

Copperfields Health Care Limited

Copperfields

Inspection report

Cross Green Lane
East End Park
Leeds
LS9 0BA

Tel: 01135312200






Date of inspection visit:
19 April 2021
07 May 2021
12 May 2021

Date of publication:
18 August 2021

Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Good  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Copperfields is a residential care home providing personal and nursing care to 27 people aged 18 and over at the time of the inspection. The service can support up to 30 people. The property has been purpose built with wide corridors and en-suite facilities to accommodate people with complex physical and cognitive disabilities. They specialised in supporting people with behaviours that challenged others and had the benefit of access to the provider's inhouse team of specialists.

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

This service was registered shortly before the pandemic. Policies and processes had to be adapted quickly in an ever-changing environment, whilst the service was actively recruiting new staff, new management and admitting people into the service safely. There were some areas such as staff recruitment and support, and care plans which required some improvements. Some sections in care records were not always up to date or accurate to reflect people's needs. There was no impact on people as staff knew their needs well.

We recommended the provider review their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate and systems effective.

People were protected from abuse and were treated with respect and dignity. Staff told us staffing levels were good and were at a level where they could meet people's needs. People were supported by staff who knew them well and we observed positive interactions.

The manager and staff promoted and encouraged person centred care to ensure people were treated as individuals and staff knew how people preferred to receive their care and support. People were supported to have 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 service supported this practice.

People received a healthy balanced diet that met their needs. Weights were regularly monitored. People had regular access to health care professionals; changes in needs were identified and responded to appropriately.

Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and had their competencies assessed.

This service was registered with us on 05/10/2019 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Copperfields

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Copperfields 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 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. This manager was in the process of deregistering at this inspection and a new manager had been recruited. They were in the process of registering with CQC and were present on both days of the inspection.

Notice of inspection

This inspection was unannounced. We visited the service on 19 April and 7 May 2021 and continued to review information remotely until 12 May 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives remotely about their experience of the care provided. We observed care provision from a distance in communal areas to ensure our presence did not negatively affect people's experience. We spoke with staff including the registered manager, the new manager, the clinical nursing manager, a unit manager, two nurses, the physiotherapist and two care workers. Offsite we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed a range of records. This included several sections of care records, and multiple medication records. We looked at two 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care records included a number of risk assessments. Staff knew how to care for people safely although some of the records around the management of risk lacked essential detail. This does pose a risk of inappropriate care and was addressed with the registered manager at the time of the inspection.
- The premises were safe and regular checks were completed to ensure ongoing maintenance issues were addressed promptly.

Staffing and recruitment

- Recruitment records available during the inspection, did not contain evidence of conduct in all previous employments or checks to evidence candidates' qualifications. The provider had sought a reference from one person's latest employer, but this had not been provided at the point of employment. Records did not contain a risk assessment completed at the time of employment to show how risks would be reduced in employing a person before this reference was obtained. The provider did obtain the reference several months after the employee had commenced in post.
- Recruitment processes were in place to ensure people with the right qualities were employed and we had no concerns about the staff we spoke with as part of our inspection. The provider had a system in place to check nursing staff were registered with the NMC.
- Staff were very positive about working at the service. People and staff told us there were more than sufficient staff to support people safely, and we observed this.. A number of people had care provided on a one to one basis. The registered manager used the provider's dependency tool to help determine the numbers of staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe at the service. Comments included, "Yes, I do feel he is safe and doing alright. Things are settled. In the previous home he seemed agitated, it's nice to see him calm and at peace."
- Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had taken place.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and were assessed as competent to support people with their medicines.
- The provider was moving towards an electronic medicine administration records to record when people

were supported to take their medicines but at the time of the inspection staff were still using paper based records. There had been some medication errors in the past, but the provider responded with measures to ensure practice improved and competency was addressed.

Preventing and controlling infection

- The home followed current government guidance to ensure people were protected from the transmission of infection. Staff had been trained to don and doff personal protective equipment and took part in a regular testing programme for Covid-19.
- Indoor visits had commenced, and the provider had a system in place to test and prevent visitor from catching and spreading infections.

Learning lessons when things go wrong

- The manager was committed to identifying improvement within service and accidents and incidents were recorded and analysed to identify patterns 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- This service was registered shortly before the commencement of the pandemic. This meant that the provider's usual programmes for induction and training had been adapted to ensure staff were provided with training opportunities in a safe environment. Training had mostly been through e-learning with some classroom-based learning. We identified some gaps in people's training. Staff told us they would welcome more training around behaviour that challenged and safe holds.
- All staff received an induction into their role and completed the Care Certificate. The company had introduced a buddy system to support new staff into their roles.
- Staff had not received supervision in line with the provider's policy of between four to six times each year. Staff told us they did not receive regular supervision, although they said they were provided with informal support and there were always senior members of staff available to guide and advise. Supervision records lacked information to show these sessions were being used to identify staff learning and development needs to support staff to develop into their roles. Annual appraisals had yet to be completed but had been planned to commence.
- Staff told us they were supported in their role by the manager and the management team and we observed morale was good and staff really positive about their role.

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

- Care records evidenced the involvement of external health care professionals. This included specialist health services, speech and language therapists, and dieticians. Relatives confirmed expertise was sought when required. One said, "The Nurses pick up on things, they are not left. They may have to have blood tests, so they may arrange to go in with the Doctor. It has not been easy with the family not going in, but nothing is too much trouble."
- The home had its own physiotherapist, occupational therapist and assistants to support people to achieve their goals. This meant they had instant access to therapeutic support to people and support with falls prevention strategies.
- Care files contained an assessment and plans to support oral health. Some records confirming care had been provided were not sufficiently detailed to confirm the actions they had taken to encourage people who were for example, declining oral hygiene.
- Where people had been identified at risk of pressure ulcers and/or requiring regular intervention, there were some gaps in their records. Staff had not recorded what strategies they had attempted to encourage compliance and reduce self-neglect.

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

- People were supported to receive a healthy and balanced diet and there was an extensive menu to choose from. There was no issue with unintentional weight loss and people were supported to lose weight if this was a goal they wished to achieve.
- People who needed it had their intake recorded on a food and fluid chart.

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

- The home had been purpose built and was fully accessible indoors to people living there with a lift to access between floors and wide, open corridors.
- Each unit over three floors was spacious and comfortably furnished. People had access to a secure garden with seating. The gardens were not yet fully accessible for wheelchair users and the plans for this were in progress with the intentions of completion for the summer.

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

- Staff worked positively to reduce restrictions on people. They could evidence they had successfully reduced the intensity of support provided to people to keep them safe. They very rarely had to use medication to modify people's behaviour and they did not use physical restraint.
- Managers used guidance and best practice to support people in line with standards and the law.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Where restrictions on people's liberty had been identified, the provide had sought authorisation. We saw a number of DoLS applications were outstanding, but the provider could demonstrate they were monitoring these. The manager kept a log of outstanding authorisations, authorised DoLS and any conditions
- Where people lacked capacity to make a decision, we saw decision specific assessments in their records. Evidence of best interest's decision making was also recorded but lacked specific information of the names of the people that had been consulted and on what date, and their individual views.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We spent time observing staff interacting with people who used the service. We found staff were kind and caring and there was a calm and happy atmosphere.
- People told us the staff were always kind and caring. Comments included, "Very, absolutely, definitely."
- Relatives said when asked if staff were kind and compassionate, "I think so, staff I've met have been fantastic."
- All staff had received equality and diversity training. They were respectful of people's individual needs and ensured people were well-treated. The manager recognised people's individual needs and reported, "We have recently introduced a sexuality care plan."

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

- Staff supported people to express their views and be involved in making decisions. This was evidenced in their care records. People using the service were champions and Ambassadors to ensure the voice of people using the service was heard.
- Both people we spoke with said they were involved in planning their care. They said, "I sit in on review, talk about me and being here." And "Yes, have a review every month." A relative told us, "I have Health and Welfare Lasting Power of Attorney so that involves me in the decisions. I regularly discuss over the telephone, have a Nurse review and Therapy reviews."

Respecting and promoting people's privacy, dignity and independence

- Staff support had resulted in people achieving greater independence and new skills. People's independence was promoted, and the provider employed an occupational therapist and physiotherapist to support people to achieve goals and develop skills in activities of daily living.
- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and spoke about people in a respectful manner. People told us staff protected their privacy and one said, "Yes, they always knock on my door."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff had a clear knowledge of the people they supported. Staff were fully familiar with people's likes and preferences and people received person-centred care.
- People's care plans were immense. The content in some sections was clear and provided detailed assessments of people's support needs. We found sections that were duplicated, and not current. In contrast people were observed to be offered choice and control as appropriate depending on their care needs.

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

- People told us they were able to take part in activities that were relevant to them. One person said there was, "Book reading club, painting and craft club, yes good." Another said, "They actually change all the time, get seasonal ideas off the internet." And "We have dances, parties and quizzes, I like to go outside for a fag, and they have a lovely garden."
- Activities have had to incorporate national and regional lockdown guidelines which meant that more was provided in house. The manager said, "In the pandemic we asked the gentlemen on the top floor what they were missing, and they said a pub, so we built them a pub. We have a pen pal group up and running. Helping some people to be pen pals. We brought a snow machine and light show." This evidenced how the service recognised the use of meaningful occupation to support wellbeing during the lockdown.
- People told us they kept in touch with their relatives through internet platforms. Relatives also fed back that they were happy to see their relation and the environment through this media, as some had not been able to view the environment prior to their relation's admission. They welcomed a virtual tour of the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint. People told us they knew who to complain to and they were regularly asked if they had concerns about the service. One said, "Yes, they keep asking me if I am fine, any troubles."
- The only negative comments we received from relatives was that it was sometimes difficult to get hold of the service. Others told us they had daily contact, which they welcomed.
- There had been a few complaints at the service, and we could see these had been acted upon, with detailed investigations.

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.

- People's communication needs were recorded in care plans and Information was provided in alternative formats if required. Staff had not received formal British Sign Language training which would have been useful as one person's records indicated they used this. However, on further discussion with the manager, they said, the person was no longer able to use this, and staff had worked to understand their unique style of communication and their records would be updated to reflect this.

End of life care and support

- Staff worked with the local hospice for support in developing end of life care plans and to increase their knowledge and skills around end of life care. Relatives confirmed staff sought expert advice when required and one said, "They are working with the Palliative Care team from the Hospital which works fine."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- This service was registered shortly before the pandemic. Policies and processes had to be adapted quickly in an ever-changing environment, whilst the service employed new staff, new management and admitted people into the service safely. Management and staff had worked hard to create a new service throughout this period to ensure minimal impact on people using the service. However, some shortfalls were identified at the service in terms of staff support systems, and recording processes which require improvement.
- Several individual audits were taking place at the service and we could see some shortfalls were addressed. But the issues around care plans, recruitment records and supervision, required further action to improve.

We recommend the provider review their governance arrangements to address these inconsistencies and ensure records are up to date, accurate and effective.

- The provider's quality team supported the service through regular visits and undertaking a detailed audit measuring the service against CQC Key Lines of Enquiry. The provider used a digital platform so they could manage, track and progress actions, plan and organise targeted interventions until completion and monitor for any lessons learned.

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

- There was a positive person-centred culture at the service where staff were seeking to achieve positive outcomes for people. There was a happy atmosphere at the home between staff and people living there.
- Staff were positive about working at the service. One said, "I think we are a really good team and well-staffed compared to other services I've worked in. I find the management team supportive and have no issues. They are probably some of the best managers I've worked for."
- Relatives were overwhelmingly positive about the service. One said, "We are both very happy with the care, we have been left worried by carers in the past but now we are really happy."

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 provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility when things had gone wrong.

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

- Staff told us they were provided with the opportunity to make suggestions for improvements at the service.
- The manager told us they had various champions at the service amongst staff and people. Two people living there were "values champions" to make sure the values of the organisation were carried through the whole home. One person at the service acted as an ambassador.

Working in partnership with others

- The provider worked with various out of area commissioners. We did receive feedback from one local authority who said that requested information had not always been provided to them in a timely manner.