest concern (for example medicines training) had been resolved.
- The manager explained that the type of training would be altered. So, face to face sessions were included as well as online training courses. The purpose was to create more useful training opportunities for staff
- Despite staff training being out of date, we noted that staff had improved knowledge and competency in their work. There were now regular competency assessments in place to ensure care was conducted appropriately and effectively.
- Staff now had supervision sessions with a manager. This provided an opportunity to discuss their current work, areas of good practice and areas for improvement with a senior staff member.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs. However, it was not well maintained in some areas. This is an ongoing concern from previous inspections.
- For example, we observed damp on one person's bedroom wall, a leaking pipe in a vacant bedroom, draughty windows and peeling paint.
- Bed linen and towels continue to be torn, stained and requiring replacement.
- Home maintenance records showed that some aspects of the home had been improved. However, there was still outstanding work required. The manager advised they had recently employed a maintenance worker to complete required repairs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the previous inspection (published April 2019), work was underway to implement nationally recognised risk assessments. For example, Waterlow Scale to assess people's risk of skin breakdown. These risk assessments were now in place and effectively used, to assess people's needs against recognised guidance.

- Staff had improved knowledge about national guidance and law. For example, at this inspection staff understood the Mental Capacity Act (2005) and safeguarding.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records now documented people's health conditions. Further work was required to ensure staff were provided with clear guidance.
- For example, one person had a deterioration in their health condition, their relative reported positively that staff had accurately recognised small symptom changes and called for timely support. Staff had good knowledge of this person's health needs, but this response was due to their historic knowledge rather than clear guidance in the person's care plan. Another person required staff distraction if they became upset, we observed staff respond appropriately however this was due to their knowledge on which distractions worked rather than clear guidance in the care plan.
- A person told us, "You can say to staff if you want to see the doctor. He comes quickly if you need him. I get my eyes checked regularly and I've seen the dentist."
- Records showed us that people had access to a range of health and social care professionals. Professional advice had been documented and followed. People's changing needs were monitored and quickly reported to health professionals if a review was needed.

Ensuring consent to care and treatment in line with law 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 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.
- Work was under way to complete assessments when people lacked capacity to make specific decisions. However, these required improvements to ensure they were decision specific. For example, two people had bed sensors in place to call staff automatically if the people got out of bed. The people's ability to consent to this equipment had not been clearly considered.
- Staff had improved knowledge of the mental capacity act and how it impacted their daily work. We saw people were asked for consent before support was given.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff had an improved understanding of these safeguards and how it impacted on people in the care home. We saw one person now received increased hourly checks on their wellbeing, this increased restriction on their privacy had been recognised and the Deprivation of Liberty safeguard team in the Local Authority had been updated.

Supporting people to eat and drink enough to maintain a balanced diet

- A person told us, "I get a choice of food. I get a lot of good food. It fills me up. I also get plenty to drink."
- People were offered a balanced diet and records were kept ensuring people were eating and drinking appropriate amounts to prevent malnutrition and dehydration.
- The manager had developed the menu to include more healthy and comprehensive food options.
- Those people who required support to eat, were supported in an effective way by caring staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

We have inspected this key question to follow up the concerns found during our previous inspection published in April 2019. The caring nature of the home is still based upon individual staff members. Further training and organisational commitment to change is required to improve this rating to the expected 'Good' standard.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations were met.

Respecting and promoting people's privacy, dignity and independence

- Staff training for 'Dignity and Respect' remained out of date. Out of 22 staff, only seven had received dignity training. Five of these seven staff had this training over 3 years ago. The manager advised training has been arranged for June 2019.
- People told us that they were treated with basic expected levels of privacy. For example, one person said, "Staff knock on the door as they should do. The door is shut when they help me dress." Full training would ensure that staff provided privacy and dignity support in a consistent and appropriate way.
- Care records were kept in a secure area. This ensured people's personal information was not accessible except for those authorised to view it.

Ensuring people are well treated and supported; respecting equality and diversity

- While staff treated people with care, this continued to be driven by individual staff approaches and was not consistent. For example, we observed one staff member spoke more to those who could easily communicate. People with less communication skills were less involved with this staff member.
- There was a general lack of care quality. This reflected on a less caring nature within the home. The environment was poorly managed, and this was at times unsafe. Records had improved but still did not always reflect people's preferences about how they would like care to be carried out. We identified that improvements to the overall running of the service would improve care quality.
- At previous inspections, we observed that care plans did not always record what was important to people. Efforts had been made to improve these care plans. For example, noting that one person liked a night light to make them feel safe.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved with care plans reviews, further work was required to ensure these reviews gathered enough detail for person centred care. These documents guided staff on how to support a person. Relatives with relevant Power of Attorney were closely involved with these reviews. Three relatives we spoke to told us that they were happy with the care plans in place and had been involved in their development.

- We observed that people were encouraged to be as independent as possible, staff monitored closely and offered appropriate support as needed. One person said, "I'm not as independent as I used to be. I try to do everything. The staff can see when I need their support."

Is the service responsive?

Our findings

There have been some improvements in personalisation and responses to complaints since the last inspection. There is no longer a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While there is no longer a breach of regulation, the service still requires ongoing improvement in this area to reach the expected rating of 'good'

People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our previous inspection (published in April 2019), there was a risk people's needs may not be met because staff did not have access to relevant and personalised information within care records. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People told us they could complete routines as they wished. We found efforts had been made to improve the personalised detail within care plans. There was now a basic level of information to guide staff to complete responsive care. Staff also had improved knowledge of people's preferences. The service was no longer in breach of regulation 9.
- The activities co-ordinator had gathered information on people's interests and history. However, this was then not used to inform activity planning. This is a repeated concern from our last inspection. Despite 'in house' activities not being personalised to people's individuality, there had been an increase in quality external entertainment provision. The manager aimed to further improve activities for people.
- Information was still not always provided in an accessible format to people using the service. The manager was aware of the requirement to have accessible information and advised they were working to improve accessibility.
- Reviews had been completed with people using the service, so their views could be used. Further work was required to ensure people's preferences were fully considered in these reviews.

End of life care and support

- At the time of this inspection, there were no people receiving end of life support at Copper Beeches.
- Only 12 out of 22 staff had up to date 'Understanding end of life care' training. We were advised that further training has been arranged for staff in June 2019. Until this has been completed, there is a risk that people would not be supported in an appropriate way in line with current guidance.
- Despite no one reaching the end of their life, some efforts had been made to understand people's wishes early on. This allows a clear pre-emptive simple plan to be put in place, if a palliative diagnosis was made.

Improving care quality in response to complaints or concerns

- People told us that they felt comfortable making a complaint if needed. A relative told us, "I have raised small things with the manager and they listen and act on what I discussed, But I have no drastic concerns."
- Records showed us that complaints had been acted upon and responded to appropriately and in line with

policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The previous inspection highlighted an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is due to a long-standing failure to bring the home up to a safe expected level of care. This inspection found that improvements have been made to the home, and there is structure and plans in place to continue to make improvement. Whilst this service is no longer in breach of regulation 17, it is still rated 'requires improvement' due to ongoing work required.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There is an ongoing breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is due to the safety and cleanliness of the environment. The service has not made expected improvements in this area.
- Previous inspections have found inadequate care plans in place to guide staff. Our inspection published in April 2019 found records had began to be updated, and nationally recognised guidance was beginning to be implemented. This inspection showed that these were now largely in place and working well. However, ongoing work was still required to bring these up to expected good standards.
- Staff commented on the improved documentation within the home. One staff member commented that a new person had arrived at the home. A clear care plan had been put in place, and staff were fully aware of the person's needs before arrival. This expected good practice was recognised by the staff member as improving the person's experience.
- The service had responded to concerns at the last inspection. For example, instead of three staff there were four staff in the day. We observed that staff had more time to speak to people and interactions were less task focused. Staff reported positively on the impact of this increased staffing level. There was an increased amount of audits and improved oversight. Staff commented positively in the improved care plan guidance available to them. A person told us, "It (the home) is well led. It could always be better. There is much more interaction with people now. The staff are more caring and there's a lot more of everything."
- While there have been slow improvements at the service. This service has not met the expected rating of 'good' and remains rated as 'requires improvement'. 'Good' is the minimum standard of care we expect all homes to provide. We will closely monitor the service to ensure that the care standards continue to improve as expected.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- There is a legal requirement for a registered manager to be at the service. They are legally responsible for the running and safety of the service. During the inspection, the manager was in the process of registering to become the registered manager. While this process is ongoing, the provider holds full legal responsibility for the safety of the service.
- Staff and people at the service, spoke highly of the manager's involvement and skills. The manager had been employed since December 2018 and had made substantial efforts to improve the home. The manager was open and honest in their communication with the inspection team and keen to continue to improve. They had an oversight of incidents that had occurred at the home and a good understanding of where improvements were needed.
- Staff told us that there was increased sense of team work at the service. One staff member said, "We have more regular meetings now. They were long winded in-between before." All staff we spoke to, reported that they had noticed an improved standard of care since the manager was in position.
- The service is required to notify the Care Quality Commission about events that occur at the service. The manager had submitted notifications as required and was aware of their responsibilities to work with the commission and stakeholders.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were aware of the manager and provider's roles. A relative told us, "They both say hello. I can trust them to listen to us."
- People told us that they had been invited to meetings within the home. People were confident that suggestions and requests would be acted upon where possible.
- There had been one relative meeting planned since our last inspection. However, this had been postponed at relatives' request. We were therefore unable to consider the effectiveness of this.
- Satisfaction surveys had been sent out to people and analysed, the deputy manager advised that they intend to send these out every few months.

Continuous learning and improving care

- The service has a history of being rated as 'Requires improvement' and 'Inadequate'. Following the introduction of the current manager, we have observed slow improvement at Copper Beeches. The manager spoke of wanting to remain at the service and continue to develop it. They intend to register and have begun the process as registering to be manager.
- There have been some noticeable improvements at the service since the last inspection. Staff have improved knowledge, there was now sufficient staffing levels in the day time, care records had improved, incidents were reviewed and acted on, there was a more varied and nutritious menu and staff had received supervision and competency assessments.
- Despite the improvements, there are areas for the service to continue to improve. This has resulted in the service remaining rated as 'requires improvement.' Care plans required further development for thoroughness and an individual approach. People's rights under the mental capacity act (2005) required a more in depth and decision specific assessment and some staff training was still out of date (but was due to be completed soon.)
- We were particularly concerned about an ongoing breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is due to an unhygienic and unsafe environment (reported in detail in 'safe'). Other regulatory breaches had been resolved for this inspection.

Working in partnership with others

- Records showed us that people had access to a variety of health and social care professionals
- Where people received support, the professionals advise had been clearly documented and followed. If further advice was needed, this was accessed promptly.