

Mr Steven Jon Tarrant

Copper Beeches Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Copper Beeches Lodge is a residential care home providing personal and nursing care to up to 13 people. The service provides support to people with a learning disability. At the time of our inspection there were 13 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The model of care and setting did not maximise people's choice, control and independence. People were not supported to be as independent as possible or have as much control over their lives as possible. People spent much of their time in the service or going out as a group. Not everyone had been consulted about, or empowered to identify, any aspirations or goals they had. Where people had identified wishes or goals, these were not usually detailed as part of their planned care and support.

Activities and interests were sometimes delivered in the service rather than finding similar opportunities in the local community.

There was a risk averse culture in the service. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Reasonable adjustments were made for people so they could participate in discussions about their day. People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative. Systems were in place to report and learn from any incidents with external professionals.

People's care and support was provided in a safe, clean, well-maintained environment and people were able to personalise their rooms.

Right Care:

People did not always receive support that followed best practice and focused on their quality of life. People did not always receive the right support to develop an understanding of their aspirations or goals and live a quality life of their choosing.

There were not consistently enough staff available to provide individualised care. People did not always have the opportunity to undertake activities and pursue interests that were tailored to them as an individual; and were not routinely engaged in trying new activities. People's care plans did not always include information to promote their wellbeing and enjoyment of life.

Positive risk taking was not always encouraged or enabled. Risk assessments were undertaken but these were sometimes basic and lacked individual detail.

People were not always protected from abuse as all staff had not received relevant training.

People received kind care from staff who responded to requests for support.

People were able to communicate with staff and understand information given to them by staff who understood their individual communication needs.

Right Culture:

The ethos and values of the service did not consistently enable people to lead confident, inclusive and empowered lives. The manager and provider had not ensured best practice was embedded in the service. This meant people's wishes, needs and rights were not all known by staff or placed at the centre of the service.

Checks and audits were undertaken but often did not review aspects of the service that would highlight actions to enhance people's quality of life.

Staff had received training but did not have a good understanding of best practice models of care. This meant people did not always receive tailored support that empowered them as an individual.

Staff knew and understood people well and cared for them. People and those important to them, including advocates, were involved in reviewing people's care plans.

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

Rating at last inspection and update

This was the first inspection since the provider registered with us to run the service on 21 July 2021.

The last rating for the service under the previous provider was good, published on 12 September 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We completed this inspection to provide a rating for this previously unrated service.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to person-centred care and governance. We have also made recommendations in relation to language used in records, staffing levels, staff training and person-centred medicines management.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Copper Beeches Lodge

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 Health and Social Care Act 2008.

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

Two inspectors completed the inspection.

Service and service type

Copper Beeches Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Copper Beeches Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed three people's care records, three people's medicines records and a range of records related to the management of the service such as audits and meeting minutes. We spoke with seven people, eight staff, including the registered manager and provider, and one health professional. We spoke with three relatives by phone. We also received feedback from a health professional.

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 of 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.

Staffing and recruitment

- Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. However, new staff had not all provided a full employment history; which meant the provider could not be fully assured of staff's suitability to work with vulnerable adults.
- The provider had not always deployed enough staff to meet people's needs. Staffing levels meant people's choices for how they spent their time in the evenings and at weekends were restricted. The rota for August showed there were usually seven or eight staff members available during the day but in the evenings and at weekends this dropped to five staff. This meant people did not have the freedom to go out when or where they chose in the evening or at weekends.

We recommend the provider seek reputable advice on calculating staffing levels at the service.

- Following the inspection, the provider told us they had recruited more staff and were adapting the rota to provide more staff in the evenings and at weekends, based on individual's needs and preferences.

Using medicines safely

- Medicines were managed, stored and given to people as prescribed; however, this was not tailored to each individual. Please see the effective section of the report.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Where appropriate people's medicines were being reduced.
- Guidance was in place to help staff identify when people required medicines that were prescribed to be taken 'as required' (PRN).
- Staff had received training to administer medicines and had their competency assessed.

Assessing risk, safety monitoring and management

- Occasionally people became upset, anxious or emotional, staff had information to guide them how to support people at these times.
- There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.
- Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- People had risks assessments in place, however these lacked person-centred detail. Please see the effective section of the report.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse but not all staff had received relevant training about how to follow the provider's procedures to keep people safe. Four staff members had not completed safeguarding training. One of these staff members confirmed they would not know how to raise a safeguarding concern outside of the service if they needed to.
- Staff told us one person had become more able to voice their fears since living at the service. This indicated they felt safe at the service.
- In a recent questionnaire some people had responded that they didn't know who to talk to if they didn't feel safe. As a result, this had been discussed with them in a residents' meetings.
- Staff said they were comfortable raising any concerns with the leadership team, and felt confident these would be taken seriously.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- The service had sought the support of external professionals to help identify the cause for certain incidents experienced by one person, so they could work to help reduce the number of incidents.

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 of 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.

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

- The model of care at the service was not up to date and did not reflect best practice. The registered manager told us they were aware of CQC's best practice guidance: Right support, right care, right culture; however, limited action had been taken to align the service with it.
- Care and support plans were not holistic, or strengths based. They did not set out strategies to enhance independence or include skills teaching.
- One person wanted to live nearer to relatives and their request had been actioned; however, for other people there was no clear indication of future planning, consideration of their longer-term aspirations, or clear pathways to future goals.
- People's needs and choices in relation to medicines and money had not been assessed. People had not been encouraged to be involved in their own medicines and money management or provided with the opportunity to increase their skills in this area.
- One person could use knives with supervision, however their risk assessment did not describe the support they needed to use knives safely, but stated knives needed to be locked away. This meant their support needs may not have been consistently met by staff.

This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider told us people's risk assessments had been updated to include what support people needed to help ensure they were supported to take positive risks. They also told us they had overhauled their care and support planning system.
 - People, those important to them and staff were involved in developing people's care plans.
- Supporting people to eat and drink enough to maintain a balanced diet
- People were not supported individually to choose or buy food, or to plan or cook their meals. People planned menus together for each quarter. This system showed a lack of individuality and was indicative of an institutional approach.
 - People were sometimes encouraged to help cook meals, but everyone did not have the opportunity to regularly prepare a meal. This meant it was difficult for them to build or maintain skills.
 - The service guide stated what time people would have meals, snacks and drinks. Staff told us people could have drinks and snacks whenever they wanted to; however, one person told us staff would give out biscuits at 3pm and 8pm. This set routine, which was understood by people living in the service, showed a lack of emphasis on individuality.

- Staff recorded everyone's drink intake. This was not necessary for all people and showed an institutional culture.

This contributed to the breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us people were encouraged to keep their personal snacks in their bedrooms but that they planned to make storage available to people in the kitchen in the future.
- Staff were aware of people's dietary needs and preferences and how to support people to eat a balanced diet.
- Following the inspection, the provider told us they were in the process of updating the service user guide. They also told us they had updated their mealtime processes to maximise independence, choice and skills-building; and that people's fluid intake was only recorded if they were at risk of dehydration.

Staff support: induction, training, skills and experience

- An induction for new staff was in place, however staff had not received all training relevant to their role before supporting people. One staff member, who had not worked in care before, had been working at the service for two months but had not completed training regarding safeguarding, Makaton or the Mental Capacity Act. The registered manager told us they and senior staff monitored new staff, however the lack of training meant the staff member may not have recognised poor practice.
- Competency checks were carried out on staff practice. However, the provider's system for checking staff competence, such as medicines management, did not always reflect best practice principles, and therefore did not identify all areas for improvement.

We recommend the provider seeks reviews their system for ensuring staff have the right skills and knowledge to meet best practice.

- Following the inspection, the provider told us they had updated their induction process.
- On-going training was planned to support staff's continued learning. Some staff had received training specific to people's needs. One staff member told us they had had bespoke dementia training in relation to one person's changing needs.
- People and their relatives spoke positively about staff and told us they were skilled to meet their needs. A professional told us the staff team was consistent.

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

- People benefitted from living in a service that was adapted to meet their needs.
- People's care and support was provided in a safe, clean, well-maintained environment and people were able to personalise their rooms. A relative told us their family member's room was very personalised and reflected the person's interests.
- Following the inspection the provider told us they had plans to partition parts of the building to, 'maximise people's choice, control, privacy and independence'.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's capacity had been completed; however the least restrictive option had not always been chosen in people's best interests. Some people did not have access to items such as their money or toiletries as these were locked away. It wasn't clear that locking things away was always the least restrictive option for the person.
- The registered manager had applied for DoLS on behalf of people where appropriate.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody to represent their interests.

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

- People were involved in managing their health needs. Any changes in their health or well-being prompted a referral to the appropriate health or social care professional.
- A healthcare professional confirmed staff recorded information required to monitor people's health and followed advice to improve people's health.
- People had a health action plan and hospital passport which described the support they needed to stay healthy and helped communicate their needs to external professionals.
- People's care plans detailed what support they required with their oral health.

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 of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- There was no system in place to identify how people wanted to maintain their independence and what support they needed. Care plans detailed some things people could do for themselves and staff offered people some opportunities to take part in household tasks. However, skills teaching was not embedded in the culture of the service, and there was no information in place to guide staff on specifically what support each person needed help maintain their independence.
- There was no system in place to monitor people's progress which meant any changes to their support needs may not have been identified.
- People had not been supported to identify individual targets or goals to achieve greater confidence and independence. Team meeting minutes and one person's care plan mentioned increasing independence, but no information had been included in people's care records. This meant there was no guidance about what skills individuals wanted to focus on or what support they required from staff to increase the likelihood of success.
- One person told us they did not help to prepare meals in case they cut themselves using a knife. There was no evidence they had been encouraged to develop their skills and confidence in this area and no assessment had been completed to identify whether they would benefit from adaptive equipment to support their independence.
- People did not receive their medicines in private. Staff administered people's medicines in the kitchen rather than in a private location.

This contributed to the breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider told us people had been consulted about their needs and choices regarding their medicines and implemented these. They told us this gave people more privacy and dignity.
- They also told us they had introduced a new system which included gathering information from people about their aspirations and goals, skills-building and monitoring outcomes.

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

- Language staff used about people in records was not always respectful; for example, handover records described people as, 'stubborn', 'interfering', 'whining' and 'demanding'.

We recommend the provider seeks advice and guidance in relation to supporting staff to record information about people using respectful language.

- Following the inspection, the provider told us they had discussed dignity and respect with staff and planned further training.

- Staff interacted with people in a caring manner and followed guidance to help relieve any distress people experienced.

- People were treated with kindness and compassion. A relative told us that when their family member had spent some time in hospital, staff held a 'welcome home' party on the person's return to the service.

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

- People told us staff listened to them and respected their wishes.

- Support plans included people's communication needs. Staff knew people's individual communication skills, abilities and preferences.

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 of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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 were not supported to experience a range of personalised, meaningful activities based on their individual preferences. One person who liked motorbikes had asked to go to see some so staff had planned for them to go to a bike showroom. A group of people were going even though only one person was interested in motorbikes. On the day, the person decided they didn't want to go, so the group decided to go for a walk and lunch to a nearby town. This suggested that the original trip had not been of interest to most of the group and was therefore not a meaningful activity for them to take part in.
- People did not have the opportunity to go out as frequently as any other citizen. Records in the service showed that during the first two weeks of September 2022, one person went to their day service six times and out with a relative once. They were only supported by staff to go out once. This meant they stayed in the service for 6 out of 14 days. Another person attended their day service twice and was supported by staff to go out four times and for a drive once. This meant they stayed in the service for seven of the 14 days.
- People who spent time in the service were often unoccupied or watching television. During the site visit, one person was not engaged with any activities or interests throughout the day but moved from room to room watching others.
- The culture in the service focused on the group rather than the individual. For example, people populated a monthly activity timetable together which meant they often did these things as a group. A staff member told us, "On Friday evening half the group go bowling and the other half have a pub night (in the service). We alternate it."
- Relatives told us and records confirmed, people usually went out as part of a group. This was not promoting people's individuality. A staff member confirmed, "People tend to be together mainly."
- Due to lower staffing levels in the evenings and at weekends, there was a lack of flexibility to ensure that people enjoyed freedom of choice and control over what they did. As a result, people tended to do less at these times. A member of staff told us they would like to see people going out in the evenings more.
- People were not routinely empowered to develop new interests which were then supported by individualised learning programmes. People had recently been consulted about a range of different activities and identified things they enjoyed and things they would like to try. However, no plan had been created with people detailing how they would achieve them.
- The culture within the service and the staff team did not empower people to use relevant mainstream opportunities and services so people could broaden their horizons and develop new interests and friends. Activities and interests were sometimes planned in the service rather than finding opportunities in the local community. For example, the registered manager told us yoga had been offered in the service to meet one person's needs. Others had joined in and enjoyed it, but this had not prompted plans to find opportunities to do yoga in the local community for people. Staff also explained that the 'pub night' did not involve people

going to a pub; but that people had non-alcoholic drinks in the service.

This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider told us activities were no longer planned as a group and staff were supporting people to identify skills, goals and meaningful activities. They also told us they had overhauled their care and support planning system and supported people to enter back into community activities.

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

- People were not empowered to have a wide range of experiences to help make informed choices and increase their control over their lives. This meant their choices were limited.
- Care plans did not clearly detail what a meaningful life looked like for each person and how they would achieve it. This meant the control they had over their lives was limited.
- People and where appropriate, those who mattered to them, were involved in creating their care plans. These included some information about people's daily routines.
- One person had decided they wanted to move nearer to a family member, and they were being supported to do this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some information was provided in accessible formats, to help people understand information. The registered manager told us that as a result of feedback from people, easy read care plans were being created for people to keep in their rooms.
- There were visual structures, including photographs and symbols which helped people understand what was going to happen during the day.
- People had individual communication plans that detailed effective and preferred methods of communication.
- Staff had understood individuals' communication needs and knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints.
- The service had not received any complaints in the last 12 months.
- Relatives told us they had no complaints and if they raised a query or concern these were responded to promptly. One relative commented, "Even if there is a little problem, and I'm very fussy, they sort it out straight away."

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 of 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

- There were clear lines of responsibility and accountability within the management structure, however despite being aware of the statutory guidance, Right support, right care, right culture; limited action had been taken by the registered manager and provider to ensure the service reflected best practice. As a result, opportunities to make improvements had not been identified and the model of care for people was not up to date. A professional told us they thought the service was 'old fashioned.'
- A quality assurance system was in place to monitor all aspects of the service; however, the questions and answers did not focus on current best practice. This meant the related service improvement plan lacked clear aims to improve people's opportunities and outcomes. For example, audits of medicines were completed regularly but questions about supporting people to manage their own medicines had not highlighted areas where people could be supported to gain skills or independence.
- A guide to the service described how the provider assessed the quality of the service. It included, 'As a measure to test the quality of the services we provide, we ask the question: 'is the home good enough for my mother or father'. This was not appropriate as most of the people living in the service were not elderly.
- The provider did not have a clear vision for the direction of the service which demonstrated an understanding of how to support people to achieve the best outcomes possible.
- The registered manager had not ensured risk assessments included individualised information to guide staff.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they felt able to raise concerns with managers.
- The registered manager told us they were well supported by the provider.
- Following the inspection, the provider told us the service user guide was being updated and the medicines system had been overhauled. They also told us their risk assessment process had been updated.

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

- Checks of the service did not always focus on ensuring meaningful, person centred outcomes for each individual. For example, a check of people's mealtime experience did not record how people had been supported to be involved in planning and preparing their food, but on how staff 'served' the food. This

showed a culture of staff doing things for people, rather than with people.

- The provider's guide to the service did not describe a service that had a culture of person-centred care that empowered people. For example, it stated, 'We plan activities for residents', 'breakfast is served in the dining room' and 'at bedtime you have toast and a drink'. The registered manager told us it was out of date; however, people were able to describe aspects of the information set out, which showed an institutional culture.
- The culture of the service did not support individuality. Staff mostly planned and undertook activities with people as groups. One staff member told us, "Sometimes it can be difficult trying to find an activity that accommodates them all." This showed a lack of drive towards delivering individualised care.

This contributed to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and provider took an active role within the running of the service and had good knowledge of the staff and the people living at Copper Beeches Lodge.
- Following the inspection, the provider told us their audit process had been reviewed and that this had included removing the mealtime experience audit. They also told us systems now supported people to plan opportunities and activities individually.

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

- People were consulted about the service but this often included planning as a group rather than as individuals. People were encouraged to plan menus and activities together for the next month or more. This reduced the likelihood people would lead individual lives and make individual choices about their time. Following the inspection, the provider told us they had introduced a person-centred approach to mealtimes.
- Quality questionnaires were distributed to people, relatives and staff but these did not request feedback about how well people were supported to increase their quality of life, experiences, skills or independence.
- Following meetings and quality questionnaires, actions were recorded relating to any areas highlighted or requests made.
- The registered manager told us they encouraged people to share any thoughts and ideas through everyday conversations.
- Relatives gave positive feedback about the service. Comments included, "They do more than 100% with [person]" and "We are perfectly satisfied with the service."
- The registered manager told us they valued staff and had held a rewards evening to show appreciation for the work staff did. One staff member told us, "It's a good place to work. I really love it." Another staff member told us the provider and registered manager were approachable and listened to staff.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision. The provider's PIR stated, "We are confident with working in partnership with service users, families and multi-disciplinary teams to ensure that needs are met in the correct way. We have sought advice from speech and language therapists and other professionals many times to ensure that we are meeting people's communication needs."
- A healthcare professional confirmed the service worked well with them to refer, monitor and review people's needs.

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 registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people's needs and preferences were always met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were in place to monitor the quality of the service.