Cooperscroft Care Home Limited

Cooperscroft Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Previously when we carried out a comprehensive inspection at Cooperscroft Care Home we found that the service was Good. At this inspection we found that further improvements had been made in some areas that had enhanced people`s experience of the care and support they received.

This inspection was carried out on the 26 April and 02 and 14 May 2018.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Cooperscroft Care Home 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. They are registered to provide accommodation nursing and personal care to 60 older people some of whom may live with dementia. At the time of the inspection there were 54 people living in the home.

The home had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us they were feeling safe and staff were knowledgeable about safeguarding processes and when to report any concerns to the registered manager or local safeguarding authorities. Staff demonstrated a good understanding of people`s needs likes, dislikes and preferences. Staff were knowledgeable about risk management and how to mitigate risks to keep people safe. People were supported by sufficient numbers of staff who responded in a timely manner to people when they required assistance.

People received effective care from a staff team who had been trained appropriately and who were supported by their line manager. Staff had worked with other professionals to continually develop their skills. People's consent was obtained prior to care being provided and staff explained to people what they were consenting to. Where people were unable to provide consent the legal requirements were understood by staff and followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have sufficient food and drinks. People had access to healthcare professionals such as their GP as and when required. People received appropriate support from staff to take their medicines safely.

People felt that they were treated as individuals and they mattered. The care people received was personalised and the majority of staff paid close attention to the needs of the people they supported.

People nearing the end of their life and their families received a good level of care and support.

People were encouraged to socialise, pursue their hobbies and interests and try new things. There was a strong culture within the service of treating people with dignity, respect and supporting people to remain as independent as possible. People and the staff knew each other well and these relationships were valued by people who used the service.

People and their relatives where appropriate were involved in the development and the review of their care and support plans. Support plans were comprehensive and captured people's support needs as well as their preferences regarding the care they received. Care plans were updated every time a change occurred which influenced the way people received support. People were supported to take decisions about their care and be independent.

The manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

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 told us that they felt safe.

Staff knew how to identify risks to people's wellbeing and keep them safe.

Risks were assessed reviewed and managed effectively.

Sufficient numbers of staff with the right skills and abilities met people's needs.

There was a robust recruitment process in place to help ensure that staff employed were suitable to work in this type of service.

People's medicines were managed safely.

Infection control measures were in place to reduce the risk of cross infection.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People had access to a comprehensive range of activities which were based on people's individual needs and choices.

People's needs were responded to by a team of passionate staff who worked to prevent people from feeling socially isolated.

People received person centred care which focused on their individual needs.

People and their relatives knew how to raise concerns and were all confident the registered manager would listen and act appropriately.	
Is the service well-led? The service remains good.	**Good**

Cooperscroft 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 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 the 26 April and 02 and 14 May 2018. The inspection team was formed of two inspectors, a Specialist Nursing Advisor and one 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 service.

Before the inspection the provider completed 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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with twelve people who lived at the home, eight visitors, eight staff members and the deputy manager and the provider. We looked at eleven people's care records together with other records relating to the management of the home.

Good

Is the service safe?

Our findings

When we previously inspected Cooperscroft Care Home we rated safe as requires improvement. At this inspection we found the required improvements had been made and have rated the service as Good.

People told us that they felt safe. One person told us, "It's very nice here, I feel safe and well looked after." One person's relative told us, "We know [person] is so safe they all look after her so well, it's like a family."

Staff were knowledgeable about safeguarding procedures and how to report their concerns internally and externally to local safeguarding authorities. Staff told us they had training in safeguarding and they understood the importance of reporting their concerns. Staff were aware they could report their concerns anonymously using whistleblowing procedures if they were concerned about poor care placing people at risk of harm. One staff member told us, "I report any bruising or anything out of the ordinary. I know I can report to CQC or the local authority. I learned a lot about safeguarding when I did my level two training." On the day of the inspection we saw care staff promptly report to nursing staff where one person had sustained a skin tear and a second person sustained a mark to their ear. Both were reported appropriately, and when we later spoke with the registered manager we found appropriate actions had been taken.

Risks to people`s health and well-being were identified and effectively managed by staff. Staff had developed comprehensive risk management plans for each identified risk to a person. Staff were able to access these risk assessments and corresponding care plans quickly each and every time they provided care and support to a person by using their hand held electronic care planning devices. These electronic care plans had been newly introduced and allowed staff to have real time access to people's risk records ensuring the care they provided was current to their needs. As a failsafe, the devices also alerted staff to time specific care that people required, for example when a person required repositioning, or required a time critical medicine. Staff were able to tell us who was at risk of falls or other risks and how these were managed. For example, we heard about a person who has previously had falls regularly. Following a review of the risk management plan further measures were introduced including the use of a sensor mat to alert staff every time the person stood up. This person had not sustained a fall for a significant period of time following this intervention. Staff also used discreet decorations on people`s bedroom doors which alerted staff but not others, people who were at risk of falls. We found that other areas of risk were equally well responded to, for example people at risk of developing pressure wounds had the appropriate equipment in place and were positioned in bed frequently.

People told us there were enough staff to support them when needed. One person said, "I think we have enough to look after us, we are never rushed and there's always one around if I call." The registered manager had staggered the times people were woken in the morning and when breakfast was served, having two periods when this was done. This allowed staff to spend more meaningful time assisting people, and providing care to them in an unhurried way. Staff spoken with told us this had helped with pressures they had previously experienced when people all wanted to get up at the same time. One staff member said, "We have two staff in the morning to start early at 7am because more people want to get up that time." A second staff member said, "I think we have enough staff. We can answer the bells in time and get people up when

they want."

Staff employed to support people were generally recruited following a robust procedure. Three newly employed recruitment files were checked and two of these contained the appropriate pre-employment checks completed before staff commenced working at the service. These included completing an application form where gaps in employment history were explored; a criminal records check, identification checks and right to work, and a minimum of two references were obtained. This helped ensure that staff who were employed were of good character and fit for the role for which they were employed. However one staff recruitment file had gaps in the employment history that had not been explored at interview and provided only one reference. We spoke with the provider who took immediate action to rectify this and reviewed their recruitment processes.

People's medicines were managed safely. Staff had been trained in the safe administration of medicines and had their competencies checked regularly. There was a robust system in place for the safe ordering, storage administration and disposal of medicines. There were 'as required' (PRN) protocols in place. This was for when people required medicines for example to control pain on an as and when required basis. Medicine administration records (MAR) were generally completed correctly and people received their medicines regularly and in accordance with the prescriber's instructions. Regular audits were completed to help ensure the correct process for the safe administration of medicines was being followed and to identify any potential areas for development. However, staff had not always signed the MAR but had 'dotted' the entry. Although we confirmed people had received their medicine, the daily audits had not identified this as an issue. When discussed with the registered manager and provider, actions were taken with staff to address this issue.

Staff had received training in fire safety and fire procedures were able to describe to us how they would ensure people were evacuated safely in case of a fire. Every person had a personal emergency evacuation plan (PEEP) which gave staff a quick and accurate overview of how and what equipment was to be used for each person in case evacuation was needed. Staff were aware of how to evacuate people, and fire safety in the home was supported by a comprehensive fire risk assessment and regular fire safety checks and drills.

We checked the storage arrangements for people using oxygen and found staff managed this safely. Oxygen was stored in an appropriate area outside of the building when not in use, and staff were aware of how to safely secure the cylinders when in use in the building. The provider had a policy in place however this was part of their medicine administration policy. They told us they would develop this further to ensure this was fully in line with the requirements of the Health and Safety at Work Act. Shortly after the inspection the provided us with an updated copy of this policy which was more robust. There were notices placed appropriately to warn people about oxygen being in use as well as staff were knowledgeable of what precautions they had to take when dealing with this. They told us that heat sources or naked flames should not be near the oxygen as well as that cylinders had to be stored appropriately. One staff member said, "With the oxygen we need to be careful not to be near heat or flames and not to knock it over. We always check if it is ok."

Infection control measures were in place to reduce the risk of cross infection. There were cleaning schedules in place, which included deep cleaning of people's rooms and communal areas as well as daily cleaning. The home was well presented; it was clean with no mal odours. Infection control audits were in place and staff were aware of how to reduce the risk of cross infection and were observed to use personal protective equipment (PPE) such as aprons and gloves while supporting people with personal care. One person told us, "Is it clean here, I could eat my dinner off that floor it is that clean. The staff as well are well turned out and have clean hands and fingernails, clean fingernails is very important." We saw that in January 2018

Cooperscroft Care Home was awarded a rating of 'Excellent' by the local authority for the management of infection control procedures in the home.

Good

Is the service effective?

Our findings

People and relatives told us staff were sufficiently trained to support their needs. One person said, "They definitely have the right training, some of the people here are really quite poorly and the staff all know how they need to be to support them. I have never been concerned about their competence."

Staff told us they were supported through regular supervision, and an annual appraisal. Staff told us that since the end of last year there had been an emphasis on training and now there were regular face to face training sessions held at the home covering various topics. Staff said that, due to this improved training, newly employed staff were better trained. One staff member told us, "Since the end of last year there is a new focus on training. New staff have more time to learn and shadow a more experienced staff member, and this is very good." One staff member said, "The training is so much better since the end of last year. I recently had dementia training and safeguarding." A training plan was in place that showed staff had attended training in a range of areas including safeguarding adults from abuse, administration of medicines and moving and handling. Additional support was provided in areas such as end of life care which staff told us was provided by a local hospice. The deputy manager had identified the practices used in wound care were not best practice, and nursing staff knowledge was not current, particularly in relation to current products in the market. They organised a training day and invited a tissue viability nurse to provide training, along with representatives from wound care product companies. Staff fed back they felt the day had been a success and gave them increased confidence to challenge GP's to provide the appropriate dressing, and ensure people were on the correct wound care pathway.

We observed staff asking for people`s consent before they carried out any aspect of the care and support people needed. We saw that people's consent had been recorded within their support plans and related to all aspects of their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had good knowledge of the principles of the MCA and gave us examples of how they ensured they applied this in their day-to-day work. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They knew how and when to make an application to deprive a person of their liberty, to ensure they were kept safe and we saw documentation was in place to confirm they had followed the correct process.

People told us they enjoyed the food provided at Cooperscroft Care Home. One person said, "The food is very good and you can get anything you want really, there's always a nice selection." A second person said, "It's like restaurant standard food, I can have room service, change what I am having and have extra of anything I want."

People had a choice of food and were assisted to eat and drink sufficient amounts to maintain their health and wellbeing. We saw that people ate and drank at times that suited them. Meal times were pleasant and provided people with the opportunity to socialise. Dining areas were appropriately designed with tables nicely laid out with condiments on the table, glasses and cutlery. This was particularly effective for people who lived with dementia as it gave them a visual prompt that the room was the dining room where their meals were served. People had their breakfast when they chose to get up and lunch was an unrushed and sociable event. People were seen to have regular snacks during the day. If staff had any concerns about people's food or hydration this was monitored through robust recording.

Staff regularly monitored people`s weight and where they identified a weight loss people were seen by the GP or dietitian. People who had specific dietary needs, such as diabetic diets, or difficulties swallowing, were provided with an appropriate diet. For example, soft or pureed diets for those people at risk of choking.

People were supported to access a range of healthcare professionals. People told us that their day-to-day health needs were met and they had access to health and social care professionals when necessary. A regular GP surgery was held in the home, along with visiting health professionals such as dietitians, speech and language therapists, mental health professionals and physiotherapists.

Cooperscroft Care Home is a specially designed care home. Corridors and access to bedrooms was sufficient to ensure staff and people can walk around and work safely. Bathrooms, ensuite shower rooms and access to the home and bedroom is fully accessible. Communal areas were spacious and with numerous areas for people to spend time either with their visitors or socialising with other people. However, more work was needed to ensure there was more appropriate signage and reminiscence items around for people who lived with dementia. We were told that redecoration was planned and an external professional had already visited the service and provided their recommendations particularly in relation to meeting the needs of people with dementia. Works were expected to start shortly.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were extremely caring, kind, and sensitive in their approach which was evident throughout the inspection. One person said, "It's a very nice home. The staff are very friendly and you can ask them anything – I've got no problems here, it's a lovely home and I would recommend it to anybody, I give it as near to 10 out of 10 as possible." Another person said, "It's a lovely home, they can't do enough for you – the staff are always friendly, and they have time to come in and chat with me – all the staff are good and look after me very well."

People told us that staff had developed kind, positive and compassionate relationships based on mutual respect with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. We observed staff interacting with people on a one to one level. This helped provide a calm, warm and sociable feel to the home.

People appeared well-groomed and presentable throughout the day. Staff ensured people had clean clothes on and their nails and hair was well kempt. Staff were quick to respond to people where they required assistance with their personal care. Throughout the inspection we saw that staff were sensitive and thoughtful of people's privacy and dignity when providing care and assistance to them. When staff did assist people they did so in their rooms, with the doors closed, and spoke in hushed voices so they were not overheard. One person said, "I find I am very comfortable with the care they give me, they know what I can do myself and where I need help. When they do help me then I find they are very respectful of my dignity."

People and their relatives were generally positive about the care and support people received. People were involved in discussions and decisions around their care and their decisions were respected by staff. Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. They told us that staff often stopped to help people do little things which they felt helped people remain happy and content.

However, we were also told that at times staff could be less person centred in their approach, and the consistency around attending to little things was not always followed. For example, one person's relative told us, "I come in everyday to visit [Person], they would do the same for me, we've been friends for 50 years." This person's relative went on to say, "I'm concerned that staff are not providing enough care, I've noticed [Persons] head is at an awkward angle and I've just gone back to their room to get a cushion so that I can prop it up a little, I'm going to try to get them to have a drink then." Another relative said, "[Staff member] just stands around saying and doing nothing, [Staff member] was the same yesterday, I have no idea what [Staff member] does, but they don't speak to me, just stands there, or in the corridor". A third person said, "I have to have two carers to hoist me and position me into bed, and the agency carers just don't know how to help me properly as they don't know me. I have to be turned at night and the agency carers come in and switch all the lights on, which is not needed."

People were encouraged to maintain relationships with their loved ones. Visitors to the home and relatives told us they were always made to feel welcome. People told us there were no restrictions in the home and

they could have visitors or go out any time they wished. People told us they were encouraged to be independent. One person told us, "I have several visitors through the week and they are always welcomed by the staff. We can go where we like any time and they can spend as long as they want, if needed they [Staff] will always get them something to eat as well which is nice. It feels as close to home as it could."

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Outstanding ☆

Is the service responsive?

Our findings

People consistently told us they felt their opinions mattered. Staff had an in depth knowledge of what was important to each person and spoke with pride and enthusiasm about the people they cared for. Staff, led by the management team, continuously looked for ways to improve the care and support they provided to and celebrated people's achievements. This meant that people had positive experiences and fulfilling lives in Cooperscroft Care Home. One person told us, "I am very happy here." Another person said, "I'm well looked after; food, warmth, laundry; everything I want I have."

Care plans were specific to people and described them as individuals. These provided staff with key information about how to respond to people's individual needs. Care plans were reviewed on a regular basis with people and updated as and when their needs changed. Some people`s rooms had notes put on bedroom doors for staff. For example, "Please remember I like to sleep in later in the morning. Please try not to disturb me" and "Please be as quiet as possible during the night." As a result staff were very knowledgeable about the things that mattered to people and people told us staff always respected their preferences which made them feel valued and happy.

All staff put people at the heart of everything they did. One person told us, "The carers treat you like an individual and don't assume we are all the same. I am a diabetic and the head chef has been wonderful in modifying all my meals to suit my diabetic diet. I really feel I am treated like an individual and very well looked after here." Another person said, "The chef provides me with things I never thought I would be able to eat as I have [special diet]. [Chef] also taught me about what I can and can`t eat when I go out for dinner so I know what I can choose from the menu."

Activity staff we spoke with were enthusiastic and passionate, and demonstrated a good understanding of how important it was for people living in the home to continue to live their life the way they wanted. This was clearly evident from our observations across the home and we found all people living at Cooperscroft Care Home had been supported to maintain their interests and live their life as they wished.

Staff were committed to ensuring that people's social needs were met to help them avoid isolation. People we spoke with told us the activity helped them feel connected to the home and less lonely. One person said, "Some of us will get involved in most things, some not so, but there is always something going on and it's good to have things to do to keep my mind active and to feel less alone." A second person said, "I enjoy the trips out, especially when we went to the pub, and they are not just one oaf's, the staff are always looking at ways of getting us out and about." There were a range of planned activities within the home, based upon people's preferences and also based on improving people's physical and mental wellbeing. For example, the home had recently commenced a program of personalised support to enable care home staff to deliver high quality exercise, activity classes & days out. This complimented the activities already taking place within the home such as film nights, specially themed evenings and games and discussions. One person's relative said, "There is a lively atmosphere here, always some singing, laughing or tom foolery going on somewhere. In all honesty they [people] enjoy a better social life than I do."

Staff ensured that all people were provided were suitable activities and engagement, including people who could not take part in group activities or outings. For example, we observed staff support a person to use their headphones in bed. This person had previously appeared lethargic and uninterested in what was going on, but staff noticed this and once they found the headphones and correct music, we saw this person visibly enjoyed the music they were listening to and significantly became more engaged and brighter. Activity staff also organised visits with a variety of animals, photos showed people patting and stroking these and clearly looked fascinated and happy.

Staff had recently organised a group of children to visit the home and to socialise with older people. We were told by activity staff that the interaction between people and children had brought about a vibrancy to the home, and that people who often found it difficult to engage, enjoyed speaking to and joining in with the children's activities how this was a positive influence for them.

We found many examples of the support staff had provided to people having a significant impact on their lives. For example, staff told us about one person who had lost their eyesight and lost their confidence so withdrew to their bedroom before moving to the home. This person was also deaf which made communicating difficult with care staff, and left the person at times distressed. Staff arranged with a local provider a series of deaf awareness training sessions and following this the home purchased a specialised hearing device which reduced background noise and improved speech clarity. They trialled this successfully with the person and following this the family immediately purchased a device for the person's own use. Since then the family visited more frequently as they were able to spend quality time and have meaningful conversations. Care staff said they were able to interact in a more positive manner and told us they were subsequently able to discover this person's personality. This person previously loved classical music and was now able to enjoy this once again. Being less fearful due to their sensory impairment had also enabled them to become more sociable and live a more positive, inclusive life.

Another person lived with dementia which at times left them in a distressed and confused state. They also experienced hearing difficulties but refused to wear a hearing aid, therefore communication at times was difficult. This exacerbated this person's frustration. Staff supported this person to attend the weekly memory café with their relative. When this person started they were unable to recall their name. However; through constantly using themes of reminiscence and prompting each person to introduce themselves at the start of the session, this person's memory and overall wellbeing had improved. This had led this person to recall their name, personality and remember their marriage and important people from their life, which previously they had been unable to. Staff told us these sessions had also enabled the person to calm and recall songs that they contently sing along to, and although they still refused to wear their hearing aid, connecting with other people had clearly had a positive impact on the persons daily life.

We found consistently across the home staff continued to focus on people's individual needs to improve their wellbeing. On another unit in the home lived a person with a number of complex conditions including mental health needs and reduced mobility. Staff knew that if they supported the persons mobility then their mental health would improve. Staff supported the person with regular exercises, which slowly improved the person's mobility. This enabled them to be able to walk to the communal areas and enjoy a cup of coffee and read the paper with other people. Over time as their conditions improved, this person was then able to join in with gardening activity and continue to socialise with other people. This person felt that not only their mental health had greatly improved but with the social interactions felt that they were a valued member of the home.

People receiving end of life care and their families were treated with exceptional care and compassion. The service had strong links with a local hospice who had provided training and support for staff to provide high

quality care for people nearing the end of their lives. Staff received training and achieved end of life champion qualifications. This meant that the service focused on quality standards and offered a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were devised with people and their relatives. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. People's spiritual and religious needs were also documented and respected. Staff and the management team attended funerals and this was greatly appreciated by families. Compliments that relatives had sent in following the loss of their loved one showed how much it meant to them that people received exceptional care and support in their final days.

One relative wrote to us, "[Person] was fortunate to be able to remain at the home for their end of life care; the level of care they received during this period was absolutely outstanding. [Person] was treated with dignity and respect, monitored regularly, kept clean, comfortable, and turned every two hours to avoid sores and their mouth was continually swabbed with water to moisten their lips and mouth. The level of support we also received as a family was excellent. I cannot thank them (staff) all enough for making us so comfortable at such a difficult time. The management staff and [person`s] doctor sat down with us and explained everything that would happen and we received constant reassurance and support from every member of staff in the home during [person`s] end of life care."

Care plans we reviewed had information staff needed in case people were nearing the end of their life. There were clear records if people had a DNACPR in place or they wished to be resuscitated. People or relatives where appropriate were involved in making decisions about future treatment and if they wanted to remain in the home or be admitted to hospital. Staff had developed local links to support staff understanding of end of life care and how to ensure when this time came people were supported to have a dignified and private end of life.

One relative told us, "The care [person] received at the end of their life will always remain with us and filled us with admiration. It was explained to us in a very caring and compassionate way that [person] was declining and was dying and we came that day and stayed overnight. The local vicar who had come to know our [relative] also visited that day and gave [person] and us communion and comfort. Every day we witnessed the care from all the staff which was second to none. Nothing was too much trouble and the end of life care plan and much more was strictly adhered to. [Person] was never left alone, day and night. Often when we arrived in the morning [name of staff member] would be sitting with [person] doing her paperwork there instead of the office. The vicar visited several further times and at the end we ourselves felt cared for also. Everyone was compassionate and loving towards us and we were given lunch every day and when we stayed overnight beds were made up for us. We arranged to have our [relative`s] funeral local to us and were delighted that the local vicar [who was visiting the home], agreed to oversee the service. We were even more delighted that both [management team members] were able to adapt the rotas and attend."

All the people and relatives we spoke with told us they would recommend Cooperscroft Care Home to others. One person told us, "Overall, take away some of the grumbles and it's a lovely home, staffed by genuine people. It's not like being at home, nothing could be but if I needed to be anywhere else in my later years then it would be here, it was certainly the best of the bunch I looked at. I would happily recommend people come and give it a try."

Complaints that were received were recorded, investigated and responded to appropriately. People we spoke with told us they felt comfortable to approach the registered manager and staff to raise a concern. One person said, "I know who the manager is but I have never need to raise any issues with them, I speak with the staff and they always get things resolved." A second person said, "I have met [Registered manager]

and raised my own personal concerns with them, I'm not going to say what those were, but I can assure you I was very happy with how they dealt with it."

People told us there were regular meetings organised where they could speak up and told us they felt their views and opinions were listened to. We saw that in addition to the usual meetings to discuss household matters, plan activities and seek feedback, the registered manager had introduced a separate food meeting. They had found that by separating the two meetings following feedback from people, they were able to focus in more depth on the comments people made. People's relatives told us they were pleased with the care and support their relative received and they felt able to discuss any concerns they had with staff. One relative told us, "All I can say is the staff, managers, reception staff, in fact everyone is just open and honest with me and that's all I can ask for."

Good

Is the service well-led?

Our findings

People told us home was managed well. One person said, "We've been to other homes but this is the best, it is a friendly home, with nice people and happy staff which is so important. [Registered manager] is always around, and approachable." A second person said, "There isn't just the home manager but others who are present whenever I need them, it's reassuring to have strong management that is also friendly."

Staff told us they felt valued by the registered manager. They said that they were supported to share concerns with the managers and felt that their views were valued and helped improve the service. Staff had clear roles, accountability and responsibilities.

The registered manager promoted a positive, transparent and inclusive culture within the service. They involved people in discussions about all aspects of the service and sought the feedback of people, their relatives, staff and external health professionals. They had recently completed a staff survey. During this process, staff were able to freely talk about their role and what worked well and how issues relating to the team needed to improve. This had been a positive piece of work, and had set key corporate objectives for how to develop the support given to staff. The results showed that staff felt having happy and safe and that staff felt effective teamwork was important to carry out their role effectively. One staff member said, "The culture of the home has not always been open, there have been things going on behind the scenes that made it stressful. But over the past few months I can honestly say things are better. The company want to hear our views and are now willing to change things to suit us."

There were various meetings organised at all levels. These included residents, relatives and staff meetings. These meetings gave people an opportunity to give feedback on the service and contribute to the running of the home. In addition to these were the home managers meetings where usual reviews of key performance were discussed, however there was also a strong commitment to look at developing the home managers further.

Weekly bulletins were sent to all staff that reported on achievements, various highlights from the previous month and celebrated successes. The provider had recently launched an engagement forum which enabled staff members from each of the providers homes to meet once a month. They could then discuss their ideas and thoughts with the regional manager in areas such as engagement, retention, culture and continuous improvements.

There were robust and effective systems in place to assess monitor and review the quality of service provided. Governance audits were effective in identifying issues or concerns and these were solved promptly. We found that incidents and accidents were effectively recorded and reviewed by the manager to ensure that measures were implemented to reduce the likelihood of reoccurrence. However, we spoke with the provider on the day of the inspection and showed them where incidents within the home were not always handed over to management for investigation. This meant that learning from incidents and mitigating the risk of recurrence may not be as robust as it could have been. During the inspection, the registered manager made amendments to the daily handovers to ensure these areas were captured and

discussed.

The registered manager and the provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. The registered manager demonstrated a very good understanding of people`s needs and they were very passionate about delivering a high-quality service. They were supported by the provider who made the resources available to achieve good outcomes for people.

Statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.