Hampshire County Council

Copper Beeches Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 11 October 2016.

Copper Beeches Care Home is registered to provide care (without nursing) for up to 36 older people. The provider is a local authority. People are living with various types and degrees of dementia. There were 28 people resident on the day of the visit (including one person currently in hospital). The building offers accommodation over two floors, in four units and in 36 single rooms. The rooms were not en-suite but there were numerous bathing and toilet facilities throughout the building. The second floor is accessed via a staircase or a lift. The shared areas within the service were spacious and met the needs and wishes of people who live in the home.

The service has a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, visitors to the service and staff were kept safe, whilst in the service. Risks were identified and managed to make sure that people and others were kept as safe as possible. Staff had completed training in the safeguarding of vulnerable adults and health and safety. They were fully committed to protecting people in their care and keeping them safe from all forms of harm or abuse.

People were provided with safe care which was supported by adequate numbers of appropriately trained and skilled staff being available at all times. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by staff who had been trained to carry out this task.

The management team and staff protected people's rights to make their own decisions and consent to their care. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. The service made DoLS applications to the appropriate authorities, as necessary.

People were provided with kind and responsive care. Staff built strong and caring relationships with people, their families and friends. People were treated with dignity and respect at all times. People's beliefs and lifestyle choices were identified and respected by a staff team that fully understood and were committed to giving people individualised care. The service gave compassionate end of life care.

People's health, well- being and spiritual needs were met by staff who were properly trained and supported

to do so. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in specific areas so they could effectively meet people's diverse and changing needs.

People benefitted from a well-managed service. The registered manager and management team were described as very approachable, open and responsive. People, staff and others were encouraged to express their views which were listened to and used as part of the quality assurance process. The service made sure they maintained and improved the quality of care provided.

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 protected people from any type of abuse.

People were given their medicines safely.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

Is the service effective?

Good

The service was effective.

People were supported and cared for by staff who had been appropriately trained to meet their individual needs.

Staff helped people to take all the necessary action to stay as healthy and happy as possible.

Staff supported people to make decisions for themselves and choose their own lifestyle, as far as possible.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently at all times.

People were encouraged and supported to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt comfortable and relaxed.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to quickly by the care team. People felt they were listened to by the registered manager and staff.

People were recognised as individuals and were supported and cared for in the way that they preferred and that suited them best.

People were provided with exceptionally creative and varied daily activities which they participated in and thoroughly enjoyed. .

The service had a robust complaints policy that people could access with the help of staff, relatives or friends. Staff were able to describe non-verbal communication which may show that people were not happy.

Is the service well-led?

Good

The service was well-led.

The service kept good quality records to ensure people's needs were fully recorded and other necessary information was kept in order for the service to be run effectively. .

The registered manager and the management team were well thought of by staff, people and visitors to the service.

The provider and registered manager checked the service was giving good care to people. They made changes to improve things, as appropriate.

Copper Beeches Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2016. It was unannounced and carried out by one inspector and an inspection manager.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. On the day of the inspection visit we spoke with two people who use the service, the registered manager, the deputy manager and five staff members. We received feedback from, two (of six) professionals and two relatives after the inspection visit.

We looked at the records, including plans of care for six people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration record charts, four files of staff recruited in the previous 12 months, staff training records, duty rosters and records used to measure the quality and safety of care provided.

Good

Is the service safe?

Our findings

Most people were unable to tell us if they felt safe and were well treated. However, throughout the visit people were very confident to approach staff to ask for attention or comfort. One person told us staff checked she had her walking frame and she felt safer because she was reminded to use it. People were calm and were not calling out to express anxiety or fear. Staff told us they had never seen anything of concern or that made them feel uncomfortable. They made it very clear that the staff team would not tolerate any form of abuse. A relative commented, "I am quite confident that my mother and all the other residents are safe and being well treated and I have never experienced anything that I am uncomfortable with, on the contrary, quite the opposite." Another said, "I am very happy with my mother's care and feel she is kept safe and well, she was prone to falls and has not had one for over a year." Professionals told us they had no concerns to report.

Care staff fully understood their duties and responsibilities with regard to protecting people in their care. They were trained in the protection of vulnerable adults and totally committed to keeping people safe from any form of harm or abuse. Staff told us they had a whistle blowing policy which they would not hesitate to use, should it be necessary. They described who they would approach outside of the organisation but were confident that the management team would take immediate action to protect people. The service had responded appropriately to safeguarding concerns reported in 2016.

People, staff and visitors were kept as safe as possible, partly, because up-to-date health and safety policies and procedures were in place. Staff followed procedures to ensure the safety of themselves and others. For example, generic safe working risk assessments were in place. These included pregnant employees and moving and handling. Maintenance checks to ensure the service was safe were conducted at the required intervals. These included fire prevention, legionella tests and asbestos surveys, as appropriate. Regular water temperature checks were generally completed but the registered manager had noted the records were not up-to-date since the maintenance man's extended absence. Actions were underway to rectify this omission. The service had an emergency plan to instruct staff how to deal with foreseeable emergencies, including full evacuations.

People were safer because staff identified specific risks to individuals and completed detailed risk assessments and risk management plans. Risk management plans advised staff how to provide care as safely as possible. The service used nationally recognised risk assessment tools for areas such as falls, nutrition and skin health. Risk assessments were reviewed if any accident, incidents or near misses occurred. Each person had a personal emergency evacuation plan.

The safety of people and staff was improved because the service learned from accidents, incidents and near misses. Written accident and incident reports were kept in the service. However all accidents, incidents and near misses were added to the local authorities' (the provider) computer system. Senior managers were able to view the incidents and the health and safety officer reviewed all reports and the action taken. The provider had an incident reviewing group which worked with the service to ensure the risk of recurrence was reduced. For example the reviewing group had reviewed slips, trips and falls in November 2015 and made

suggestions and recommendations to reduce the number of such incidents. These had been actioned by the registered manager and staff team.

People lived in a clean and hygienic environment where they were protected from infection, as far as possible. The home was clean, well presented and comfortable. Infection control policies and procedures, which staff followed, were in place. An infection control audit was completed each month. Any issues were identified, what they needed to do about them and who needed to take the action by when was recorded. Actions were signed off when completed. The service kept records to support infection control protection. These included a cleaning schedule and information on how staff were to deal with any infectious outbreaks. The service was awarded a rating of five (very good) by the environmental food safety standards agency in April 2016. Relatives told us the home was always clean one said, "It amazes me how high the standard of cleanliness and hygiene is at Copper Beeches with a lovely fresh air smell always apparent at all times."

People were given their medicines safely by senior staff who had been appropriately trained. Staff competency to administer medicines was checked a minimum of every year and staff were retrained every three years. People's medicines were stored in locked cabinets within a locked room and a medicines refrigerator was available. The temperature of the refrigerator was checked regularly. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. A stock control record had a minor inaccuracy which the deputy manager undertook to investigate. Six medicine errors had been reported in the previous 12 months. These had caused no harm and all appropriate action had been taken to reduce the risk of repetition.

The service administered special medicines, on occasion. These were safely stored, administered and recorded. People were prescribed some medication, to relieve pain, to be taken as required (PRN). A pain assessment tool was used to decide whether people needed pain relief, if they could not ask or clearly express their need for this medicine. Special medicines were audited weekly and general medicines were checked on a monthly basis.

People were supported by staff who had been safely recruited. Checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms, mostly, included full work histories and appropriate references were, generally, taken up and verified prior to candidates being offered a post. However, one of the four files seen contained a gap in work history and one only included one reference. The registered manager undertook to review all recruitment files and include the necessary information.

Adequate staffing ratios ensured that people's needs could be met safely. There were a minimum of six care staff and senior staff member on duty during day time hours. Day time hours were from 7.45am until 8.15pm. There were two waking staff and a senior staff member on duty at night. The registered manager told us the day time hours were flexible and changed according to the needs of the people living in the home. For example if there were a number of people who chose to go to bed later then the day time hours would change to 9pm or later, as required. Care staff were supported by ancillary staff such as a cook, cleaners and laundry assistants.

Staffing records for four weeks in August 2016 showed that staffing had not dropped below the levels stated. Senior staff assessed the needs of people, on a daily basis and completed a dependency tool every month

or as people's needs changed. Staffing was not decreased but the registered manager was able to increase the number of staff, as and when required. Staff told us there were always enough staff to meet people's needs safely. The service used agency staff, as necessary. They tried to ensure it was staff they and people knew. The registered manager made sure that agency staff had been safely recruited and all the required security checks had been completed.

Good

Is the service effective?

Our findings

People were helped to remain healthy for as long as possible. People's healthcare and well-being needs were clearly described in their care plans. They were able to access health care services and received ongoing support from external professionals. The service worked with several GP surgeries because people were supported to retain their own GP if they were local to the area. Referrals to GPs, community psychiatric services, dieticians and other healthcare professionals were made in a timely way. Community health professionals supported the service to meet people's specialist health and well-being needs. An example was, district nurses administering twice daily medicines to people who live in the home. Relatives commented, "My mother does have health care needs that are addressed in a timely manner" and "If she is unwell they do not hesitate to involve her GP when appropriate." Another family member wrote, "My hopes for improvement were not very good at all but since being there she has put on weight, is much brighter in herself and much, much happier." Professionals told us that the service worked co-operatively with them in the best interests of people. One professional noted the service sometimes had issues with some nursing type tasks but were willing to ask for advice and training to support them with these.

The service supported some people who had developed excessive anxiety and distress symptoms. Staff worked with community mental health professionals so that they could support people in the best way possible. Behavioural care plans were developed and included guidance for staff on how to minimise distressing behaviours. Staff described how they used distraction techniques which were described in individual's care plans. The service did not use any physical restraint or as required medicine to assist people to control their behaviour.

People were provided with nutritious food of their choice which was freshly prepared and cooked. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight and food and fluid monitoring charts were kept for those people who needed them. Nationally recognised nutritional risk assessments were completed for people, if required. Food was provided to meet people's specific needs such as diabetes, weight issues and swallowing problems.

People could choose where to eat their food. They generally ate in one of the four dining areas within the home. Tables were set with flower arrangements and condiments and people were encouraged to communicate with staff and each other throughout the meal. Care staff were alert to people's needs and used gentle persuasion and positive encouragement such as, "That's brilliant", "You've done very well" and "Don't worry eat what you can manage." People were re-assured and responsive to staff's patient and gentle manner. People who were not eating their main meal were offered a variety of alternatives such as sandwiches, ice cream and yoghurts. People helped to choose menus and were offered 'tasting' sessions to try to increase the variety of food available. They chose their main meal, daily from menus produced in a photographic or pictorial format.

People's rights were upheld by staff who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training. 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's capacity was assessed using the local authorities' mental capacity tool kit. This was a detailed form instructing staff how they should assess people. Best interests decision making guidance was in place and care plans included best interests consultation paperwork.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. The service had made twenty eight, DoLS applications to the local authority. All but one had been granted and were renewed a minimum of every year.

The staff described how they encouraged people to make as many decisions and choices as they were able to. Care plans were signed by the person, a legal representative or a relative or friend they had requested sign on their behalf.

People were cared for by very knowledgeable staff who had been well trained to meet people's diverse needs. Staff told us they received, "very good" training opportunities which were up-dated regularly. Of the 36 care staff, 26 had completed a relevant health and social care qualification. Topics identified as 'core training' were completed by all staff and any necessary up-dates were scheduled and completed in the correct time frames. Additional training was provided to meet individual's specific needs. These included dementia and specific condition awareness such as Parkinson's. The service used an induction called 'stepping forward, stepping back' as their induction tool. This met the requirements of the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period).

People received effective care from staff who told us they received very good support from the management team and their colleagues. They attended a one to one meeting with their allocated supervisor regularly. Additionally, group supervisions were held during staff meetings and discussion groups. Staff told us they could ask for additional supervision from the registered manager or any of the senior staff team whenever they wanted. Annual appraisals were completed with all staff who had worked in the home for over a year. These meetings were used to plan people's future training and development. Staff told us that their development was encouraged and their specific skills and interests utilised by the service. For example, one staff member had started work in the home as a care assistant and had been recently promoted to an assistant unit manager post.

People were provided with any necessary equipment to ensure their comfort and to keep them as safe and mobile as possible. For example, shower and bath chairs, wheelchairs and walking frames were provided, if necessary. Recent refurbishments had been completed to offer a suitable environment for people living with dementia. For example, people were provided with memory boxes on their doors, to make it easier for them to identify their rooms and all toilet doors were painted the same colour. The registered manager told us they took advice form the local authority (provider) and a nationally recognised dementia specialist to ensure they provided a dementia friendly environment.

Good

Is the service caring?

Our findings

The service provided caring and kind support to people. Throughout the day of the visit staff helped people in a kindly and patient way. People were, generally, calm and happy. If anyone did become distressed staff offered appropriate physical and verbal comfort and support until they were re-assured and relaxed. Staff used appropriate humour to include and encourage people to participate in social interactions. People were laughing and joking and enjoying their involvement with staff and other people. A relative told us, "I have always found the staff in all areas friendly, professional and caring and treat all residents with respect and good humour."

Staff developed strong relationships with people who they got to know very well. They were extremely knowledgeable about people's individual personalities and were fully aware of people's needs, likes and dislikes. Staff respected people's diversity and individuality. People's religious, cultural and lifestyle choices were included in their plans of care. Religious services were provided for people who wished to attend. A relative commented, "They have enough knowledge of her personal circumstances to talk to her about her past life which reassures her."

People's privacy and dignity was upheld by the staff team. Staff described how they maintained people's privacy and dignity such as covering people during personal care, closing curtains and knocking on doors and waiting for a response before entry. People who were unable to express their feelings clearly were treated with great patience and discretion. For example, staff spoke as quietly as possible to ask them if they needed any help with personal care. They explained what they were doing prior to undertaking any care tasks and asked for people's permission to continue. A family member commented, "The staff are always attentive and I feel that I can discuss anything regarding my mother or anything else for that matter with ease and trust and I am aware of them all treating everyone with the respect and dignity that they rightfully deserve."

Staff helped people to maintain as much of their independence and interests as they were able to, for as long as possible. For example, people were encouraged to mobilise and eat their meals as independently as they could. Staff were, however, on hand should people want additional assistance or become distressed by their efforts. Part of people's individual care plan noted, "what I need support with" and "how can you assist me". This included advice on how staff can help people to do as much for themselves, as is possible.

The service provided caring and compassionate end of life care. Care plans included advance care plans and do not attempt cardio-pulmonary resuscitation forms which were appropriately completed, if people chose to do so. These enabled the person to express some views, preferences and wishes about future care. A room was made available to family members where they could stay to be near their relative. Community health professionals supported the staff to provide appropriate medication and physical care so that people were able to remain as comfortable and pain free as possible during their last days.

People were respected and they and their families were communicated with and encouraged to make their views about the home and how it was run, known. Resident meetings were held in each unit every month.

People who chose not to attend or join in the meetings were spoken with individually and their views raised on their behalf. Action was taken if people identified any issues for instance there was a no mobile phones policy to be used by staff whilst on duty . This had been strengthened and discussed at a staff meeting because a resident had reported that staff had been watching their phone rather than interacting with them. Information for people was made available in all communal areas. Examples included lists of future activities in a monthly magazine, information on the National Care Forum and photographs of special events and past activities. A relative told us, "I attend the regular Relatives Meetings where we are updated on staffing levels, activities, and general information about the home, this also gives us another opportunity to raise any concerns should we have any."

Good

Is the service responsive?

Our findings

The staff team were very responsive to people's needs overall and on an individual basis. On the day of the inspection we saw that people were responded to quickly and efficiently by alert and knowledgeable staff members. Staff responded quickly to people's requests and identified the needs of people who were unable to clearly communicate their requirements. Staff interpreted body language, behaviour and other indications that people needed some support.

People's needs were assessed before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into individualised (person centred) care plans which included people's preferred routines, daily living support any special and/or emotional needs. Care plans clearly noted how people wanted to be responded to. For example one said, " I need to be given plenty of time to explain as I forget my words", "Give me privacy when I have visitors" and "ask me, don't tell me (what to do)." People, their legal representative and/or families or friends (as requested by people) signed to confirm they were involved and agreed with the care to be provided. Additionally, care plans included a summary called, "My support plan in brief" (a one page profile of the individual). All essential areas of care were covered so that people's needs could be responded to in the way they preferred, quickly by new or temporary staff or in emergency situations.

People's diverse and changing needs were met by staff who were informed by care plans which were regularly reviewed and kept up-to-date. Care plans were reviewed on a monthly basis and whenever people's needs changed. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. Care plans included areas such as life history and what are the outcomes I wish to achieve. Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. Care plans confirmed this as they included detailed records of conversations and contacts with people's relatives and/or friends. A relative commented, "I feel the management go out of their way to try and make the residents life as "normal" and happy as possible respecting each one's individual needs and likes."

The service provided people with excellent activities which were creative and innovative. We saw that people thoroughly enjoyed participating in some of the activities. On the day of the inspection the activity co-coordinator was working with an external activity provider. Both were highly knowledgeable about people's needs and interests and extremely skilled in engaging and motivating people. Other staff members such as the administrator and cook provided excellent input and participated in some of the activities which added to the atmosphere of enjoyment and interest. Activities included gardening, handicraft, reminiscence and postcard exchange with a care home in a different area of the country. Activities were as inclusive as possible and people's diversity and cultural choices were taken into account. Examples included birthday and special occasion celebrations and ensuring a person with fine motor skills difficulties was able to fully participate in activities. People had completed activities such as decorating Halloween spoons, planted pots of flowers which were sold to find further activities and made animal puppets for a safari project.

The provider had a detailed complaints procedure and a designated complaints officer. There was a system

for recording all complaints, investigations and outcomes. The service had not received any complaints since January 2016. The service had received four compliments over the same time frame.

Good

Is the service well-led?

Our findings

People benefitted from living in a well led service. There was a large management team which included the registered manager, deputy manager and four unit managers. The registered manager of the service had been registered under current legislation since 2010. Staff told us the registered and deputy managers were always available and approachable. They said their good work was acknowledged and they were encouraged to develop their skills and interests. Staff told us they, "very much enjoy working in the home." One staff member said, "I am very confident that the manager would take any action to make sure residents are properly looked after, they come first." Another staff member was very committed to improving things for people and felt they have very good care but could do better. This reflected the attitude of the dedicated staff team. A relative wrote, "We have seen such an improvement that we can hardly believe it. We put this down to the fact that Copper Beeches' management with their professional and caring attitude with excellent leadership skills are responsible."

People, staff and others were given opportunities to express their views which were listened to and taken into account. Staff told us they felt part of the team and that their views and opinions were listened to and respected. The service held various staff and resident meetings on a regular basis and when required. Staff had completed a staff survey in February 2016 and a staff engagement event to discuss the results was held in March 2016. This was part of the, "Hearing what matters" initiative which involved getting the views of staff, people and others and taking actions as necessary.

The provider monitored and assessed the quality of care people were offered by a variety of methods. For example, senior managers of the provider visited the service, approximately, every three months. They conducted a full inspection of the service, including looking at care plans, talking to staff and people and looking at all other areas of the running of the home. A report was written and action plan developed. The action included what the necessary action was, who was to complete it and by when. Actions were then signed when they had been completed. A number of audits were completed regularly such as health and safety and various records checks.

Improvements made as a result of quality assurance processes and listening to people included new carpets (people chose the colour), increasing resident meetings to monthly, attaching body maps to incident report forms and purchasing a new radio for the main dining area.

Good quality care was supported by good quality records, relating to people who lived in the service. People's records were accurate and up-to-date and daily notes were written to a high standard. People's records gave staff enough information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date. The Care Quality Commission received notifications as required.