

Copper Beeches Limited

Copper Beeches

Inspection report

138 High Street
Collingham
Newark
Nottinghamshire
NG23 7NH

Tel: 01636892789

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24 June 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Copper Beeches is a care home and is registered for up to 20 people. At the time of the inspection, the home had 14 people living there.

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

The service has a history of being rated as 'Requires improvement' and 'Inadequate'. Although we saw improvements had taken place, which was an ongoing process we found not enough had improved to ensure the environment was clean and effective with infection control measures.

We were not fully assured infection control was managed safely. People told us they felt safe. There had been no COVID-19 in the home during the pandemic.

Systems were in place to monitor and record safeguarding incidents to keep people from harm. There were sufficient staff for the number of people living in the home at the time of the inspection. Medicines were managed safely. Lessons were learnt when issues were identified.

People were complimentary about the registered manager and their staff team; they felt they did a good job. People received positive outcomes for their health and well-being.

People were engaged and involved in how the service was run. The service worked well with other professionals. Any concerns were escalated and referrals to relevant professionals were made in a timely manner.

We have made a recommendation about the provider reviewing government guidance for using PPE in a care home.

We have made a recommendation about the providers cleaning processes to ensure they keep the cleanliness of the home to a high standard.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook this focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements regarding Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

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

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

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

Service and service type

Copper beeches is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection site visit activity took place on 24 June 2021 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to eleven people and one relative. We observed the environment of the home and the interaction between people and the staff. We spoke with six members of staff including the providers representative, the registered manager, deputy manager, senior care worker, care worker and housekeeping staff.

We reviewed a range of records. This included five people's care records and three medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits of the service, policies and procedures, minutes of meetings and maintenance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider was unable to demonstrate the safeness and cleanliness of the environment. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15, however further improvements were still needed in some areas.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not always assured that the provider was using PPE effectively and safely. A staff member removed their personal protective equipment (PPE) including their mask and walked through the home before they went to the storage area where new PPE was kept. This meant the service were not always following government guidelines for wearing and changing PPE.

We recommend the provider review government guidelines for staff wearing PPE correctly.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to assess and manage risk. The provider continued to review the home environment; changes were being made slowly.
- The provider had submitted a monthly plan to us to identify where improvements had been made to the environment of the home since the last inspection. However, we found the home was not consistently clean in some areas.
- The housekeeper worked excessive hours, but when they were absent there was no clear cleaning process to ensure the cleanliness of the home would be kept to a high standard.
- At this inspection we found there was still improvements to be made. For example, the carpet through the home was stained and dirty. Some of the furniture was without varnish and was heavily stained. Some of

the door frames were damaged and had deep grooves and marks from wheelchairs. There was a risk of contamination for infections, as these areas were hard to keep clean and infection free. This was confirmed by the service survey and visiting relatives. One relative said, "Some of the carpets are dirty."

We recommend the provider also review their cleaning process and procedures, to ensure the home is always kept to a high standard of cleanliness.

- The provider was in the process of auditing all fixture and fittings that needed replacing. This was shared with us after the inspection, but no time frame was included for when these replacements would take place.
- People had individual risk assessments and staff knew how to keep people safe. Information was available from health care professionals to ensure people's food and drink was suitably prepared to reduce risk.
- People were supported to reposition and used pressure relieving equipment. Staff were aware how to support people to maintain or improve skin integrity.
- People felt safe. One person said, "I have no grumbles, no problems, I would tell someone if I had. They [the service] keep my money safe and I have a carer with me when I go out". Another person said, "We are very lucky to be here, we've had no Covid-19, there were no visitors as soon as the pandemic started, they keep us safe." A relative confirmed they had no concerns regarding people's safety.
- Systems were in place to record, monitor and investigate incidents, accidents and concerns. Actions and outcomes were established and shared with staff to improve the service provided.
- The local Infection control team completed an audit of the home. They identified the same issues and concerns we found at our inspection. The provider completed an action plan to address these concerns and we saw where improvements had been made during our inspection.
- The registered manager had made changes to the service auditing tool. They had implemented a more robust system for staff to visually inspect mattresses daily and completed a full unzip inspection every two weeks.

Staffing levels and recruitment

- There was sufficient staff to meet people's needs. No one raised concerns with us about the staffing levels. One person said, "There are enough staff most of the time, occasionally one is ill and that is difficult, but they do their very best." Staff told us they felt there was enough staff for the number of people in the home.
- There was a comprehensive induction process. Relevant safety checks were in place to ensure staff were suitably employed. For example, character references and disclosure and barring service (DBS) checks.
- The provider told us they were actively recruiting, and this included another member of staff to join the house keeping team and an activity co-ordinator.

Using medicines safely

- Medicines were managed in a safe way. Where concerns were identified action had been taken, for example, a mistake for one person's medicines was found on the pharmacy MAR chart. The nurse contacted the pharmacy before administering the medicine to ensure the dose was correct.
- The service used an electronic system EMAR which was robust and helped to mitigate mistakes to ensure people received the medicines as prescribed.
- Staff completed regular medicine audits and counted medicine to ensure they balanced stock and medicine was stored appropriately.
- Staff who were responsible for administering medicines, had received training and understood their responsibilities. Medicine competency checks were carried out regularly. Where concerns were identified the provider undertook competency assessments and supervision with the individual, to identify any further training needs.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

- The service had a history of being rated as 'Requires improvement' and 'Inadequate'. There had been slow improvement at Copper Beeches.
- At this inspection the main concerns were improvements to the environment. We were mindful that the pandemic had impacted on materials being unavailable in some areas, however improvements had not been completed sufficiently, therefore this has continued to result in the service requiring improvement.
- The provider continued to provide a monthly update on maintenance of the home and had given written reassurance of immediate changes taking place.
- The registered manager and their team continue to ensure they improved people's health and wellbeing. People and relatives were happy with the care and support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were complimentary about the registered manager and the staff team. One person said, "The boss [registered manager], comes around and talks to everyone." Another person said, "Staff are lovely, and the food is wonderful."
- The registered manager described individuals needs and how staff would care for each person. This meant management and staff were clear about their roles and responsibilities.
- The registered manager notified us when incidents had happened in the home. The provider followed legal requirements and displayed the last report and rating for the service for people and visitors to view.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received positive outcomes in relation to their care and support. For example, one person told us how the service had managed their condition and improved their health and well-being.
- When people requested assistance, the call was responded to in a timely manner. We observed two staff moving a person and using a hoist. The procedure was done in a safe way, but staff didn't always fully interact with the person and describe what they were doing. Poor communication can result in an unsafe move.
- People were confident to raise any concerns with the registered manager. One person said, "If I had any complaints, I feel they would dealt with promptly."

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

- People and relatives felt they were kept up to date and fully informed what was going on in the home.
- We observed staff engaging with when offering snacks and drinks to people.
- One Relative said, "I am very happy with the care, any problems they are on to us straight away."
- Resident and relative meetings had taken place and discussion's around the last CQC inspection, activities and Ideas for using the garden and grounds had been discussed. People felt it would be beneficial for the provider to attend the resident's, family and friends meeting to engage with the people and their family and friends. This meant people were involved and engaged in using the service.

Working in partnership with others

- The provider worked well with other professionals. One person told us when they were unwell the staff called the paramedics straight away. The person was admitted to hospital and the required guidance was followed when the person returned to the service.
- The service had a good relationship with the community matron who visited people at the service weekly. multi-disciplinary meetings took place to ensure appropriate escalation of people's condition was undertaken when needed. This meant the service worked well in partnership with other professionals.