Bupa Care Homes (ANS) Limited

Coppice Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Coppice Court Care Home provides facilities and services for up to 54 older people who require personal or nursing care. The ground floor provides nursing care and support for people living with a dementia. The first floor provides care for people whose main nursing needs are related to physical health needs, although many had a dementia or memory loss. This includes people who have had a stroke or lived with a chronic health condition like multiple sclerosis, diabetes or chronic obstructive airways disease. Both floors were able to care for people at the end of their lives and used community specialist support when providing this care. Coppice Court Care Home also provides respite care that includes supporting people while family members are on a break, or to provide additional support to cover an illness. At the time of this inspection 39 people were living in the service 22 on the ground floor and 17 on the first floor.

The service did not have a registered manager in place. The last registered manager left the service in August 2016. 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 time of this inspection an acting manager was in post. They had been working in the service for six months.

People's care plans did not fully reflect people's care and support needs. Staff did not have clear guidance on how to meet all people's needs in a person centred way. For example, people with specific care needs did not have these reflected in their care plans with guidelines for staff to follow. The management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. For example, records relating to topical creams were not always accurate. The provider could not demonstrate that these medicines were always administered in a consistent way.

People were looked after by staff who knew people as individuals. Staff were attentive, and treated people with kindness and compassion. They showed respect and maintained people's dignity. All feedback received from people and their representatives was very positive about the care, the atmosphere in the service and the approach of the staff and acting manager. One relative who experienced a recent bereavement said, "They were so very caring to my mum and kind to me."
Feedback from visiting professionals confirmed a good rapport with them and pleasant approach to people.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and were following procedures to protect people's rights.

Staff were provided with a full induction and training programme which provided them with the skills to look after people living in the service. The registered nurses attended additional training to update and

ensure their nursing competency. There were enough staff to keep people safe and meet their needs.

People's nutritional needs were monitored and staff responded appropriately if there were any concerns about a person's nutritional intake. Preferences and specific diets were accommodated. People were supported to take part in a range of activities and to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. Complaints were investigated and responded to in a positive way. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered in the home was transparent land responded to people and staff's views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe living in the service. Staff had received training on how to safeguard people from abuse and were clear about how to respond to any allegation of abuse.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. There were enough staff on duty to meet people's needs. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver care in a way that responded to people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses.

Staff monitored people's nutritional needs and people had food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome and included as an important part of people's lives.

Everyone was positive about the care provided by all staff.

People had their differences respected and had their privacy and dignity protected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always fully reflect their care and support needs. Staff did not have clear guidance on how to meet all people's needs in a person centred way.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activities and entertainment, either in groups or individually.

People were aware of how to make a complaint and felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management systems did not always ensure safe and best practice was followed in all areas. This included accurate record keeping.

The acting manager was seen as approachable and supportive.

Systems were in place to gather information from people, relatives and staff and this was used to improve the service.

Coppice Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 16 February 2017 and was unannounced. This was undertaken by two inspectors. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with ten people who used the service and six relatives. We also spoke with 13 staff members including the acting manager, deputy manager, three registered nurses, head chef, activities co-ordinator, five care staff and the maintenance person. We spoke with a visiting health care professional during the inspection and a GP and specialist nurse afterwards. We also contacted Healthwatch for their views on the service. Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care.

We spent time observing people in areas throughout the home and saw interaction between people, staff and visiting entertainers. Some people were unable to speak with us, so we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the day on the ground floor. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included four people's care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the

home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records and looked at policies and procedures, and systems for recording complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living in Coppice Court Care Home. They said they were comfortable, well cared for and staff came when they needed them. One person said, "When you call for help they get to you as soon as they can." Another said "Although the staff are busy they come when you use your bell. I feel comfortable with the staff." One person said "I do not feel any danger here, all my valuables are safe." Relatives were confident that people were safe. One told us "When she was alone in her bungalow we were all terrified. We know she is safe here and well looked after"

People told us staff were available to respond to their needs. People able to use call bells had these placed close to them to use if required. Staffing arrangements included separate staffing for each of the floors. This included one registered nurse on each floor with five care staff in the morning and four care staff in the afternoon evening. One registered nurse and two care staff on each floor at night. A small amount of agency staff were used to cover known shortages. Staff told us there was usually enough staff but when staff were sick this made everything "very rushed". Staff confirmed sickness had reduced over recent months. There were enough staff to make sure people had their individual needs met. For example, bells were answered promptly and people were checked on regularly including hourly checks when required.

Staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the different types of abuse and steps they would take to respond to any allegation or any concern they may have had. Staff were confident in the reporting systems that included reporting to the registered nurse on duty. They felt any concern would be responded to quickly and correctly but also knew contact numbers for senior managers within BUPA. Staff were aware of the services policies and procedures which included the contact number for the local authority to report abuse or to gain any advice. The acting manager had worked with the local authority over recent months on safeguarding matters and had reported safeguardings appropriately in the past. For example, recent skin damage was reported as a safeguarding for investigation as required.

The provider had established systems to promote a safe and clean environment. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Fire procedures and checks on equipment were in place and emergency information was accessible near the front door of the home. This included Personal Emergency Evacuation Plans (PEEPs) used to direct staff and emergency services on safe evacuation of people from the service in the event of an emergency. A maintenance person worked in the home and responded to issues raised by people and staff. This included responding to people's requests like replacing batteries in remote controllers, general maintenance and improvement to the premises. Staff told us any maintenance issue identified was responded to quickly. People and relatives were complimentary about the environment and the standard of cleanliness. One relative said "The home is spotless."

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. Checks included the completion of

application forms a record of interviews, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The recruitment process was co-ordinated by the home's administrator and included checking system to ensure the organisations procedures were followed. There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse.

People's medicines were managed safely. People received their medicines when they needed them and in accordance with their prescriptions. People said their medicines were available as they wanted. Storage facilities were appropriate and well managed. For example, medicine rooms were locked and the drug trollies used on the floors were secured to the wall when not in use. Checks were maintained on the temperature of areas where medicines were stored. This ensured the effectiveness of medicines was maintained when stored. Staff gave medicines on an individual basis and completed the medicines administration records (MAR) chart once the medicine had been administered safely. Medicines were administered by registered nurses who had undergone additional training and competency checks. Staff checked what medicines were required and answered any questions people had when giving medicines and demonstrated they administered in a safe and competent way. A copy of the medicines policy and procedure was available within the medicines rooms along with up to date information on medicines for easy reference.

Staff audited the supply, administration and storage of medicines and a pharmacist working for the commissioners undertook an audit of the medicine management in the service. This ensured medicines were managed appropriately and safely.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain and PRN guidelines were in place. These provided guidance for staff about why the person may require their medicine and when it should be given. Staff used a pain risk assessment when giving PRN pain relief in order to monitor the effectiveness of pain relief used. Variable dose medicines were also administered appropriately. For example, some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements.

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented, and a risk management plan was in place. Actions to minimise the risk of falls were taken and included lowering beds and using crash mats when people were at risk of falling from bed. If people needed support when moving this was assessed and we saw staff move people in a safe way.

Good

Is the service effective?

Our findings

People told us staff knew how to look after them and were considerate in their approach. They were confident that staff were skilled and trained to provide appropriate care. One person said "The staff always know the right thing to do." Feedback from visiting health care professionals was very positive about the skills and competence of the staff and their willingness to listen to advice.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Staff were provided with terms and conditions of employment and policies and procedures that underpinned their roles within the service. New staff received a comprehensive induction programme that was based on the 'care certificate framework' from Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. This included completing induction training in small groups at one of the BUPA services and a shadowing period that included an assessment of new staff skills and competency. New staff told us the induction programme was thorough and gave them a good understanding of care when they were new to this work.

A programme of training had been established and staff had completed essential training throughout the year. The training programme was varied and reflected the needs of people living in the service. It included training on health and safety, infection control, food hygiene, dementia awareness, mental capacity and DOLS, safe moving and handling and safeguarding. A system to monitor the completion of this training was in place and highlighted when staff had fallen behind with required training. This was then followed up with them individually to ensure all staff completed required training. The training programme included e-learning, some face to face and practical training. Staff said it was useful and informative. One staff member told us how they had enjoyed recent dementia training and said "It reminds you how people must feel and how frustrating it must be." Additional training was provided to support staff with developing roles, specific interests and changing needs of people living in the service. For example, one staff member had been allocated the role of 'engagement champion' and was attending additional training to support them in this new role. Care staff were also encouraged to undertake a diploma in health and social care and a registered nurse had been supported by the provider to undertake a five day course on understanding dementia run by a university. The registered nurses were supported to update their nursing skills and competencies. The acting manager had been developing further specific training for the registered nurses recently and had arranged an update on taking bloods, urinary catheterisation and further training on end of life care. One registered nurse told us the acting manager was looking to develop the roles of the registered nurses and they had been offered a leadership course. The registered nurses were supported in the training they were required to undertake to maintain their registration with the NMC. A booklet to support them in this process had been provided.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. Staff understood the principle of gaining consent before any care or support was provided and asked people for agreement before they provided care. The MCA 2005 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. The acting manager had reviewed people's rights and restrictions that may have been used as part of people's care and treatment. This was to ensure when people did not have capacity to make decisions, staff worked in accordance with the Mental Capacity Act (MCA). For example, she had reviewed the use of bed rails ensuring they were used appropriately according to people's wishes and best interest.

Senior staff had applied to the local authority for DoLS when necessary. These had been recorded and were being followed up with the DoLS assessment team. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm.

People's nutritional needs were assessed and regularly reviewed. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. This included the monitoring of what people were eating and drinking on a daily basis. Records completed included food and drink eaten and offered. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Visits from the Dietician and Speech and Language Therapist (SALT) were recorded along the use of any supplements recommended. For people who had difficulty in eating and swallowing suitable meals were provided that included soft and pureed meals.

People were supported to have enough to eat and drink. People could choose where they had their meals and the dining room was attractively presented with a menu showing the food choices available. Most people chose to have their meals in their own rooms. The service was working with an Admiral Nurse (dementia specialist) who worked for the organisation to improve the dining experience for people. This would include improved use of the dining rooms and showing people the choices of food once they have been cooked. People told us they enjoyed the food saying there "Is plenty of it and plenty of choice." One person said "The food is very good they come round each day and ask what you want there is always a choice. There is choice and it is quality food, very good."

There was enough staff to attend to people in the dining room and to people in their own rooms. Staff were not rushed and gave people time to eat at their own speed with the correct approach being used. For example, one person who was reluctant to eat was given one to one support and encouragement in their own room for 25 minutes. The staff member providing this support told us, "It takes as long as it takes. It is just so important for her to eat a good amount." People were also supported with equipment to maintain independence when needed. For example, plate guards and adapted cutlery.

Staff had a good knowledge of people's dietary choices and needs. These were communicated to the catering staff who responded to people's individual needs. The chef was knowledgeable about any special dietary requirements and was involved in discussions with staff, relatives and health care professionals in order to meet these. For example, some people needed softened or pureed food. When this type of food was served it was presented on the plate in an appetizing way. If a person was losing weight, the chef responded by providing extra calories in the person's meals if this was appropriate. For example, smoothies were provided in jugs that could be offered to people throughout the day.

People were supported to maintain good health and received on-going healthcare support. For example, a number of people had developed chest infections recently and the staff had called the GP quickly to make sure people received the medical care they needed. Relatives confirmed health care support was asked for when needed and they were kept informed of any health changes. One relative told us, "I was phoned Saturday night as my relative was wheezy. I was told the GP was on their way." Records and discussion with

staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. Specialist nurses were used for advice on specific care needs. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

Good

Is the service caring?

Our findings

People were supported by staff who were caring, kind and compassionate. Feedback from people and their relatives about the staff was very positive. They told us staff were friendly in their approach, very caring and made them feel comfortable. One person said "Staff do their very best and are very kind." Another said "The staff are really nice, kind to you." A relative told us "I know they care about my mum, they smile at her and respond to her, you can see they really care about her. They take the time to give her a cuddle when she needs one." Another relative told us they knew their relative was happy here and this made them happy. They said "Staff look after her very well, staff bring a smile to her face especially one staff member." Visiting professionals were also positive about staff approach saying they were kind and respectful.

Staff were attentive to people and interacted with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals, and showed a genuine caring approach. One person was admitted to the service for rehabilitation and their spouse was living on the ground floor. The organisation had a contract to provide rehabilitation but does not normally provide this type of care at Coppice Court, but made an exception for this person so a husband and wife could be close to each other. The person concerned said, "I have been very lucky to come here and am grateful that the manager organised my stay here. I have been able to see my wife whenever I wanted to."

Staff had a very caring approach and communicated with people in a cheerful, friendly and reassuring way. They were attentive and thoughtful, and made sure people were comfortable. For example, staff checked on people regularly asking if they were OK and if they needed anything. One staff member saw a person was lying in an uncomfortable position and immediately attended to them moving their pillow to make them more comfortable. Another staff member had come into the service on their day off to paint people's nails. She told us she enjoyed spending time with people and "It's nice to do something that makes people feel good about themselves." Staff spoke with people in a kind, calm manner with friendly smiling faces and good eye contact. Staff had a good knowledge of the people they cared for. Staff knew about k about peoples past lives and family relationships.

Staff took a genuine interest in people and their relatives spending time talking to them when they visited. This enabled caring relationships to be formed with people and their families. Staff took account of, and understood the importance of significant relatives to the person and involved them when appropriate in people's care and support. For example, one relative was supported in providing personal care to their relative in the evenings as they had done when this person was at home. This allowed people to maintain close caring relationships with relatives. Visitors and staff were pleased to see each other and greeted warmly when visitors arrived at the home. People were called by their preferred names and people knew staff by their first names. People were dressed how they chose. The laundry arrangements were well managed and people's clothes were returned to them quickly and clean. People's appearance was important to them and ensured they maintained their own identity. We saw that one person wore the jewellery they wanted to and staff had spent time to paint people's nails when they wanted this.

People's rooms were personalised, individual and provided the space and facilities to ensure people were

comfortable. People had information immediately outside their rooms which included details of their names and photographs so people could recognise their own room. People's bedrooms varied in the personal items on display, with some rooms containing individual memorabilia. Most rooms had photographs of family and/or older photographers of themselves at a younger age. The content of people's bedrooms was important, as they maintained a link to people's past lives and gave staff a reference for conversation and an understanding of people as an individual.

Staff spoke kindly about the people they cared for and talked about maintaining their privacy and dignity. They were respectful of people's needs and described a sensitive approach to their role. This included taking account of people's beliefs and cultural needs. For example one person did not celebrate birthdays or Christmas. Staff checked with them if they wanted a Christmas door decoration during the Christmas period. Staff had also checked with people if they wanted a bible that was being supplied by the organisation. They did not assume that people would want a copy.

Requires Improvement

Is the service responsive?

Our findings

People and their representatives were involved in deciding how their care was provided. People felt they received care that was personalised to their wishes and preferences. People and relatives told us they had discussed their needs with staff and that these had been reviewed. One person said "I was seen by the nurse yesterday and they gave me a run down on my plan of care and how they were getting me up tomorrow." A relative said "We are kept informed of any changes in my mother's needs and are told if she is not well along with what they have done as a result."

However, we found that some care plans did not record the care required for people and did not ensure people's care needs were kept under review. For example, one person admitted for respite care did not have a full assessment of need and care plans in place did not reflect individual needs that included pressure area care. Their daily records did not record close monitoring of any possible skin damage and staff were not clear on how often this person should be repositioned. Another person who had some behaviours that may challenge others, but they did not have a care plan to guide staff on their needs. Charts used to monitor this behaviour had not been completed in a consistent way to provide feedback to staff and professionals on how to best support this person. This did not ensure people received the care they required. Staff had responded to this person's needs involving health care professionals, however the provider could not demonstrated a consistent approach to their care. Two professionals told us although communication with staff was mostly good there had been occasions when there had been a problem and communication systems between staff had not been effective. This could mean people did not receive the care they need as quickly as they should. These are areas of practice that require improvement. Other care plans we reviewed had clear guidelines for staff to follow, and had been properly reviewed. This included a multi-disciplinary approach to care. For example, medicines were reviewed by GPs on a regular basis to ensure appropriate medicine prescription.

Staff responded to people's choice and accepted them. For example, people chose how long they spent in their own company. This was important to people who did not want to mix with other people. Staff made sure people had choices and gave them rather than having routines or set care for people. For example, people were asked if they wanted to wear a clothes protector rather than this being provided to everyone. Staff encouraged people to choose what they wanted to do but also motivated people to be as active as they could be. One person said "I can do as much as I want here."

People and relatives told us there was a range of activities and entertainment that occupied and entertained people. One relative told us how pleased she was to hear her mother had played the piano, the first time for many years, with the support of staff. The service employed specific staff to organise and facilitate activities and entertainment and they worked as an important part of the team. A new activities co-ordinator had been recruited and further hours were being provided. A programme of activity was available and advertised within the home. During the inspection this included groups completing baking with a chef and singing with an entertainer. People were given a copy of the words being sung and joined in along with staff. Group activity was varied and also included visiting animals and quizzes. Music played in the communal areas was what people wanted with each person asked what they would like as background music.

People who spent most of their time in their rooms had individual time allocated to them when activity staff spent time with them on their own. This was important to people and ensured people were not isolated. Special events were celebrated and included birthdays and festive events. Outings had been arranged in the past and staff confirmed more of these would be well received. The acting manager confirmed this was being reviewed with the provision of further activity staff hours. People were encouraged and supported to maintain interest outside of the service and to do things of interest. For example, one person had an interest in planes and staff organised a trip to an aircraft museum.

The service had a clear complaints procedure that was available to people and their representatives to use if they needed to. Leaflets on making complaints were displayed in the front entrance along with a suggestions box. Records confirmed that complaints received were documented investigated and responded to in a positive way. One relative told they had raised an issue with staff about their mother's personal hygiene and how she would want to be cared for. This had been responded to quickly with the persons wishes reflected in the plan of care and her particular wish around facial hair being responded to. This showed that staff learnt and looked to improve practice and the service in response to complaints and comments.

People and relatives told us they would raise a complaint if they needed to and would speak to senior staff in the service. One person told us "I have no problem speaking my mind." A relative said "I would complain if I needed to. I am always happy with the care. The staff could not do anything better."

Requires Improvement

Is the service well-led?

Our findings

People and relatives were consistent in their positive feedback about the management of the service. They told us there had been some problems in the past but the recent changes had established a strong and caring management structure. The acting manager had a high profile in the service and people and relatives knew who they were and said they were approachable, polite and listened to them. One relative said, "It is much better with this manager, we used to be ignored." Visiting professionals were also positive about the management of the service which was providing 'stability' to staff and people in the service. However, the acting manager however had given their notice and was leaving the service at the end of February 2017. The service had been without a registered manager since the last left in August 2016. We have been notified that a temporary manager has been appointed until a new manager can be recruited.

Whilst all feedback about the management was very positive, we found the leadership of the service was not effective in all areas. We found management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. For example, records relating to topical creams were not always accurate. The provider could not demonstrate that these medicines were always administered in a consistent way. We also found some care documentation was not completed in a consistent way. For example, some charts that recorded daily care were not completed at the time the care was delivered or consistently to reflect the care provided. Both these areas were identified to the acting manager as areas for improvement.

There was a clear management structure in place at Coppice Court Care Home that staff understood. This included head of departments that supported the acting manager. For example, a head chef and head of maintenance. Systems for communication for management purposes were well established and included a daily meeting with the senior staff and a daily management check around the service both of which were documented. All care staff attended a handover meeting so staff changing shifts shared information about each person. A deputy manager had recently been employed and they were taking a lead on the clinical care in the service. There was on call arrangements to ensure advice and guidance was available every day and night if required. This was covered by senior staff within the service and the organisation including managers from other local services. Staff knew about the whistleblowing procedure and told us they would use this or contact external agencies if they needed to.

Staff were confident with the new management arrangements and told us they felt well supported. There were systems to provide staff with regular supervision and appraisals and staff told us these were used to coach and develop staff. Staff told us staff worked well together with some staff working in the service for a number of years. One staff member said "I love working here it is such a rewarding job." Staff told us the new acting manager was approachable and appreciated the work they did. They felt the service had improved 'tremendously' with team work improving and the service being more 'homelike'. One staff member said, "The manager is a good manager she says good morning to you and thanks you for the work you are doing and you know where you stand with her." The acting manager had dealt with some staffing issues that had impacted on the service. This had included high sickness levels that they had addressed with staff directly and had now been reduced. One staff member said "Staff sickness had been a real problem in the past."

The acting manager fostered an open rapport at all levels with staff people and their relatives. They demonstrated a positive approach to developing and improving the service in an open and constructive way. Regular meetings were held with staff including separate meetings for registered nurses and head of departments. These were used to share views and discuss changes to the service. For example, notes of the registered nurse meeting recorded suggestions made by the Admiral Nurse to improve the dining experience for people.

Feedback was sought from people and those who mattered to them in order to enhance the service. This was facilitated through regular meetings forums satisfaction surveys and regular contact with people and their relatives. Three people had their views sought in their first language, which was not English, by a staff member who could speak both languages. Information gathered within these meetings was used to develop the service to meet people's expectations. For example, one relative wanted a private sitting area to see a person and the acting manager made arrangements to facilitate this. Meetings with people were used to update people on events and works completed in the home and any changes including changes in staff.

There were a number of quality audits completed to monitor the standard of the care and practice within the service. This included an audit of the care records and accidents and incidents occurring in the service. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.