Larchwood Court Limited

Copperfields Residential Home

Inspection report

42 Villa Road
Higham
Kent
ME3 7BX
Tel: 01474 824122
Website: N/A

Date of inspection visit: 15 December 2015
Date of publication: 01/03/2016

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection was carried out on 15 December 2015 and was unannounced.

The service provided accommodation and personal care for older people, some of whom may be living with dementia. People's needs varied, but tended to be low to medium. The accommodation was provided over two floors. A lift was available to take people between floors. There were 16 people living in the service when we inspected.

There was registered manager, but at the time of this inspection, they were not employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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. However, a new manager had been appointed and they had submitted an application to register with CQC on 14 December 2015.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

The manager involved people in planning their care by assessing their needs prior to and after they moved into the service. People were asked if they were happy with the care they received on a regular basis. However, people were not always receiving the care recommended by health and social care professionals who had the skills, knowledge and experience for assessing particular task to ensure people's needs were met.

Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

People were safe and staff understood their responsibilities to protect people living with dementia. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The provider, manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

We observed and people's relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The service was well led. The provider consistently monitored the quality of the service and made changes to improve the service, taking account of people's needs and views. The manager of the service and other senior managers provided good leadership. The provider and manager developed business plans to improve the service. This was reflected in the positive feedback given about staff by the people who experienced care from them.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People experienced a safe service. Staff knew what they should do to identify and raise safeguarding concerns. The manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction and training and were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards was followed by staff.

Good

Is the service caring?
The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was not always responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. However, staff did not always implement the most appropriate care for people when recommended by health and social care professionals.

Requires improvement

Summary of findings

People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Is the service well-led?

Good

The service was well led.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders within the service.

Copperfields Residential 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 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.

This inspection took place on 15 December 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with twelve people and two relatives about their experience of the service. We spoke with nine staff including the provider, the new manager, the deputy manager, the activities co-ordinator, one senior care worker, three care workers and the visiting hairdresser. We asked three health and social care professionals for their views about the service and sought the views of the local authority contracts team. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff record files including two for newly recruited staff, the staff training programme, the staff rota and medicine records.

At the previous inspection on 4 March 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People living with dementia were not always able to verbally tell us how safe they felt. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them. People described and we observed a service that was safe.

A care manager told us that a person they had recently placed at the service had been supported to settle in well and had told the care manager they were happy at Copperfield's.

The staff rota confirmed that staffing levels were planned to meet people's needs and staff were deployed in appropriate numbers within the service to keep people safe. In addition to the manager and the deputy manager there were three staff available to deliver care between 7.30 am and 9 pm. At night there were two staff available for delivering care. Staff told us there were enough staff to meet people's needs.

Recruitment to the staff team was on-going to fill vacant posts. New staff had been through an interview and selection process. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs.

People had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety. Actions had been taken to safeguard people. For example, people at risk were observed by staff to keep them safe. Staff understood the risks people living with dementia faced and made sure that they intervened when people became disorientated or needed to be prompted to use a walking aid, like a frame.

Incidents and accidents records were checked by the manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. If people had falls, this was fully recoded so that patterns and frequency could be monitored with actions taken to minimise the risks.

People were cared for in a safe environment and equipment was provided for those who could not weight bear so that they could be moved safely. Equipment was serviced and staff were trained how to use it. We observed staff safely assisting a person into a wheelchair using a hoist after they sat down on the floor and could not stand un-aided. This was done professionally and in line with good moving and handling practice.

The premises were designed for people's needs, with signage and the use of different colours that assisted people to know where they were in the service. For example, toilet door frames and seats were finished in easy to identify colours, like bright blue or red. The premises were maintained to protect people's safety. The maintenance records showed that faults were recorded, reported and repaired in a timely manner. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping.

People were protected from the risks associated with the management of medicines. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had capacity to make informed choices about medicines. Staff who administered medicines received regular training and yearly updates.

Good

Is the service safe?

Their competence was also assessed by the head of care to ensure the medicines were given to people safely. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

There was an up to date medicines policy which staff followed. The policy included the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. There were systems in place to ensure that medicines were always available as prescribed. Medicines were stored securely within a safe, temperature controlled environment. Temperatures were monitored and recorded to protect the effectiveness of the medicines.

The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered at the right times and signed for by the trained staff on shift. The senior carers were responsible for administering medicines and we observed they were doing this safely.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore, people could be evacuated safely.

Good

Is the service effective?

Our findings

Staff were trained to meet people's needs. People told us they enjoyed the food. One person said, "It's lovely, I often have more porridge", another said, "I always enjoy my lunch".

People's health was protected by health assessments and the involvement of health and social care professionals. People had regular appointments with a chiropodist, their GP and the community nursing team. We observed staff encouraged people to walk with their walking frames and noted that in doing this staff were following people's recorded care plan. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans. This meant that staff understood how to effectively implement people's assessed needs to protect their health and wellbeing.

Care plans covered risk in relation to older people and tissue viability. The care plans could be cross referenced with risk assessments on file which covered the same area. Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans detailed people's food preferences.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People could access snacks and hot and cold drinks at any time and tea trolley rounds took place during the day. People were weighed regularly and when necessary what people ate and drank was recorded so that their health could be monitored by staff. We saw records of this taking place.

We observed lunch being served in the dining room. The food looked appetising and there was very little waste food returned to the kitchen. People were not rushed when eating. Staff were on hand to supervise and provide support to those people that needed it. We saw staff chatting and laughing with people as they assisted them to prepare for lunch. As people gathered for lunch they were encouraged to take a seat and those who required assistance were gently supported into their seat. People were then given a choice of drinks with their lunch.

People's dietary requirements were understood by the staff preparing and serving the food and the staff assisting people in the dining rooms or in their bedrooms. The cook and some care staff were able to provide special drinks for certain needs. A 'smoothie' or 'Magic Mix' of fresh fruit and/or vegetables was sometimes served. Drinks and fluids were freely available with meals three times a day and three regular drink runs mid-morning, mid-afternoon and evening. Water was always to hand in bed rooms and lounge areas. People's eating preferences were met by staff who gave individual attention to people who needed it.

Training consistently provided staff with the knowledge and skills to understand people's needs and deliver safe care. The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training was planned to enable staff to meet the needs of the people they supported and cared for. For example, staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. We saw planned refresher training dates had been booked for January and February 2016. Staff told us about the training they received and how this assisted them in their work. We observed lots of good practice from staff when moving and handling people.

New staff inductions followed nationally recognised standards in social care. The training and induction provided to staff ensured that they were able to deliver care and support to people to appropriately. The manager planned and recorded one to one supervision meetings as well as staff meetings and annual appraisal for staff.

Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others. This often occurred when people living with dementia became frustrated or anxious, often without obvious cause. We observed that staff used the techniques they had learnt to keep people calm and prevent potentially harmful behaviours from developing.

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

Good

Is the service effective?

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved.

The manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Good

Is the service caring?

Our findings

People living with dementia were not always able to verbally tell us about their experiences of the service. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them. People described and we observed a service that was caring.

The relatives we spoke with had absolute confidence in the staff and the way the service was delivered. They both spoke to us about how they felt reassured that their mothers care was good and they both told us their respective mothers were happy and content living at Copperfield's. Both relatives confirmed they had open access and visited often. No concerns were raised about the service; in fact the relatives had recommended the service to others.

Staff built good relationships with the people they cared for. Staff told us that as a team they promoted a non-discriminatory atmosphere and a belief that all people were valued. This resulted in people feeling comfortable, relaxed and 'at home'. We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way. We observed that staff ensured a lively, jovial atmosphere. We saw staff listening to people, answering questions and taking an interest in what people were saying. Two staff who needed to move a person using a hoist put the person at ease by talking her through the process and confirming with her if it was okay. When speaking to people staff got down to eye level with the person and used proximity and non-verbal's (good eye contact, caring gestures like a gentle touch, smiles and nods). People responded well to the quality of their engagement with staff.

People were encouraged to communicate their needs in their chosen style or where they could no longer communicate their needs verbally as their dementia became more progressive. For example, through facial expression and mood. Care plans described people's communication needs on a day to day basis. The care plans included a good level of information so that it would be clear to staff reading them how best to communicate with the people they were caring for. Reference was made to hearing / visual aids people had and the support they needed to use these. People asked for and were provided with pain relief to help them maintain their comfort and dignity.

Staff described the steps they took to preserve people's privacy and dignity in the service. We observed that staff knocked on people's doors before entering bedrooms to give care. People were able to state whether they preferred to be cared for by male or female staff and this was recorded in their care plans and respected by staff. People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. People told us that their care plans were followed and they could say what they wanted staff to help them with.

Staff operated a key worker system. Each member of staff was key worker for three or four people. They took responsibility for ensuring that people for whom they were key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. For example, care plans gave details of areas of independence people wanted to maintain. We observed staff encouraged people to maintain their independence when walking stay nearby if people needed them. We observed staff followed people's requests when they wanted to do things themselves. This enabled then to remain independent. People or their representative had signed to agree their consent to the care being provided whenever possible.

People were able to see information about the time, date and weather forecast on a large notice board in the dining room.

People and their relatives told us they had been asked about their views and experiences of using the service. They were involved with developments and events within the service and they could influence decisions the provider had made. For example, people had asked for the communal areas of the premises to be re-decorated. This

Good

Is the service caring?

was reported in the quarterly newsletter displayed in the service. The areas of the service we saw had been completely decorated and new floor covering had been provided.

We found that the manager used a range of methods to collect feedback from people. There were residents and relatives meetings at which people had been kept updated about new developments in the service. For example, a new sensory room was being discussed. We found that the results of the surveys/questionnaires were analysed by the provider. Information about people's comments and opinions of the service, plus the providers responses were made available to people and their relatives. In the last survey conducted in January 2015, people told the provider that, "The staff are excellent" and 90% of the relatives surveyed were happy with people's care.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Requires improvement

Is the service responsive?

Our findings

People living with dementia were not always able to verbally tell us about their experiences of the service. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them. People described and we observed a service that was responsive.

People's needs had been assessed and care plans had been developed on an individual basis about people. Before people moved into the service an assessment of their needs had been completed to confirm the service was suited to the person's needs. Care planning happened as a priority when someone moved into the service. However, a care manager told us that they had concerns about not being able to discuss issues they had about a person's care plan with the manager and senior staff in service. The care manager did not feel that the care plan had been fully completed and needed a review. They said, "I have arranged to meet the manager and deputy but they have not been at the service when I arrived." This meant that where there may be concerns about the quality or relevance of care plans, they were not being addressed quickly.

People had not always received the most appropriate care for their current needs. The manager sought advice from health and social care professionals when people's needs changed. However, two health and social care professionals had visited the service five times between 2 December 2015 and 19 December 2015 and found that staff were not following their recommendations in relation to one person's care needs. They reported to us that this person's care plan was not being kept up to date with their recommendations and that their recommendations were not being communicated between staff. They told us, "On every visit we have made our recommendations clear and explained the risks, but have observed that our recommendations are not being followed." This had subsequently been raised as a safeguarding adults issue with the local authority.

This was in breach of Regulation 9 (1) (a) 3 (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected by staff who responded to medical emergencies appropriately. We could see from people's daily support records that they experienced prompt medical attention from the emergency services when they were ill. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District (Community) Nurses. These gave guidance to staff in response to changes in people's health or treatment plans.

Care plans included the key areas of care such as; communication, falls, hygiene, eating and drinking, behaviour and toileting. The care plans were person centred, individualised and reflected people's views and needs. They included sufficient detail as to be clear to staff what was expected of them in relation to people's care. For example, explicit instructions were provided for staff to follow when moving people using a hoist. People and their families where appropriate, were involved in discussing and planning the care and support they received. We saw that assessments and care plans reflected people's needs and were well written.

People's life histories and likes and dislikes had been recorded in their care plans. This assisted staff with the planning of activities for people. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated.

If people's needs could no longer be met at the service, the manager worked with the local care management team and continuing care team to enable people to move to nursing care or other more appropriate services.

Best practice guidance was being followed in relation to adaptions for people living with dementia. There were memory boxes and personalised pictures on or near people's bedrooms so that they could identify their rooms. Also, toilet door frames and toilet seats were brightly coloured so that they could be seen easily.

Staff responded quickly to maintain people's health and wellbeing and worked to minimise the risk of people becoming isolated. Staff had arranged appointment's with GP's when people were unwell or called for an ambulance or out of hours GP so that people got the right treatment if they were unwell or had hurt themselves.

Requires improvement

Is the service responsive?

The activities people could get involved in, were advertised within the service. A specialist activities person was engaged in group and 1-1 activities during our inspection. Other people participated in "music and movement" exercises and staff discussed people's memories reflections in the morning. Each person's activity preferences and participation was recorded in an individualised activities book. Staff sat with people individually to encourage their enjoyment of the activities and when this happened we observed people involved smiled and clapped to the music. The activities people had chosen to do in their care plans were reflected in the records in the activity books.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints were responded to. There were examples of how the manager and staff responded to complaints. There had been one complaint in the last twelve months. The complaint had been acknowledged, investigated and responded to in writing and had been resolved to the person's satisfaction. All people spoken with said they were happy to raise any concerns. The manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

The provider of the service had an office in the service and they were in the home every week to oversee the management of the service. A new manager had been appointed. They told us they were qualified and experienced in managing services for people living with dementia. The new manager had already completed their application to register before we inspected the service. Their application showed on the CQC system from 14 December 2015.

People had benefited from a service that was improving and leaders in the service were committed to continue on this path. The provider and manager told us about the improvements they had been making to the service and there was a planned approach to this continuing. The manager showed us a comprehensive business plan for the service. The premises had undergone a refurbishment. A 1950's style tearoom was being developed as was a memory bar to stimulate reminiscence and homeliness for people and the already well-designed dementia sensory garden was due to be extended.

There was a 'People's Charter' for the services which informed people of the mission, vison and values of the care they would receive. For example, it told people they had the right to feel safe, to be treated with dignity and respect and that people's rights to maintain their independence would be at the forefront of their care. We observed staff delivering care to people within these values and the manager had introduced things like flexible breakfast times to promote choice and independence for people.

Staff told us they had seen improvements in the quality of care provided to people in the last six months. They said, "We get more time to spend with people, I like spending time with people and they are enjoying the one to one time".

The manager carried out regular audits of health and safety risks within the service and of the quality of the service provided. The provider told us that they listened to people's views about how to improve the service and that they considered and acted on requests made for additional resources. We saw examples of expenditure the provider had made in response to request for improvements. For example, they had gone to great lengths to find and purchase items of furniture for the memory bar.

General risk assessments affecting everybody in the service were prominently displayed to increase people's awareness of the steps taken to minimise risk. Service quality audits were planned in advance and recorded. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any immediate risk such as trip hazards or blocked exits. The audits were effective and covered every aspect of the service.

Managers reviewed the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations. We could see that issues identified on audits were shared by the manager who recorded how and when they would make the improvement picked up by the auditor. For example, new care plans had been developed to improve the quality and effectiveness of care planning and recording. The provider checked on progress. This ensured that issues identified on audits were actioned and checked to improve service safety and quality.

People benefited from staff with a strong sense of team spirit. We observed and spoke to staff who were motivated and engaged in their roles. Staff were asked their views about the quality of the service. Staff were able to attended team meetings to discuss their views about the service and receive information from managers. Staff described the culture and values of the service as being grounded in respect and on promoting people to retain what independence they could. Staff told us there was an emphasis on creating normality and a 'home from home' for people who lived at Copperfield's. Staff told us that team work and communication at Copperfield's was excellent. They said that they were not worried about sharing any concerns that they might have about the care provided. They talked about person centred care and about shaping the service to people's individual needs. Staff said that they could talk openly with the manager and that she made herself easily accessible to encourage them to do so.

Good

Is the service well-led?

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Maintenance logs ensured that repairs were carried out safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. Maintenance records were kept to ensure that specialist servicing of fire safety systems and equipment such as lifts underwent preventative maintenance and service. This ensured that people were protected from environmental risks and faulty equipment.

The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. The provider had been working closely with the local authority commissioning team to improve the quality of the service. This ensured that people could raise issues about their safety and the right actions would be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 (1) (a) 3 (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care and treatment people received was not designed to fully meet their needs. The provider was not taking account of recommendations made by people with the required skills and knowledge for specific tasks or following multidisciplinary assessments.