

Mannacom Limited

Copperfield

Inspection report

94 Liscard Road
Wallasey
Merseyside
CH44 8AB

Tel: 01516910438

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Copperfield is a residential care service that provides accommodation and support for a maximum of 11 adults with mental health needs. It accommodates people across two floors, each of which has separate facilities. At the time of our inspection, there were 11 people living at the service.

People's experience of using this service and what we found

People using this service benefitted from a caring service. We received positive feedback on how staff supported and cared for people. People considered Copperfield as "their own home."

People and their relatives had confidence in the staff who took care of them. People received care from long standing members of staff who had developed genuine relationships with the people they supported. Staff were kind and caring and knew the individual needs, routines and preferences of the people they supported well.

People were supported in a way that allowed them maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

People participated in activities and pastimes which were meaningful to them, both in the local and wider community. Staff took the time to get to know what people enjoyed doing and supported people to engage in individualised activities and pastimes.

People were treated with dignity and respect. Staff provided support where required but took care to both encourage and maintain people's independence.

Regular checks and audits were carried out to determine the quality and safety of the environment. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

People's protected characteristics, such as gender, cultural and spiritual needs were both valued and respected.

Staff were supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they were caring for.

Feedback about the management of the home from people, their relatives and staff was positive.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture within the service.

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

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published April 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Copperfield

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.'

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the registered manager, deputy manager, a support worker and a domestic staff member.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care and support at Copperfield was safe. People told us, "Yes, it's completely safe here." A relative told us, "I do think it's a safe environment for [person]."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Systems were in place for checking the safety of the environment and equipment.
- A fire risk assessment of the building was in place and regular fire safety checks were undertaken.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place that provided staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support.
- People received care and support from staff who were familiar with their needs and routines. Any absences were covered by permanent members of staff which helped to ensure continuity of care and support.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were stored and managed safely. Medication was administered by staff who were trained and competent to do so. Daily counts of medication were undertaken which helped to reduce the risk of medication errors.
- Peoples independence to manage their own medicines was maintained if safe to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- The service was clean and well maintained.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Records were individualised and contained details of people's preferred routines and preferences. People were involved in setting their own goals and aspirations.
- Daily notes were recorded by staff which detailed any support and intervention carried out. People's care records were reviewed with the person, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. Staff were supported through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people.
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further.

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

- People were positive about the food and told us they had choice. Although staff usually prepared food and drinks, there was access to the kitchen for people to help themselves if they preferred. People had direct input in planning the menus and so enjoyed nutritious foods which were familiar to them.
- Support plans contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

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

- People received the care and support they needed and were referred to external healthcare professionals where appropriate.
- People were weighed on a regular basis to help ensure they were not gaining or losing weight inappropriately.
- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

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

- Each person had their own room and were able to personalise their room to their own taste.

Ensuring consent to care and treatment in line with law and guidance

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's consent to support documented in their support files. Staff asked and explained to people before giving care and support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's communication needs were recorded in their support plan.
- Staff took every opportunity to ensure people were supported to make decisions and choices about their care. There were no set routines at the service. People were given the autonomy and independence to live their lives. People were completely involved in their care and support.
- People were given the opportunity to express their views and opinions through regular meetings. Menu choices had been discussed at one such meeting and changes had been implemented based on people's feedback. This meant people had a say in the running of the service.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

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

- Many staff were long standing employees of the service and knew people's needs and routines exceptionally well. It was evident that staff cared about the people they supported and had developed strong relationships both with them and their relatives. One member of staff told us, "We make it like a home here, we are like one big family."
- Our observations showed people displayed positive signs of well-being. Everyone we spoke with told us how they considered Copperfield as their home. People told us, "I feel at home here and I am happy with the staff and my room, I am able to make my own choices every day" and "This is my home, it gives me stability."
- People and their relatives told us they were satisfied with the care they received. People told us, "There are very accommodating staff here who are caring and knowledgeable" and "They [staff] are kind and caring." Comments from relatives included, "Staff are lovely" and "Staff are knowledgeable and experienced about people's individual needs."
- People's human rights were upheld. People's personal relationships, sexuality, cultural and spiritual needs were valued and respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Where assistance was required, staff were considerate and offered support in a dignified manner.
- Staff took the time to maintain people's independence at every opportunity. One member of staff told us, "We help people gain the confidence to do the things they want to do, independently."
- People's right to privacy and confidentiality was respected. People were treated with dignity, respect and

as individuals. One person told us, "I am treated with respect here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged and supported people to engage in activities which were individualised and meaningful to them.
- Staff told us about how they had supported people to develop enough confidence to participate in activities in the wider community independently.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support from staff who were familiar to them. This helped to ensure consistency and continuity wherever possible.
- Support plans contained information about people's preferences in relation to their support and treatment. Staff used this knowledge to care and support people in the way they preferred.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.
- People were fully involved in making decisions and choices and to have as much independence as possible.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their care plan.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection the service had not received any complaints. People told us they knew how to raise any concerns if needed. One person told us, "I can give my opinion here, I know the manager and would feel comfortable to make a complaint if I had to."
- People were reminded of the complaints process during resident meetings.
- The registered manager analysed any complaints received and used them as opportunities to further improve the service.

End of life care and support

- At the time of our inspection there was nobody being supported with end of life care.
- Some records we looked at did not contain details of people's end of life wishes. We spoke to the deputy manager about this who told us that some people did not wish to discuss, but that for people who felt comfortable to talk about end of life care, their wishes were recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was supporting people to live the life they wanted to live. Support was person centred and focused on ensuring people received support that met their needs and preferences. This helped people to realise their full potential.
- The service had an effective system to monitor the safety and quality of the service. For example, any incidents were analysed to establish patterns. Measures were put in place to help stop incidents reoccurring.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

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

- People were empowered to put their opinions and views forward. This included regular meetings and daily interaction with them to assess their well-being and ongoing support needs.
- In addition to an open-door policy, the registered manager also held resident and relative meetings as an additional way of obtaining people's feedback. A relative told us, "The home is run well and I feel I can approach the manager and staff at any time."
- The registered manager held regular staff meetings. They encouraged good communication between staff. A lessons learnt culture was promoted and any past incidents were discussed to prevent reoccurrence.
- Staff told us they felt comfortable to raise any issues or suggestions they had, not just at meetings but at any time. Staff spoke positively about the manager, one told us, "The manager is always there to provide support."

Continuous learning and improving care

- The registered manager and provider team met regularly, during these meetings shared learning was encouraged which helped drive forward improvements in the standard of care and support.
- Through the supervision process, the registered manager identified any areas in which staff wished to develop. Measures were then put into place to enable staff to further develop their skills.
- The registered manager was continually reviewing and learning where possible. Future developments included plans to organise social events with people living at the provider's other services to encourage and promote socialisation.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and

social care professionals and community groups.

- The registered manager attended external support groups with other managers from local services. This provided an opportunity to exchange good practice, which helped to drive quality improvement within Copperfield.

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

- The registered manager promoted transparency and honesty in the running of the service, and was well respected by people, relatives and staff alike. They were described as being, "approachable" and "supportive."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team held regular meetings and discussed any accidents and incidents and ways of further improving the standards of care.
- The registered manager submitted any required notifications to CQC in a timely way.