

# Mannacom Limited Copperfield

## Inspection report

94 Liscard Road  
Wallasey  
Merseyside  
CH44 8AB

Tel: 01516910438






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

The inspection took place on 23 and 30 March 2016 and was unannounced. Copperfield is registered to provide accommodation for persons who require nursing or personal care for fourteen people. There are eleven bedrooms. All have private washing facilities and some have their own en-suite facilities.

The manager was registered with the Care Quality Commission. However they were not available for this inspection visit. 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 and associated Regulations about how the service is run.

We last inspected the care home on 26 April 2014. At that inspection we found the service was meeting all the essential standards that we inspected.

At the time of our inspection there were eleven people living at Copperfield and all had lived at there for a considerable time and considered it to be their home. When we arrived on the 23 March 2016 there was a team of four staff on duty; two support staff and a support staff/cleaner and the maintenance person. The deputy manager was contacted to join the inspection as this was a request made to support their development in management as the registered manager was absent. All of the staff had completed induction training and received regular on-going training by the provider.

We found Copperfield to be homely and the home had a relaxed atmosphere. The environment was warm and comfortable. We were told by staff and people living there that there had been a lot of decoration and improvements made to meet the comfort of the people living there.

The people we spoke with told us they felt safe at Copperfield.

We found that the care plan and risk assessment reviews records were not all up to date or had reflected the changes of the health of people living there. We also found areas of improvement needed in the documenting and safe storage of medication. You can see what action we told the provider to take at the back of the full version of the report.

The staffing levels were seen to be sufficient in all areas of the home at all times to support people and meet their needs and everyone we spoke with considered there were enough staff on duty.

The home used safe systems of recruiting new staff. Staff were recruited safely, with DBS checks in place and annual self-disclosure checks made with the manager. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

Incidents and accidents were recorded and learnt from.

We found that the staff had not followed the requirements and principles of the of the Mental Capacity Act 2005 (MCA) and that there were unauthorised restrictive practices taking place.

People were able to see their friends and families when they wanted. Visitors were seen to be welcomed by all staff throughout the inspection. We observed that people were encouraged to be active and to participate in their community. People were coming and going throughout the two day's we visited.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat.

The three care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

People had individualised and person centred care files. The plans were aimed at maintaining and developing people's skills by encouraging independence and supporting where necessary. There were resident's meetings seeking the feedback of the people living at Copperfield. There was evidence this has happened for frequently over time and was an embedded part of the culture.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was mainly safe.

Risk assessments relating to the health and safety and welfare of people using the service were not working in conjunction with the care plans.

Medication was not documented safely.

The hot water supply to all of the people's bedrooms was extremely hot and not set at a safe temperature.

There were enough staff to support people and keep them safe. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean, comfortable and well-maintained and records showed that the required safety checks were carried out.

### Is the service effective?

**Requires Improvement** 

The service was mainly effective.

There were restrictive practices in place without assessing the capacity of the person to consent to such restrictions.

All staff had received training and were being provided with an on-going training plan. Staff had good support, with supervision and annual appraisals taking place.

Menus were flexible and people living at the home chose the meals. People we spoke with said they enjoyed their meals and had plenty to eat.

People were all registered with a local GP practice. People were supported to access community health services including dentist, chiropodist and optician.

### Is the service caring?

**Good** 

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were up to date and informed of the original care requirement of the people.

Monthly reviews were completed.

The information provided adequate guidance to identify people's support needs.

People told us staff listened to any concerns they raised. There was a system to receive or handle complaints.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were systems in place to assess the quality of the service provided at the home.

Staff were supported by the management.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

# Copperfield

## 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 checked 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 23 and 30 March 2016. The inspection team consisted of an adult social care inspector. Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the manager. The local authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for.

During our inspection we spoke with five people who lived in the home, one visitor, three support staff, the maintenance person, the deputy manager, the area manager and the general manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for three people and looked at three staff records. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

We asked people living at Copperfield if they felt safe and they replied, "Yes very safe" and "I'm sure I am safe".

Nobody at the home took control of their own medication. The deputy manager told us this was mostly because people preferred that staff administered it. People told us they received their medication at the right times. We found that medication was administered in a safe manner. The staff office was the location of the medication cupboards in which the medication was stored; this room was always locked when no staff were in it. We checked the access numerous times throughout the inspection and found the door was always locked.

We looked at the medication administration records (MAR charts) for five people and saw that one was not completed appropriately. The dates recorded were incorrect and the record for the stock/count of one medicine informed that there should have been 71 tablets but there were 68 recorded as being counted. For medicines management purposes and to ensure the medicine had been given at the right time and dose, it was important to accurately record the stock. The deputy manager assured us that the person had received the correct medication and it was a case of not using paperwork correctly. All staff were informed of the error and we saw a memo from the deputy manager.

There was no medication fridge for medicines to be kept at a safe temperature. Medicines that required refrigeration were being kept in one of the food fridges, therefore there was no way of knowing if medicine was being stored at the recommended safe temperature range. The food fridge temperature was monitored by staff and staff were asked what the safe temperatures of the medicines stored there should have been. Staff told us they were not aware of the correct temperature.

We spoke with the deputy manager and the area manager about how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that risk assessments relating to their mental health, mobility, falls, nutrition, and other issues relevant to the individual, were in the care plans we looked at and they were reviewed monthly. We discussed the information in the reviews of care plans with the deputy manager. The information recorded by staff was very sparse and did not include changes to people's care and support. For instance, two people's health had changed and there was information in place to inform of the change. However the care plan review and risk assessments did not reflect this change. One person had had an operation and their mobility had changed; this information was not updated in the reviewed care plan and risk assessments. Another person had dementia and there was an identified risk to their food and fluid intake. Records showed that staff were not following the risk assessments.

These examples are breaches of regulation 12(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Assessing the risks to the health and safety of service users of receiving the care or treatment).

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. All staff spoken with told us they would report any concerns straight away to the manager on duty.

All of the staff told us they thought they provided good care to the people living at Copperfield and would report any bad practice or mistreatment.

Accident and incident policies and procedures were in place. We looked at the accident and incident records and information was in place to show actions taken by the manager.

We spent time in all areas of the premises and saw that Copperfield was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. The area manager was responsible for checking the environment in the absence of the registered manager. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in. The environmental health check in September 2011 had awarded a five star rating. A fire risk assessment was in place and had been reviewed and updated in December 2015. There was an issue with the hot water supply to people's bedrooms as it was extremely hot at source. When discussed with the management a plumber was called to fit a mixer valve in all eleven bedrooms.

We asked five people if there were enough staff to support them and they all said, "Yes". One person said, "Great staff, they are here if I need them". The deputy manager told us that staff numbers were flexible and additional members of staff could be deployed if anyone required extra support with their care. We looked at the staff rotas for January, February and March 2016 and saw that the staff ratios were sufficient to meet people's needs.

The management were aware of the checks that should be carried out when new staff were recruited. We looked at three staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection.



# Is the service effective?

## Our findings

We asked five people about the skills of the staff and if they were competent in their roles. Comments received included, "Staff are good and helpful", and "Good people, they are really good at their jobs and I have no issues".

One person told us, "I have my own money, in my own room".

People were not all free to come and go from the home as they wanted, some people required support from staff. Some people told us that they chose not to go out alone and that they preferred to go with somebody, either a member of staff or a relative.

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 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. We found that the service was not following the principles as outlined in the legislation.

An example was that the deputy manager told us that one person living at the home did not have capacity to make all decisions for themselves and staff would also always escort another person who wanted to go out. We asked if they would stop either individual leaving and was told by staff and management "Yes because of the risks".

Another example was that some people at the home managed their own finances, However, we observed that the manager held other people's money in a safe in the office. We checked the finances of three people and saw that all recorded expenditure and amounts kept were correct.

Further examples were that it was unclear what restrictions people had in relation to their capacity to understand and give their consent to. One person's care file stated that they had dementia however there was no assessment of the person's capacity. We discussed this with the deputy manager and the area manager. We were told that two people required support to go into the community and staff would not allow them out of the home on their own due to the risks of getting hurt and/or lost.

There had been no applications for Deprivation of Liberty Safeguards (DoLS) for anyone in the home.

These examples are breaches of regulation 13(5) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. (A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority).

We looked at the staff training matrix for all staff. Staff were up to date in training for providing care and support for people living at Copperfield. We looked at the training materials and information and saw that training was provided in-house by the provider and externally by other agencies. We were provided with the training matrix for all staff and information on the training for 2016. The training matrix showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

There was an induction programme that included shadowing other staff and completing training specific to their roles. The staff we spoke with had completed the provider's mandatory training for required areas. Staff told us that they were happy with the training provided. Comments made were, "I am always learning, I have done lots of training and enjoy it" and "I have attended a lot of training. The management are very good at encouraging staff to do training". Records looked at informed that all staff had completed or were in the process of completing a Health and Social Care qualification.

Staff told us that they had supervision meetings with the management team. There was an annual appraisal procedure that had been implemented for staff. All the staff we spoke with said that they had received an annual appraisal from the manager, we saw that records confirmed this. They said they were appropriately supported and that there was an open door policy at Copperfield where they could talk to the management about any concerns they had and they told us they always felt listened too.

We observed staff interacting with people throughout the day. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting them to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke with informed us that staff met their individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day and night if they requested it. Breakfast was provided at any time the person chose to have it, people were observed going into the dining room at different times in the morning for their breakfast. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. Comments from people were that the food was, "Very good", "Great, always tastes good". One person said, "The staff are good cooks". We were told that one person living at the home required monitoring and encouraging to eat from staff.

The provider checked people's weight regularly and made recommendations about their diet. We saw weight chart records in three people's files, all had been weighed monthly.

People were supported to attend healthcare appointments in the local community, the deputy manager informed us that most healthcare support was provided in the community. Staff monitored people's health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change. Records we looked at informed the staff how to ensure that people had the relevant services to support them. The deputy manager told us that doctors visited the home as and when required. A district nurse visited the home on the first day of our inspection and told us that they provided medical support in private in the person's bedroom.

We saw that people had been enabled to personalise their own rooms. All of the people told us they were happy with their rooms and if they had an issue with their rooms, they said they would report it to the manager. We looked at the maintenance records that showed that any repair issues were dealt with promptly.

## Is the service caring?

### Our findings

The five people we spoke with told us that staff treated them very well. Comments included, "Good staff", "Very happy and their caring". "No complaints it's a good home. I have lived here for a long time".

We observed caring interactions between staff and the people living at the home.

We saw that the people who used the service were very independent and were supported where necessary, to make choices and decisions about their care and treatment. Staff were seen and heard to encourage people asking them what they wanted and discussing options.

Staff told us it was a good place to work and that people were well cared for. Two of the staff had worked at Copperfield for many years, one told us "It's a really good place to work, we really do care a lot. There is a good team here and we all help".

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms.

We observed people being listened to and talked to in a respectful way by the deputy manager and the support staff members on duty.

People were seen to ask questions and the staff dealt with the people immediately. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious about anything. The relationship between the support staff members and the managers, with the people at Copperfield was respectful, friendly and courteous.

The deputy manager and staff told us that ten of the eleven people could express their wishes and all had family/friends to support them to make decisions about their care.

The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the area manager that one person had recently utilised this service in relation to their finances. The information for advocates was displayed on the notice board in the main hall by the front door.

## Is the service responsive?

### Our findings

People told us they were happy with the care and support provided by staff. People told us, "I do lots of activities. I go out every day" and "We go out a lot and do lots of good things like eating out, going to the cafes and pubs". We noted that communication was explored with each person to find the most effective way of engaging with them.

The care plans we looked at contained personalised information about the person, such as their background and family history, health, mental health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. Staff were knowledgeable about all of the eleven people living at the home and what they liked to do.

We spent time talking with people about activities and were told by people that there was always something taking place. Comments included, "I am asked to do activities here. If I want to, I do" and another comment, "I do my own thing". We spent time with the deputy manager discussing activities which included going to the cinema, quizzes, days out, eating out and doing what the people living at Copperfield wanted to do. We were provided with the records of activities that took place in the home.

People's needs were reviewed monthly. There were monthly comments on the care plan records which showed that support staff had assessed the person and recorded if there were any changes to the care and support provided. We asked people about their reviews of care and care plans were. People were fully aware about the care and support they were receiving and required and had agreed to the care plan and reviews. We discussed with the deputy manager and area manager that review records were at times sparse in their content which meant they did not inform the reader if any changes in the person's health had occurred.

People told us staff listened to any concerns they raised. There were no complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board in the hall by the front door.

The deputy manager and people at the home told us that they had a residents meeting every two months. The date of the meeting for the next month was on the notice board in the hall. We looked at the record of meetings which informed how issues raised in discussions were actioned and by whom.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people's treatments for their health and wellbeing.

## Is the service well-led?

### Our findings

The five people we spoke with and a visiting professional told us that there was always a senior support worker or manager available. People's comments included, "The manager is very easy to talk to I can ask her anything" and "A really great manager; I miss that I haven't seen her lately".

The leadership was visible and it was obvious that the deputy manager and area manager knew the people who lived in the home extremely well. Staff told us that they had a good relationship with the registered manager who was supportive and listened. Staff told us that in the absence of the registered manager the deputy manager and area manager were approachable, supportive and dealt with any issues raised. We observed staff interactions with the deputy manager which was respectful and light hearted. There was a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The deputy manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide really good care here, we all work hard". Another comment was "Great place to work, seriously I have worked here for many years". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home that included, monthly medication audits, staff training audits, health and safety audits, incident and accident audits and infection control audits. We looked at the audits for January, February and March 2016.

We looked at the ways people were able to express their views about their home and the support they received. One person said, "I am asked daily if everything is ok and I reply everything is ok". We were told that residents meetings were held every other month. This was confirmed by the people living at Copperfield. Records and minutes showed that meetings took place and people were asked if they had any issues. We saw that people who lived at the home and relatives, visiting professionals and staff were provided with feedback forms in July 2015, we looked at the responses that were all very positive.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The deputy manager was aware of the actions required to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant. Monitoring records looked at for the three care records we looked at were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's. There were issues that the risk assessment reviews were not working in conjunction with the care plans in two instances, this information is in the safe part of this report.

People's confidential information was stored in the home, with all their files being kept in locked filing

cabinets in the locked staff office and manager's office.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff were not appropriately monitoring and recording the identified risks relating to the health, safety and welfare of the people using the service.</p> <p>Regulation 12(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Assessing the risks to the health and safety of service users of receiving the care or treatment).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were no MCA or DoLS assessments in place for two people that required them.</p> <p>Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority).</p>