

Copper Beech Homecare Ltd

Copper Beech Homecare Ltd

Inspection report

6a Parsons Street
Blyth
NE24 1BN

Tel: 01670432120

Date of inspection visit:

09 September 2019

10 September 2019

11 September 2019

12 September 2019

13 September 2019

Date of publication:

18 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The service is a domiciliary care agency which provides personal care to people living in their own homes throughout Northumberland. At the time of this inspection there were 40 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Although there had been improvements in the service, shortfalls remained in the leadership and management of the service which impacted on the service people received. Quality assurance checks had not been effective enough to fully identify and address concerns, to drive all the necessary improvements forward.

Some policies and procedures continued to be inconsistently followed by staff. Consequently, there were aspects of the service which remained non-compliant with regulations and exposed people to the risk of harm.

The service was not entirely safe. Specific risks to people's health, safety and welfare had not always been fully assessed. Some risks were not recorded, meaning people were not always fully protected from harm. Medicines were not managed in line with best practice guidance.

Staff were not always inducted and trained appropriately. Senior staff had not always properly supervised or checked staff to ensure they had the skills and competence to carry out their role.

Better systems were in place to identify, monitor, record and report matters which may be a safeguarding issue. Safeguarding matters were now being reported as necessary to the relevant authorities.

A safer staff recruitment process was in place, however on occasions there was a failure to ensure suitable references were sought. There were enough staff to operate the service.

Formal consent to care and treatment had been obtained. Relatives who had the legal right to make decisions, were involved in how care was delivered. However, records around consent were not always clear and robust.

There was an improvement to the provider's response to complaints, however staff were inconsistent with implementing the correct procedures which meant record keeping in this area required more improvement.

Person-centred care planning was still not fully embedded into the service. Care plans and risk assessments

were inconsistently completed. Some records were vague, whilst others contained in-depth personal details to ensure care workers could look after a person in line with their needs, preferences, wishes and choices.

People told us their privacy and dignity were respected, and their care workers were caring and friendly.

We have identified three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 7 May 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to safe care, staffing and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Copper Beech Homecare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day. It predominantly provides a service to older adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 September 2019 and ended on 13 September 2019. We visited the office location on 9 and 10 September 2019.

What we did before the inspection

We reviewed information we already held about the service, including information from the service's action plan. We sought feedback from the local authority who commission services and from the local authority

safeguarding team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with four members of senior staff including the managing director, registered manager, human resources manager and new care manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested some additional evidence to be sent to us. The information was received and used as part of our inspection.

We emailed all care staff for their feedback and to ask questions about their skills and knowledge. We received four responses. We also asked three social workers/care managers who worked in partnership with the service for their feedback about the service. We received one response.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12, entitled Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments and care plans had been improved, but they were not always clear, accurate and up to date. Specific risks which individuals faced were still not always recorded. The provider and registered manager could not be assured that staff had all the information they needed to reduce risks as much as possible. For example, in relation to specific conditions such as high blood pressure or kidney failure.
- Medicine support plans and risk assessments were not detailed enough. The provider and registered manager had not fully implemented best practice guidance in relation to safely managing medicines in the community.
- There were no protocols in place for people with high risk medicines. Records did not show what the medicines were for, potential side effects and the risks which staff should be aware of.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12, entitled Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were in place to fully protect people from harm or abuse. This was a breach of regulation 13, entitled Safeguarding people from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safeguarded from the risk of abuse. An improvement had been made to the system in place

to identify, monitor, record and report matters which could potentially be a safeguarding issue.

- Incidents of this nature had been investigated, managed well and reported to the relevant external agencies.
- Overall people and relatives told us the service was safe. One person said, "Very much so (safe), they help me shower me in the morning." A relative said, "Totally safe with them as they tend to keep the carers constant."

Staffing and recruitment

At our last inspection the provider had failed to ensure a safe and robust recruitment process was in place. This was a breach of regulation 19, entitled Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There had been a significant improvement in staff recruitment. Following a thorough audit of staff files, the provider carried out retrospective work to ensure all employees were of good character.
- New systems and processes had been developed to ensure future new recruits would be robustly checked and vetted prior to commencing their duties. A relative said, "I think when they first started they did some changes to who they were employing. I think it is better people now."
- There were enough staff employed to operate the service. Plans were in place to recruit new staff to allow the service to grow. One person said, "A while ago they were not turning up. This hasn't happened in a while, it has improved, I think there have been management changes."

Preventing and controlling infection

- Staff used disposable gloves and aprons when assisting people with personal care. People and relatives confirmed this. This meant any risks of spreading bacteria and viruses were minimised.

Learning lessons when things go wrong

- Important lessons had been learned following the last inspection. The provider had taken proactive measures which had led to an improvement in the service overall.
- When things had gone wrong with the daily service, the care manager had carried out a 'lessons learned' session with staff. This helped them to highlight to staff how reoccurrences could be avoided in future. The number of incidents and errors had reduced in the last six months.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were always properly inducted, trained or supervised to ensure they were skilled and competent. This was a breach of regulation 18, entitled Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff training continued to be overdue or missing. The provider and registered manager could not be assured that all staff were appropriately trained to carry out their role. For example, care workers were not trained or overdue training in manual handling, safeguarding and health and safety.
- Routine spot checks had not been carried out with all staff. Some staff had not been spot checked at all. Some of these staff were those whose training was not up to date or missing.
- Newer staff had not always completed a robust induction such as the 'Care Certificate' within the nationally agreed timescale. This meant they were working unsupervised without senior staff being assured of their skills and competence.
- Staff supervisions and appraisals were not always up to date. The supervisions process was vague with little emphasis on checking staff skills, knowledge and competence. However, the care manager had developed an improved version to use in future.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 18, entitled Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had received training and support. One member of care staff said, "I have completed all my online training and I am doing an extra medication course. I do feel comfortable with administration of medication. Support from office staff is good."
- People and relatives were satisfied with how their care workers looked after them. One person said, "I feel I am getting my best care I can get. They don't just put anyone in for me, they have to know the structure and I get introduced and I train them my way." A relative said, "Not had issues, they are well presented, all I have seen quite is alright." A member of care staff told us, "It seems to have much improved, I feel more

supported now and get much better training."

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

At our last inspection the provider had failed to ensure consent was sought in line with the law. This was a breach of regulation 11, entitled Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider and registered manager had ensured that all people were reviewed in terms of their capacity to consent to their care. Mental capacity assessments and best interest decisions were now in place for those people who lacked the capacity to make important decisions.
- Senior staff demonstrated a better understanding of the MCA and how to apply the principles to care in the community. Relatives with the legal right to make decisions on people's behalf were involved in care planning and the appropriate evidence was sought.
- Consent had been sought from those people who could make their own decisions. This was evidenced through their involvement in care planning and providing personal information for the care staff. However, the records were not always signed by people to reflect this.

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

- People's needs had been reassessed. Records of their physical, mental and social care needs had improved to enable care staff to deliver care more effectively. However, there were still some shortfalls in individual assessments which the care manager addressed.
- Best practice guidance was not fully implemented into the service. There were improvements since the last inspection, but there was still more work to do in terms of medicine management and staff training.
- People had experienced positive outcomes. For example, one person had built up a trusting relationship with a care worker which had enabled them to access the outdoors and enjoy walks in their community. A relative was able to take a holiday because they now felt reassured that their family member was being well looked after.

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

- The service had improved their ability to support people to live healthier lives and access additional healthcare support. A more joined-up approach between Copper Beech and external services had been adopted. Staff monitored people's healthcare needs, and senior staff were more proactive to involve

external professionals such as social workers, occupational therapists and GP's. A relative told us, "We have a hoist now, they know what they are doing. The occupational therapist came to see how (family member) was transferred and they were happy with the carers."

- The care manager had received positive feedback from social workers whose clients had received a more consistent and effective service.

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

- Staff monitored people's nutritional and hydration needs, and action was taken if concerns were raised. Most people were independent, but where required staff supported people to eat and drink well.
- Advice and guidance from external professionals where people were at risk of malnutrition or dehydration was added to care plans and risk assessments. One relative told us, "They make her meals she had a diet plan in place. For every meal she has a couple of choices."

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider, registered manager, care manager and staff had put a lot of effort into improving the service for people, ensuring they were treated well.
- People and relatives gave good feedback about the staff and the service. They positively described the caring values of the staff. People said staff were friendly and kind. One person said, "Yes (care workers) are very nice indeed, they have time for me." A relative told us, "Definitely (caring) because some go overboard and pamper (family member) and some come in and love her to bits."
- Records were not good at reflecting a person-centred service, but staff delivered person-centred care. A member of care staff said, "I personally think I provide the type of care I would want to receive. I try to make it person-centred too."
- People and relatives told us that staff knew people well and respected their wishes and choices. One person said, "Yes they ask if I want anything done and they do it." A relative said, "Carers say we're just going to do this or that, and (family member) says okay. If she doesn't fancy a shower she will say 'chair' and she doesn't have shower."
- An equality and diversity policy was in place and training was available to staff to ensure they treated people with respect regardless of their sex, age, disability or beliefs. Staff promoted people's rights and ensured they were not discriminated against in any way.

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

- Staff supported people to be involved in and make decisions about their care. Staff listened to people's views and strived to deliver care the way people wanted it. A member of care staff said, "We meet with (people) and draw up a care plan involving family, friends and the different services that are appropriate to them and their care."
- Staff helped people to obtain the information they needed to make an informed choice. This included signposting people and relatives to external services to get advice and guidance, such as from an independent advocate, care managers or healthcare professionals.

Respecting and promoting people's privacy, dignity and independence

- People received a more consistent service from staff they knew and understood their needs. Staff encouraged people to regain or maintain their independence. A relative told us, "Staff make suggestions, you could do this or that to keep (family member) mobile."
- Staff were aware of the importance of confidentiality and maintaining people's privacy. One person said, "Carers have never talked to me about other clients." A member of care staff said, "I always respect the

individual's dignity, preferences and wishes."

- Staff offered sensitive and respectful support which protected people's dignity. They provided discreet support as needed. One person said, "Yes very much so I have my dignity." A relative said, "Yes, curtains are shut, and they put a towel over her when getting washed. They close the doors in the bathroom and especially when my male relative is 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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.

- The registered manager and senior staff were not aware of the legal requirement to follow the Accessible Information Standard. They had not ensured people's communication preferences were identified, recorded and made known to staff and external professionals. For example, one person was partially sighted. Although there was a section in the care records about communication it did not state any requirements about information or communication. The provider told us this would be addressed urgently.

This was a continued breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure complaints were properly managed. This was a breach of regulation 16, entitled Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People and relatives knew how to make a complaint and told us they had spoken with senior staff to resolve issues. Most people and relatives felt assured senior staff would take their concerns seriously and act accordingly. One person said, "I would feel comfortable to complain, there is (senior staff). I could speak to anyone of them." However, one relative told us, "I have just been on the phone to Copper Beech and they said they are going to ring us back. I don't expect they will."
- There had been some complaints made about the service. We saw the response to complaints had improved, although at times, record keeping was still inconsistent. One person said, "One carer wouldn't do my jobs, she was told not to come in. (Senior staff) in the office sort out my problems for me."
- Any learning from the matters raised was shared with staff to improve their practices and the service people received.

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

- Assessments and care plans had been improved and were more person-centred, however they would have benefitted from being strengthened with further personal details. On some occasions, paperwork was vague and not as person-centred as other records. The care manager was addressing this.
- People had choice and control over their lives and the service they received. Where necessary, relatives supported people to share their views, which overall were listened to, and acted on by staff. One person said, "The new manager came about six weeks ago, a new chap. I had a friendly chat."
- Reviews of some people's care needs and their service were overdue. Care plans and risk assessments had not always been updated when things had changed. The records were not always reflective of the support people received. Staff who were unfamiliar with people's needs, may not have delivered the relevant care. One person said, "I had a fight for a month for a file, it was brought in a meeting and now they are doing it on the computer." A relative told us, "The last date of the initial assessment was 6th August 2018, they have not done a review since. It clearly states a review was due on 16th of June 2019, it has not been done."

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

- Care plans included people's social needs to help to reduce social isolation and encourage socialisation. The social care plans reflected people's preferences, interests and hobbies.
- Staff encouraged people who were at risk of becoming socially isolated to access the community and maintain contact with family and friends.
- Staff supported people to access social activities. Senior staff strived to match care workers with similar interests to ensure people were fully supported to pursue their interests and hobbies.

End of life care and support

- The provider was not currently supporting anyone at the end of their life. Staff training was available to staff when needed to assist them to deliver sensitive and compassionate care to people with terminal illnesses.
- People's resuscitation preferences were recorded, where people had chosen to share these.
- Initial assessments did not include people's end of life wishes. This would help staff to care for people when they were not able to express those wishes themselves.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure the service was appropriately governed. This was a breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The management and leadership of the service had improved but there were still shortfalls. The governance of the service continued to require improvement which meant the provider had continued to fail to meet all the regulatory requirements. Audits were being carried out and an action plan was being addressed, however we found this was not robust enough to identify and address all the necessary improvements to the service.
- The provider and registered manager had continued to fail to ensure that senior staff followed systems and processes to safely and effectively operate the service.
- Records related to the care people received, staffing and the management of the service were not always accurate, detailed enough and up to date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was governed well. This placed people at risk of harm. This was a continued breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new care manager in post, who had the skills, knowledge and experience to manage this service. They demonstrated understanding of their role. They were in the process of applying to the Commission to become the registered manager. A relative told us, "I think (care manager) is lovely, very professional, is there to do anything for you. Sorted loads of things out." A social worker said, "I think (care manager) has made a lot of improvements."
- The provider had agreed to a voluntary suspension of new clients with the local authority to reduce any further risk to people receiving care. They had been given opportunities to take on privately funded

customers but had decided against this. The registered manager said, "We recognised that we needed to concentrate on getting this right first and reduce the firefighting culture."

At our last inspection the provider had failed to meet their regulatory requirements by failing to notify the Commission of multiple incidents. This was a breach of regulation 18, entitled, Notification of other incidents, of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of registration regulation 18.

- The provider had improved their reporting system and notifications were being submitted to the Commission as necessary.

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

At our last inspection the provider had failed to promote a person-centred culture and had not always acted in a candid manner. This was a breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of these aspects of regulation 17.

- The provider, registered manager and staff had made a conscious effort to improve the service to ensure people received person-centred care. People, relatives and a social worker told us about the improvements they had seen in the service. One relative said, "Since (care manager) has been there, it has been improving immensely."
- The provider, registered manager and care manager were very mindful of creating and instilling a positive culture throughout the service. This had improved staff turnover, reliability and better organised visit schedules. In turn, this had helped people to achieve positive outcomes because they received a more personalised service from consistent care workers who knew them well. A social worker told us, "The service has been much better for my client. Staff are more consistent and reliable. The office let him know if carers are running late. It provides reassurance for him. He used to get quite upset about it."
- When things had gone wrong, the care manager or registered manager had addressed the matter in an open and honest manner. This included reporting matters to external agencies in a timely manner.
- The provider, registered manager and care manager have worked with the Commission following the findings of this inspection to further improve the service. They have acknowledged the continued shortfalls and given verbal guarantees regarding the necessary improvements. With some shortfalls, they were able to take immediate action and they provided the Commission with additional information.

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

At our last inspection the provider had failed to fully engage with people, the public and staff. This was a breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 17.

- There had been regular engagement with people, staff and external agencies about the ongoing improvements at the service. The registered manager and care manager had actively sought feedback in the form of satisfaction surveys.
- All the responses received from people or their relatives was positive. If any areas of concern were highlighted, an action plan was drafted to address these. No one had disagreed with the quality of care received by care staff. Two people and two relatives told us they returned their surveys with good responses. One person said, "I had the questionnaire form and I put in they are very good, there really have a good team."
- There had also been a good response from care staff to their survey. More than three quarters of the care staff responded and all of them agreed that Copper Beech was a good place to work. The care manager told us, "Staff morale is much better because of better breaks, more travel time and proper days off." A member of care staff told us, "Copper Beech is a nice company to work for but in all companies, I think there is still room for improvements."

Continuous learning and improving care; Working in partnership with others

- There had been six months of intensive monitoring by the Commission and the local authority. However, the provider had not improved the service to a level which met entirely with external agencies expectations.
- Copper Beech had worked in partnership with local authority staff who provided them with support to make improvements and to meet compliance regulations.
- The provider, registered manager and staff continued to learn from the findings of external monitoring and inspections and implemented immediate changes to improve the service. This included creating and updating relevant policies and procedures. One member of care staff said, "I believe the company has improved lately for the better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager have failed to adequately assess all the risks to the health, safety and welfare of people receiving personal care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager have failed to fully assess and monitor risks to people's health, safety and welfare. They have failed to maintain complete, accurate and contemporaneous records of the care and support people receive. There were three continued breaches found at the inspection which indicated that the governance of the service still requires improvement.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider and registered manager have failed to assure themselves that staff remained suitable for the roles they were appointed to. They have also failed to ensure that all staff training was kept up to date and that staff had completed a timely, robust induction into the care industry as required.</p>

