

# London Borough of Enfield

## Coppice Wood Lodge

### 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?

Requires improvement 

#### Overall summary

This inspection took place on 7 August 2015 and was unannounced. When we last visited the home on 11 September 2014 we found the service were meeting all the regulations we looked at.

Coppice Wood Lodge provides accommodation and personal care for 38 older people, some of whom may have dementia. There were 31 people using the service on the day of our inspection.

The home had a registered manager. 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.

We found one of breach of regulations at this inspection. The majority of people had a DoLS in place but the provider had not formally notified the Care Quality Commission of this.

People were kept safe. Medicines were being managed safely. Risks to people were identified and action taken to reduce the risks. Sufficient staff were available and they had the necessary training to meet people's needs. Staff responded to people's needs promptly.

# Summary of findings

People were provided with a choice of food, and were supported to eat when this was needed. People were supported effectively with their health needs.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were involved in decisions about their care and how their needs would be met. Staff knew what to do if people could not make decisions about their care needs in line with the Mental Capacity Act 2005.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately.

People using the service, relatives and staff said the registered manager was approachable and supportive. Systems were in place to monitor the quality of the service. People and their relatives felt confident to express any concerns, so these could be addressed.

At this inspection there were breaches of regulations in relation to the need for consent to care. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe. Staff were available in sufficient numbers meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

People were support to have their medicines safely.

Good



### Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

Good



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs and staff followed these.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew how to make a complaint as there was an appropriate complaints procedure in place.

Good



### Is the service well-led?

The service was not always well-led. The provider had not told us about some important changes to the care and support provided to people who used the service.

Requires improvement



# Summary of findings

The provider had carried out regular audits to ensure that medicines and other aspects care were managed safely in the home.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

# Coppice Wood Lodge

## 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 07 August 2015 and was unannounced.

The inspection was carried out by an 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.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider 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 spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with 12 people who used the service, four visitors, five care staff and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of seven care records of people who used the service, 19 medicine administration records, three staff records and records related to the management of the service.

# Is the service safe?

## Our findings

One person said, "I feel safe, Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available. One relative confirmed they, "Would speak to the manager if I had concerns." People who used the service told us that they felt safe and could raise any concerns they had with staff. Staff we spoke with understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the CQC. Staff had received training in safeguarding adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised. No safeguarding concerns had been raised in the last year. Arrangements were in place to protect people from the risk of abuse.

Risk assessments were in place that ensured risks to people were addressed. There were assessments covering common areas of potential risks, for example, falls and nutritional needs. These were reviewed monthly as was the provider's policy, and changes to the level of risk were recorded and actions identified to lessen the risk. Staff were able to explain the risks that particular people might experience when care was being provided. Risk assessments identified the actions to be taken to prevent or reduce the likelihood of risks occurring.

People told us that enough staff were available to meet their needs. One person said, "Staff are always there when you need them." We observed that staff were able to respond quickly when people needed them. For example we saw that call bells were answered promptly and people were supported with personal care when they needed assistance. As part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to support people. When people requested support from staff they were responded to promptly. The acting manager showed us the staffing rota for the previous week. These were completed and showed that the numbers of staff available were adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had

undergone the required checks before starting to work at the service. The four staff files we looked at contained criminal record checks, two references and confirmation of the staff's identity. Staff told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People told us that they received their medicines when they needed it. One person said, "The medication is always on time." People said that they had been involved in discussion about the medicines they were taking. We saw that staff knew when to offer people the required medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicines.

We looked at the medicine administration records for 19 out of 31 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Medicines prescribed as a variable dose were all recorded accurately and there were no omissions in the recording or administration of medicines.

Protocols for homely remedies and 'as required' (PRN) were in place and recorded on the MAR charts and in the associated care plans. Topical cream instructions were clearly written to show where cream was to be applied. This showed that medicines had been given to people as prescribed.

When medicines were administered covertly to a person in their best interest we saw there were signed agreements in place, which included the person's doctor and family. We saw that an assessment had been completed to confirm that it was safe for one person to administer their own eye drops.

## Is the service safe?

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Records showed that controlled drugs were managed appropriately.

# Is the service effective?

## Our findings

One person said, "I am well looked after here." Staff who had recently started to work at the home had completed a detailed induction. One person commented about the staff, "Some of them have got qualifications." Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Also staff had specific training on dementia and nutrition. Some care staff had completed a qualification in Health and Social Care. A training matrix was used to identify when staff needed training updated. The training matrix showed that staff had completed refresher training when this was needed. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The acting manager told us staff received supervision every two months. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The acting manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005. They told us they always presumed that people were able to make decisions about their day to day care. They said some of the people who used the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to describe people's rights and the process to be

followed if someone was identified as needing to be assessed under DoLS. Staff understood people's rights to make choices for themselves and also, where necessary, for staff to act in someone's best interest. The majority of people who used the service had a DoLS authorisation in place. DoLS were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

People told us that they liked their meals. A person said, "The food is good." Staff spent time explaining what was available for lunch. Where people did not want what was on the menu an alternative meal was provided. One person said, "I can choose something different if .what is on offer is not to my liking." Another person told us, "If I was to say to the cook can we have such and such a thing, invariably we get it." People were offered a choice of drink with their meal.

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. The cook explained that they were told about each person's dietary needs. For example, the cook was able to explain the dietary needs of people who had diabetes or were on low fat or high protein diets.

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. People who used the service needed support with their nutritional needs, their fluid and food intake was being monitored.

People told us that they had been able to see their GP when they want. When they asked staff to contact their GP this was done quickly. A person told us, "The doctor comes here regularly." People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GP's and district nurses. People's care plans showed that they had access to the medical care they needed.



# Is the service caring?

## Our findings

People told us that they were treated in a caring and respectful manner by staff who involved them in decisions about their care. One person told us, "Staff respect my wishes." Another person observed that, "Staff treated me with kindness." Staff interacted with people in a friendly and cordial manner and were aware of people's individual needs. One person wished to go out to the local shops with the help of staff and they supported the person to do this.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People were involved in decisions about their care. People were seen to be treated with kindness and compassion. Staff spoke with people in a positive, caring, affectionate and respectful way. For example, at lunch time staff asked people if they wanted a wipe to clean their hands and face. Staff asked permission to do things for people. For example a carer asked a person if they could cut up their food for them and another asked permission to take someone's blood pressure. It was seen that staff knocked on people's doors and asked permission to enter. We observed that staff thanked people for allowing him to do things for them such as putting on an apron. Staff used appropriate physical contact to reassure people such as touching people on the arm or stroking their hand.

People told us that they were treated with "respect". One person told us, "Staff are respectful and caring." Staff explained what they were going to do before supporting people. They used people's preferred names when talking with them. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Care plans recorded people's likes and dislikes regarding their care.

Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, interests and how they wanted to spend their time were also reflected in their care plans. People had life history books, which gave staff important information about how the person was before they developed dementia. Staff demonstrated a good understanding of people's likes and dislikes and their life history.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "My relative can visit any time." We found that people's relatives and those that mattered to them could visit them or go out into the community with them. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

# Is the service responsive?

## Our findings

People and their relatives had been involved with planning and reviewing their care. Any changes to people's care was discussed with them and their relatives where appropriate. One relative said, "They make sure that we are involved in deciding what will happen." Care plans were in place to address people's identified needs. Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs. Records showed that a monthly resident meeting was planned and people told us they were aware of this meeting.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, "My carer makes sure the things I

need are available." We found that the key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

People could choose to be engaged in meaningful activities that reflected their interests and supported their wellbeing. A range of activities were provided on all three floors and activity plans were available. We saw that a number of activities took place throughout the day, including a music activity, bingo and an exercise group and that there was a plan in place for daily activities. One person said, "I enjoyed doing the activities there is something every day." We observed that the people engaged in activities appeared to find them worthwhile and interesting.

One person said, "If you have a complaint go to the office and they will sort it out." A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the registered manager and inform them about this, so the situation could be addressed promptly. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

# Is the service well-led?

## Our findings

We reviewed information we held about the service prior to our inspection. This told us that people who used the service had a DoLS authorisation in place. However this showed that we had not received any notification regarding the outcome of DoLS applications. Care records showed that people already had a completed DoLS application. We had not received notifications for these completed applications as the provider is required to do. We raised this with the registered manager who confirmed they had not completed any notifications regarding the outcomes of completed DoLS applications. The registered manager was not aware that they were needed to do this for each completed DoLS application. This meant that the provider had not told us about significant events affecting people's care and support needs. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice.

The acting manager was available and spent time with people who used the service. Staff told us the acting manager was open to any suggestions they made and ensured they were meeting people's needs. Monthly team

meetings were held so that staff were given an opportunity to discuss changes in practice. Minutes of the last meeting showed that topics such as what people wanted to eat and drink.

People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out regarding how the provider listened to people's views and involved them in decisions about their care. The results of this were generally positive; people said that the service responded to their needs.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the registered manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. We saw that quarterly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements needed to be made, records showed that an action plan had been put in place and any issues had been addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**How the regulation was not being met:** The registered persons had failed to notify CQC

about significant events affecting people's care and support as required. Regulation 182(b)(e) (4).