United Response

Copperbeech

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 31 March and 1 April 2016. The service was last inspected on 5 January 2014, when all standards were met and no concerns identified. We gave the service 24 hours' notice of this inspection visit because we needed to be sure that the registered manager, staff and people would be in.

Copperbeech is a small home which offers personal and social care for three adults with a learning disability (including autistic spectrum disorder). At the time of our inspection, three people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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's needs were assessed and reviewed regularly. Staff evaluated risks and took steps to keep people safe from avoidable harm. Care plans were person centred and tailored to individuals' needs and preferences. They also provided staff with clear guidance about how to provide care. People received support to participate in activities and tasks that were meaningful to them. People were involved in planning their own care, and were encouraged to express their views about their care.

People were happy and relaxed with the staff who supported them. They received care from staff who were trained and confident in their skills to provide care, and there were enough staff to support them to lead the lives they chose.

People were supported to make decisions as much as possible, and where they lacked capacity to do this, the provider ensured that decisions were made in people's best interests and in accordance with the Mental Capacity Act 2005.

The provider recruited, trained, and supervised staff to ensure that they had the skills and competence to provide care to meet people's needs. There were policies and procedures in place for staff to follow, and staff felt confident to speak out if they were concerned about any aspect of people's care.

Medicines were managed safely in accordance with nationally recognised guidelines, by staff who had received training to ensure that people received medications as prescribed. There were systems in place to ensure that medicines were managed safely.

People's nutritional needs were assessed, and they were supported to maintain a good diet. Staff monitored people's diet to ensure they were protected from risks associated with eating and drinking.

The provider had an effective system of audits and checks in place to ensure that people's care met the standards required by regulations. Where issues were identified with the quality of care, the provider took

steps to remedy this.

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.

Staff knew how to recognise abuse and respond to situations that may indicate this. The provider's recruitment practices helped to ensure staff were suitable to care for people living at the home. There were enough staff to meet people's needs and the system of managing medication was safe.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained and supported to provide this. Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to maintain a nutritious diet that catered for their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and understood their care needs. People who used the service responded positively to the kind and considerate approach staff took with them. People were treated with dignity and respect and were involved in discussions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received care that reflected their individual needs and preferences. Care plans were reviewed and updated regularly with people to meet their changing needs. The provider had a complaints process which was available to people in a format they could access.

Is the service well-led?

Good

The service was well led.

People and staff were involved in decisions about how the service was run and they felt listened to. Staff were motivated and spoke positively about working at the home. The provider had effective systems in place to assess and monitor the quality of the service.

Copperbeech

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.'

The inspection visit took place on 31 March and 1 April 2016. We gave the service 24 hours' notice because people who live there are often out during the day. We needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, a notification of serious injury or allegation of abuse. We spoke with local authority and health care commissioners who contract with the service to fund people's accommodation and care. We also spoke with Healthwatch Derbyshire, who are an independent organisation that represent people who use health and social care services. No concerns were raised by them about the care and support people received.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

None of the three people living at the service were able to express their views verbally about their care. We spent time observing how people were supported by staff during the two days of our visit. We spoke with four care staff, the team leader and the registered manager. We also received the views of one healthcare professional in relation to people's health care. We looked at two people's care records and a range of records relating to how the service was managed. These included two staff recruitment and training files, and the provider's system for checking the quality and safety of the service.

Good

Is the service safe?

Our findings

People were kept safe from the risk of avoidable harm by a staff team who understood how to support people safely. Staff knew how to identify people at risk of abuse and how to report this. Information on how to raise concerns was available for people in an accessible format. Staff were confident to raise concerns about abuse or suspected abuse. They also knew how to contact the local authority with concerns if this was needed, and the evidence we looked at supported this. Staff received training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

People's care plans included relevant information about risks to their safety and how to protect people from the risk of avoidable harm. Staff understood how to support people to be as independent as possible, whilst ensuring that known risks were minimised. For example, people's individual medicine cabinets were kept locked to prevent people accessing their medicines when they were not safe to do so. One person's care plan detailed known triggers that would cause them distress or anxiety. There was clear information about what the person would do, what the risks were, and what steps staff should take to minimise risk to the person and others. This was reviewed regularly.

The provider had up to date personal emergency plans for everyone living at the location. These contained important information about how people needed to be supported in the event of an emergency, for example, if people needed to leave the building in the event of a fire or if people needed to go to hospital. There were plans in place to ensure that people would continue to receive care in the event of an emergency.

There were enough staff to provide the care people needed. Staff said they felt there were enough staff to support people in their daily lives. They told us that staffing levels were flexible to enable people to be supported to go out. We saw that people were supported at times they wanted and needed this. For example, one person indicated that they wanted to go out and staff responded by supporting this to happen. We saw during our visit that people had one to one support for activities when they needed this. The registered manager told us, and records showed that people had this level of support every day.

The provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. Staff told us they undertook an induction period of training the provider felt essential. This meant people and their relatives could be reassured that staff were of good character and remained fit to carry out their work.

People's medicines were managed safely. Staff had received training in the safe management of medicines, and told us they felt they had sufficient training for this. Staff told us and records showed that they knew what action to take if a person missed their medicine for any reason. For example, in January 2015, one person missed their morning medicine. Staff recorded this and telephoned for medical advice. People's medicines were stored securely in their own bedrooms, which meant people were supported to have their

medicines in private. We checked the storage and records staff kept in relation to medicines. These showed that medicines were stored, administered, managed and disposed of safely and in accordance with professional guidance.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their care. All staff had a probationary period before being employed permanently during which they undertook an induction to their role. This included relevant training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. Staff told us they had received an induction when they started work, which they felt was sufficient to be able to provide care for people. This included shadowing experienced colleagues so they could learn people's individual needs and preferences. One staff member described their induction as, "thorough, and I shadowed experienced colleagues to learn how people liked to be supported."

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. Staff said that they undertook regular training in a range of areas the provider felt essential, including first aid, safeguarding, medicines management, infection control and food hygiene. One staff member said the provider was, "Very good with training" and said this gave them confidence to support people properly. They also said they could request training that related to the specific health needs of people living at the service, such as managing people's behaviour that challenges others. We saw evidence the provider clearly set out what they expected from staff if there were issues with their skills, and took action to manage this. For example, one staff member undertook refresher training following a medicine error. Training records showed, however, that staff did not always receive refresher training in the timescales the provider felt necessary. For example, two staff had completed food safety and fire safety training in February 2013, and the provider specified that this should be done every three years. This meant that the provider could not be confident that staff knowledge and skills were up to date.

Staff were knowledgeable about people's individual care needs. They were also familiar with how people liked to be supported, and what was important to them. For example, one staff member described how to support one person with personal care in a way that met with their wishes, and this was reflected in the person's care plan.

Staff understood and followed the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were assessed in relation to

their capacity to make decisions about their care. Where they were able to make their own decisions, their care plans clearly recorded this. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA and ensured that best interest decisions were made lawfully. Staff had good understanding of the practical application of the principles of the MCA, including how to support people to make their own decisions. For example, one staff member described how they would try to explain clearly and simply what choices were available, and if necessary, support people to choose by using pictures, signs and object of reference. Another staff member described using pictures to support one person to make food choices, and we saw this technique being used. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Mental capacity assessments and best interest decisions were reviewed regularly. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately. At the time of our visit, none of the people had yet been assessed by a Supervisory Body or were subject to a DoLS authorisation. We saw that people's support was developed and reviewed in accordance with the principle of least restrictive practice. This meant people's rights were being upheld, and restrictions in people's care were lawful.

People were supported to maintain a balanced diet. Staff were familiar with people's food and drink preferences, and we saw that people had access to the kitchen throughout the day. Staff supported people to participate in meal preparation, and people were given support to make drinks and snack whenever they wished. People were involved in meal shopping and planning, and were given choices about meals throughout the day. Staff recorded what people's daily food and drink choices were, and this was reviewed to ensure that people were having sufficient amounts and a variety of food.

People were supported to maintain their health and to access health services when needed. For example, people were supported to have an annual health check at the GP surgery. An external health professional confirmed this, and said they had no concerns about the care people received from the service. People had plans in place identifying what their health needs were and how staff should support them. These plans included people's known views and wishes. We saw that, where external visits for health appointments caused anxiety or distress to people, staff had arranged for health professionals to visit them at the home. Staff kept contemporaneous notes daily regarding any health concerns for people and actions taken. People's health and social care appointments were recorded and we saw that where medical advice was recorded by staff, this was then followed up if action needed to be taken. This meant that people were supported to monitor their health and access external health professionals when required.

Each person had a 'hospital communication passport' for the event of their hospital admission. This provided essential information for hospital staff about how to communicate with the person and about how they liked to be supported. For example, one person had a document which summarised their health conditions and medicines. The document also had clear information about how the person needed to be supported and information about their effective communication. This meant hospital staff would be able to provide healthcare in a way which respected people's individual choices and preferences and met their needs.

Good

Is the service caring?

Our findings

We saw that staff supported people in a relaxed and caring manner during our visit. A lot of interaction between people and staff was good humoured; people used smiles and laughter to indicate that they were happy and felt comfortable with their care. When people indicated that they wanted something, staff responded in a timely manner, and demonstrated kindness and care in the way they spoke with people throughout the day.

The registered manager and staff demonstrated their commitment to supporting people with care and compassion. All staff were able to describe how people were encouraged to make as many choices as possible about their daily living. We saw that people were treated as individuals and were enabled to be as independent as possible. For example, one person indicated to staff that they wanted to go out during our inspection visit, and staff supported them to do this. Records confirmed that the person often expressed views about going out and that they were supported to do so. The provider's staff training and care policies emphasised active support. Staff described this as a way of supporting people to do things for themselves as much as possible and facilitating independence and we saw that this happened throughout our inspection visit.

Staff demonstrated that people were offered choices about their daily activities. Staff had developed weekly activity plans with people that reflected their known preferences. We saw staff supported people to make decisions about what they wanted to do. For example, staff told us and records showed how one person had been supported to choose a holiday, and choose which staff supported them. Staff said that the plans would change depending on what people wanted to do and how they were feeling. Records confirmed that this was the case. This showed that people's daily living activities were flexibly planned to accommodate their personal choices.

Staff told us, and records showed, that people were supported to express their views and wishes about their daily lives. People's care plans showed that, where possible, people's preferences about how they were supported were documented. For people who had limited verbal communication, people's care plans also showed staff how their non-verbal communication and behaviour indicated their wishes and preferences. Records contained information about people's communication styles, and we saw staff understood and used this guidance. For example, one person's care plan recorded different actions they did to tell staff they wanted something. This person's records also had clear information about what their actions might mean, which gave staff guidance on how to support the person.

Staff were aware of how to refer people to advocacy services, and we saw that one person had recently been supported by an advocate when their care was reviewed.

During our visit, we saw that people were supported to maintain their personal appearance and to receive care in a manner which was dignified and respected their privacy. Staff understood the importance of supporting people with their personal care in a dignified way. For example, one staff member described how they would use a towel to cover a person when supporting them to apply cream to an intimate part of the

body.

Staff told us, and records showed, they received training, which helped to ensure that people were treated with dignity and supported to exercise their rights as individuals. Staff understood and followed their responsibilities for this. For example, people were registered to vote and had accessible information about what voting was and what their options were. Staff told us that they would spend time with people talking about voting, and if people indicated that they wanted to vote, they would be supported to do so.

People's records about their care were stored securely. Staff understood how to keep information about people's care confidential. We saw staff speaking with each other and with people about care needs in a way that was respectful of people's confidentiality and privacy.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. People using the service had variable levels of verbal communication, so staff used "learning logs" to record daily activities. This gave staff information about how people had responded, what worked well and any areas of concern. The learning logs enabled staff to assess and tailor people's care based on the activities they enjoyed at times that suited them. For example, one person was supported to attend a disco and the learning log recorded the person's responses and mood. For example, "Straight onto the dance floor and started to dance. Started to smile at other people on the dance floor, and stayed on the dance floor for the whole evening." Staff then used this information to support the person to attend the disco again, as they had responded positively to and enjoyed the experience.

People's care plans contained detailed personal information about what people liked and disliked, and what aspects of their care worked or did not work for them. Individual preferences and choices were also recorded, and staff were knowledgeable about these. For example, one person preferred information to be given to them using simple words and objects of reference rather than using pictures. Another person preferred staff to use clear simple sentences and Makaton signs, and we saw that staff did this when communicating with them. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate.

Individual care plans contained information about people's health and social care needs, and recorded which professionals were involved in supporting them to maintain their health and well-being. Staff also supported people to maintain contact with friends. For example, one person's annual care review stated that it was important to them to visit a friend regularly. This was incorporated in the person's regular activities. The person's care records confirmed they were supported to do this. We saw that the registered manager used a staff matching tool to ensure that people received support from staff who had the right skills and characteristics to make support successful. For example, one person went swimming regularly, and staff who enjoyed swimming supported them.

People were supported to take part in activities that they chose and enjoyed, both within the home and out in the local community. During our visit, all three people at Copperbeech were out doing different activities at various times throughout the day. We saw picture evidence of how a person was supported to their work at a local café, and staff explained how the person had made their own decision about doing this. When the person came back from their work during our inspection, staff spoke with them about what they had enjoyed doing, and the person indicated that they had enjoyed their day. Another person was being supported to develop their artistic skills by attending art lessons. They were a member of a local art group, and staff showed picture evidence of a recent public exhibition the person had of their work. We spoke with the person about their art, which was displayed around the house, and they indicated to us that this was an activity the enjoyed doing. Staff described how they had started doing art activities with the person to see if they were interested, and using learning logs to record what the person's response was, they identified that they enjoyed painting and wanted to do this regularly. One staff member commented, "[Person] smiles when I talk about their art. They're very proud, I think."

People's care plans contained detailed information about their communication styles and how they understood information. For example, staff described how they had supported one person to cope with certain situations by learning a new coping strategy. Records demonstrated how this had been done and the positive impact it had on the person. Another person's work support plan had information describing how to support them at work. This information was presented in words and pictures so it was accessible for the person and staff. Records showed that people's support was reviewed regularly, and staff updated care plans based on what was working or not working for people. This showed the provider involved people in planning, reviewing and tailoring their care to their individual needs and preferences.

Staff were familiar with the provider's complaints procedure and felt confident to support people to raise concerns or make a complaint. Information was available in accessible formats around the service to let people know how to do this. The provider had a policy which set out how concerns or complaints should be managed and what to expect. We saw that there had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

Staff understood their roles and responsibilities, and demonstrated that they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must describe, for example, the provider's aims and objectives in providing the service. United Response's statement of purpose states that, "We will do all that we can to ensure that we are able to understand how the people we support communicate, and focus on listening to what people say, through their words and behaviour, to find out what they want to do, what their aspirations are, and how they can be fulfilled." The registered manager and staff showed us that they worked with the people they supported to enable them to communicate their needs and wishes, and to support them to lead active and meaningful lives.

People were supported to have active lives in their local community. Staff told us and records showed that people went out most days of the week to do things they wanted to do. Staff supported people to use a range of local facilities, including shops, pubs, cafes, a local art group and a local walking group. One person was supported to have a part time job, which they enjoyed. Staff told us they felt confident to support people to try new experiences, as there was support in place to ensure that they could assess and minimise risks, and ways they could identify how people responded to new experiences.

Staff spoke positively about the support they received from the registered manager. They felt able to make suggestions on improving the quality of the care people received. One staff member said they felt, "Well supported." Another staff member commented, "My colleagues are very helpful – I just ask and they guide me in the right direction if I'm unsure." They added, "I feel listened to. I can express concerns about things and will be listened to."

The registered manager understood their responsibilities and felt supported by the provider to deliver good care to people. We saw they appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The registered manager monitored and reviewed accidents and incidents. This helped identify patterns and trends, and ensured action was taken to minimise the risk of reoccurrence. The provider ensured people had links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

The provider had systems in place to monitor and review the quality of the service. The registered manager and provider carried out regular checks of the quality and safety of people's care. This included monitoring people's care and how they felt about this, regularly seeking people's views about the service, investigating where care had been below the standards expected and essential monitoring, maintenance and upgrading of the home environment. Improvements were made from this when required. For example, recent improvements were made to ensure clear labelling on people's medicines. Guidelines had been developed to support record keeping improvements needed and arrangements were made to instruct staff about this at a planned staff meeting. The registered manager told us that improvements were being made to people's

care plans through the use of standardised documentation to help staff record information about people's care in a consistent way. We saw that this was a work in progress, and some people's care plan documentation had been updated using the new forms.

The provider had a range of organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and were knowledgeable about key policies that supported them to provide safe care. For example, medicines, communication, complaints, and safeguarding. We looked at a sample of policies and saw that these were up to date and reflected nationally recognised guidance and practice standards. The provider's whistleblowing policy supported staff to question and report any unsafe or abusive practice. Staff confirmed if they had any concerns relating to people's care and safety, they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.