

# United Response Copperbeech

## Inspection report

172 Heanor Road  
Smalley  
Derbyshire  
DE7 6DY

Tel: 01773530937  
Website: [www.unitedresponse.org.uk](http://www.unitedresponse.org.uk)

Date of inspection visit:  
15 January 2019

Date of publication:  
12 February 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified the provider acted to minimise the likelihood of occurrence.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet. The environment where people lived suited their individual needs and preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender. People were supported to develop their independence and to set achievable goals in life.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines were provided in an easy to read format with pictures to aid their understanding. People were supported by staff members who knew their individual communication styles. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems in place to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 19 August 2016)

About the service:

Copperbeech is a residential care home that accommodates up to three people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any

citizen ' Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service remained good in all key questions with an overall rating of 'Good.'

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Copperbeech

## Detailed findings

### Background to this inspection

#### The 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.'

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type

Copperbeech 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.

At the time of this inspection the service had recently recruited a manager who was in the process of applying to become 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.

#### Notice of inspection

This inspection site visit took place on 15 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a small location supporting people with a learning disability who are often out during the day. We needed to be sure that someone would be in.

#### What we did:

Before our inspection visit, 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which

may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection people living at Copperbeech were not able to fully share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas during the inspection. We spoke with the manager, team leader and senior support worker.

We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes.

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, following a previously unknown risk whilst in the community one person's risk assessment was then changed to minimise the risk of harm.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards.

Staffing levels.

- People were supported by sufficient numbers of staff who were available to safely support them.
- The provider adapted their staffing rotas to meet people's personal preferences to ensure they received the right support at the right time.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and if needed retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place and acted when concerns had been identified. For example, some items of furniture could not be effectively cleaned owing to wear and tear. As a result, new pieces of furniture had been ordered.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, following one incident additional support and training was provided for a staff member.

Systems and processes.

- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed. Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- The provider supported staff to deliver care and support in line with best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff skills, knowledge and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding, fire awareness and dementia. New staff members then worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- When people were advised to amend their eating habits, for health reasons, we saw that staff and the management team worked alongside them to help them achieve realistic goals whilst still enjoying foods which they liked and chose.

Staff providing consistent, effective, timely care.

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. The provider referred people for healthcare assessment promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We saw people were treated with compassion by a caring and respectful staff team. We saw people visibly enjoyed the interactions that they had with the staff members supporting them.
- We saw people were supported at times of upset and anxiety. For example, one person started to show initial signs of anxiety. A staff member recognised this and supported them. This person visibly relaxed. The staff member was then able to explain to us people's individual likes and dislikes which could cause them upset. This means that people were supported by a staff team who knew them well and supported them with kindness.
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them.
- Staff members we spoke with talked about those they supported with fondness and compassion.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food and drink and activities. For example, we saw one person use an adapted hand gesture and a physical prompt to communicate to a staff member that they wanted to leave the house and start an activity. The staff member recognised this and supported them as the person wished.
- As part of the care assessment process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. These include, age, disability, gender reassignment, marriage and civil partnership, religion. The care and support plans we saw clearly recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities. This included attendance at cultural social clubs and food that was appropriate to their background and desires.

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. This included taking part in vocational activities where they could build on personal skills.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- People were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- The care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal things that were important to people. For example, we saw information which told staff members what makes a 'good day.' This contained things like coffee, work and joking with others.
- We saw people's care and support plans were reviewed to account for any personal or health changes. People had detailed 'hospital passports' which contained information on their personal health and how best to support them when undergoing medical assessments or treatment.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, easy to read with picture prompts. However, the management team were not aware of the accessible information standards albeit they were meeting the principles as part of their assessment of people's communication styles. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People had an assessment of their communication and when it was required information was presented in a way people found accessible, for example with picture prompts. Staff members knew how to effectively communicate with people. For example, one person had adapted their sign language techniques to suit their personal style. This adapted form was written down accurately for staff to know and to follow. Staff members we spoke with knew these signs meaning that the person could effectively interact with those assisting them.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. These included working in retail and leisure facilities where people could build on their vocational skills.

### Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them. However, in the 12 months prior to this inspection the management team had not received any complaints which they had needed to act on.

### End of life care and support.

- At the time of this inspection Copperbeech was not supporting anyone who was receiving end of life care. However, people did have funeral plans in place and the management team were working sensitively with

people to ascertain any spiritual preferences they had to include these in their future plans.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- At this inspection the management and team leader had recently been recruited. However, we saw people were relaxed with them and approached them for support and were then in turn assisted in accordance with their care and support plans. This meant that people had a good and supportive relationship with the management team and felt able to approach them when they needed.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- A manager was in post and was going through the application process to register with the Care Quality Commission. They were present throughout this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Copperbeech and also on the providers website.

Engaging and involving people using the service, the public and staff.

- We saw that people were involved in decisions about where they lived and the support they required. For example, we saw art work had been displayed which one person had created. People had been involved in the decision to purchase new furniture. The manager and team leader told us that they had plans for the redecoration of communal areas at Copperbeech. They were working with people to gain their views and ideas about the colour scheme. In addition, they were working with people to identify when was the best time to make such changes whilst respecting people individual abilities to adapt with such alterations.
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. Staff members were encouraged to attend staff meetings and to provide feedback on what they thought was working well at Copperbeech and what could be improved. For example, following such feedback the management team were looking at additional transport links to support people when they go out.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received. Following these checks an action plan was developed with set tasks and timescales for completion. For example, it had been identified that some policies and procedures had not been signed by some staff members. As a result, the management team were working with individual staff members to complete this within a specific time frame.
- The manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards. Albeit they were meeting the principles as part of their care and support assessments.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.