Caring Homes Healthcare Group Limited

Coppice Lea

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 22 and 24 April 2015 and was unannounced on both days.

Coppice Lea provides accommodation and nursing care for up to 53 people, some of whom have dementia. At the time of our visit 40 people lived here. Rooms are arranged over three floors and there is a passenger lift.

One person told us, "It's a nice place to live, I love it here." When asked what the best thing about Coppice Lea was, a relative said, "Everything. They have taken the worry away of my family member not being able to look after herself."

At the time of our visit there was no registered manager in post. 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. A peripatetic manager was in place and a permanent manager had been recruited. They were expected to start in July 2015, at which point they would register with the Care Quality Commission.

Summary of findings

There were enough staff to meet the needs of the people that live here, however we identified that the deployment of staff around this large building should be reviewed. The provider was recruiting more permanent staff to try to minimise the use of agency.

Before people received care and support their consent was obtained. Where people did not have the capacity to understand a decision the provider and staff had followed the requirements of the Mental Capacity Act (2005). However we did note that some capacity assessments needed to be reviewed.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards to ensure the person's rights were protected.

People were safe at Coppice Lea. Staff had worked with people to identify risks of harm and plans had been put into place to minimise those risks. Staff had a good knowledge of their responsibilities for keeping people safe.

People had enough to eat and drink and they received their medicines when they needed them.

People were supported by staff that had been given appropriate training to meet their needs. Staff supported people to maintain good health, and people had access to healthcare professionals when they needed them.

The staff were kind and caring and treated people with dignity and respect. People had been involved in their care planning and had access to activities that interested them.

People knew how to make a complaint and feedback from people was used to improve the service.

The management team had identified shortfalls in the service earlier in the year and were taking positive action to improve the service. People and relatives told us that the service was getting better and was being well managed.

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 not completely safe.

There were enough staff to meet the needs of the people; however these were not always deployed effectively around the home.

Risks to people had been identified or controlled to reduce the chance of people coming to harm.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Requires improvement

Is the service effective?
The service was not completely effective

Peoples rights under the Mental Capacity Act and Deprivation of Liberty Safeguards were met, however not all of the documentation had been completed correctly.

Staff received training to enable them to support people. Staff said they felt supported by the manager.

People received enough to eat and drink. People received specialist diets where a need had been identified.

Requires improvement

Is the service caring?
The service was caring.

People felt the staff were caring, friendly and respected them. People and their relatives where involved in making decisions around the care they received.

Staff were seen to treat people with respect, and knew them as individuals.

Good

Is the service responsive?
The service was responsive.

Care planning documentation was up to date and people said they had been involved in the planning of their care. People were able to go out and participate in activities that interested them.

There was a clear complaints procedure in place. The manager was able to show what actions they had taken to satisfy the person who made them.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People were complimentary about improvements that had been made at the home and felt they had could raise any issues they had with the manager and staff.

The manager and provider carried out checks to make sure people received a good quality service. People's feedback was used to improve the service.

Coppice Lea

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 22 and 24 April 2015 and was unannounced on both days.

The inspection team consisted of one inspector, a nurse specialist and an expert by experience on the first day, and one inspector on the second day. Our expert-by-experience was a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local authority safeguarding and quality assurance team. We also reviewed information we had received about the service, such as notifications of accidents and incidents which the provider is required by law to tell us about, or information sent to us by the public.

During our inspection we spoke with 12 people who used the service, nine relatives, two visitors, seven staff, which included the manager and a senior manager. We observed how staff cared for people, and worked together. We used the Short Observational Framework Tool (SOFI) to try to understand the experiences of people we were unable to verbally communicate with. We also reviewed care and other records within the home. These included four care plans and associated records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in February 2014 we did not identify any concerns at the home.

Requires improvement

Is the service safe?

Our findings

People were kept safe at Coppice Lea. Everyone we spoke with said they felt safe living here.

There was a sufficient number of staff deployed to meet the needs of people; however we did identify some areas for improvement. People gave us a mixed response when asked if they thought there were enough staff to support them. One person said, "No one has come to wash and help me dress and we have an agreed time that this should be done by." Another person said, "Staff always respond quickly when I ring the bell." During our observations we identified times where multiple staff members were involved in one task which should have only needed one member of staff. For example at one point three staff were involved in helping someone look for batteries for their hearing aid. Due to the size and layout of the building incidents like this could give the impression that there were no staff at certain times. **It is recommended that the provider review staff deployment to ensure staff resources are effectively used to support everyone around the home.**

People and relatives were concerned with the number of agency staff that were in use at the home, as they did not know their relatives as well as permanent staff. The provider was in the process of recruiting permanent staff. Staff felt there was enough staff to meet the needs of people. One said, "It has got much better now than it was before."

Peoples support needs were used to calculate how many staff were needed at the home. Management used a tool to identify the number of staff required to support people. They were also in the process of carrying out a dependency audit to ensure that there were enough staff to meet individual needs, for example for people who spend all of their time in bed. The manager said these would also take into account the layout of the building to ensure staff were available in all areas where they were needed. Existing staffing levels matched the current identified need, and staffing rotas recorded that this level of staff had been on shift each day and night.

Appropriate checks were carried out to help ensure only suitable people were employed to work at the home. The management checked that they were of a good character and did not have any record of crimes that may stop them being suitable to work with the people that live here. The staff records were complete and in good order so it was easy to see that staff had passed the checks.

People told us they felt safe living here. A relative said, "My family member is in a safe and friendly environment." Staff understood their responsibilities in relation to safeguarding people. Staff were able to identify the signs of abuse and knew what action they needed to take should they suspect or see it taking place. Information for staff and others on whistle blowing was on display in the home. Staff received regular training on the protection of vulnerable people. Where people had made an allegation the staff had referred this to the correct authorities.

People were given information on how to report abuse. There were a number of posters on notice boards around the home giving details of the agencies that could be contacted if people suspected abuse was taking place.

People's care plans contained specific guidance for staff on keeping people safe. People were seen to understand the risks associated with their care. For example when being moved in a wheelchair one person said, "I'll keep my elbows in when going through the doors" to the carer. This showed they understood they could hurt themselves if they didn't.

Risks to people from the environment and equipment were well managed. Assessments had been completed that identified the risk of potential harm, and clear plans were in place to reduce the risk to people. Staff followed the controls that had been recorded in these assessments. For example the risk to people from the spread of infection was minimised as staff wore disposable gloves and aprons when carrying out tasks such as supporting people to eat, cleaning and providing personal care. Dedicated and easily identifiable bags were used for people's laundry, further reducing the risk of spread of infection around the home.

People were kept safe as equipment used to support them was regularly checked to make sure it was safe to use. Items such as hoists, fire safety equipment and specialist baths were regularly checked. Other safety checks carried out included checking the temperature of the water before people were given baths to reduce the risk of scalding.

Requires improvement

Is the service safe?

Records seen were complete and up to date. Windows had restrictors on them to reduce the risk of people falling out of them. The home was clean and well maintained, with clear floors to reduce the chance of people tripping up.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. These gave clear instructions on what staff were required to do, and information that the emergency services may need (such as location of stop cocks, gas, electrical boards).

People's medicines were managed and dispensed safely. A person told us, "I get my medicines when I need them, and I know what they are for." Our observations of the medicines process showed that people's medicines were stored, administered and disposed of safety. People were involved in taking their medicines and were asked if they wanted to take them. If they chose to take them later this was accepted by staff and the records were not signed until the person had actually had their medicine.

Requires improvement

Is the service effective?

Our findings

People had support from staff who had received appropriate training in order to carry out their role effectively. People said the permanent staff were well trained to meet their needs, however some felt they may need more experience. This linked to the use of agency staff at the home to cover shortfalls in permanent staffing levels. A person said, "Some of the staff had training on my condition and there is specialist nurse who gives advice." Another person said, "The staff are not very experienced now as they are all new."

A training plan was in place to ensure all staff had up to date skills to support the people that live here. A need for bereavement training had been identified and this was planned. Staff were happy with the level of training they received and felt supported by the management. Staff received guidance and training to meet the needs of the people that live here. Training on end of life care and resuscitation had been given. Day to day information to give staff knowledge on specific care needs was on display in the staff area.

A comprehensive staff induction included a period of new staff shadowing a more experienced staff member. This was seen in action during both days of our inspection where a new staff member was always in the presence of another member of staff.

Staff had begun to receive regular one to one meetings with their manager in line with the provider's policy. All staff had received one of these meetings at least once in the previous three months, with an increase in meetings being noticed over the last month with the new manager in place. They were able to discuss how they were doing in their role supporting people, and any issues they may have. Staff had the opportunity to further develop their skills if they wanted. The management ensured that Nursing staff were up to date with their professional membership by monitoring when their membership would lapse and making sure it was renewed.

Peoples consent was sought before staff gave care or support. One person said, "I like to stay in my room and staff respect my choice not to go downstairs." Staff had an understanding of their duties under the Mental Capacity Act (2005) (MCA). They were able to tell us that it was about protecting people who may not be able to make decisions for themselves and the process they had to follow if decisions were made for someone. We identified that some assessments of people's capacity were not based around a specific decision, but a general assessment that they lacked capacity to make any decision. **It is recommended that the provider review care files to ensure they clearly document mental capacity assessments.**

Areas of a person's life that they may be unable to manage themselves were assessed and plans made. Capacity assessments around managing finances were in place. These included who the legal person was that could manage them if the person was unable to themselves. Powers of Attorneys were identified in the care records, so staff had a clear contact should decisions in a person's best interest be required. These had also been completed for other areas, such as people managing their own medicines.

Guidance on people's rights was available to staff because information on the MCA, restraint and Deprivation of Liberty Safeguards (DoLS) was displayed by the staff desk near the reception area.

Most people's freedom was not restricted. However where a person expressed a wish to go home, but was unable to due to their support and mental capacity needs, the manager had made the necessary applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. Some people had side rails on their beds. These were used to reduce the risk of them falling out of bed and hurting themselves. Where they were used a risk assessment on their use had been completed and consent from the person or their relative had been gained.

People received enough to eat and drink. People were positive about the food they had. People told us about their favourite meals that they ate on a regular basis. They also talked about the choice they had, so there was always something nice to eat. Food and drinks were available to people throughout the day and night. The home offered a daytime snack menu and an out of hour's menu. Not everyone was aware of this facility, as they had not noticed the sign. All of them said they had enough to eat and drink.

People were adequately supported to have the food that met their needs or requirements. People who stayed in their rooms were supported to eat by staff during the lunch time period. Where people had a pureed food diet each food item was separate on the plate so that the individual

Requires improvement

Is the service effective?

flavours of the meal could be experienced by the person. One carer was overheard talking quietly to a resident about her meal. He was telling her which food he was offering on the fork, so she would know what she was about to eat.

People's nutritional support needs were met by staff. These needs were identified by the use of an assessment. Where people had been identified at risk of poor nutrition or hydration staff took action. Examples included fortifying meals so they contain more calories, or monitoring food and fluid intake to ensure people had enough to eat. Staff were able to identify who was on a special diet, whether that was due to health, social or religious needs. A system of colour coded trays was in use to ensure people had the correct meals.

People received support to keep them healthy. A relative said, "They do call the GP out if my family member says they are unwell." A relative described how it had been noted that their family member's weight had dropped. This had been picked up by staff and they were monitoring the situation. Records confirmed that health care professionals regularly visited people, and were called where a person's health changed. Contact details for making referrals to external health care professionals were displayed in the staff area, along with the relevant forms that would need to be completed. People and their relatives confirmed that these professionals were used when needed. For example one relative explained how a speech and language therapist had been involved to help their family member with swallowing difficulties. Records showed that the staff were following the guidelines that this referral made.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People's rooms were very personalised, with lots of pictures on the walls and items on display that made rooms individual to them.

A person told us, "Staff are very good and nice to me." A relative said, "I am very happy with the care being given here." Another said, "Staff are very friendly. When she came back to the home two staff were waiting for her and really made her feel welcome." Staff said they loved working here because of the people that lived here. A visiting healthcare professional told us, "The care assistants are really sweet with people, and they appear to have a good relationship them."

People were involved when staff provided support. Staff spoke with people when carrying out tasks such as assisting with their mobility. Friendly exchanges also took place, such as staff asking a person, "How's my driving" when moving someone in a wheelchair.

Staff took time to talk with people. Staff from all levels of the home were seen to engage in general conversation with people and show an interest in them as a person throughout our inspection.

Staff knew the people they cared for. Information about people was recorded in their care plans. These gave a good level of detail about the person as an individual, their life story and interests. Staff we spoke with knew this information. However we did notice some gaps in the personal history in some of the care records which were brought to the attention of the manager.

People were not rushed into having care and support. On a number of occasions staff asked people if they were ready for support, such as going to lunch, or moving from their bedroom. In each case staff listened to the person and did what they wanted. In both instances the people asked to have their support a little later in the day. The staff member said that was fine, and was then seen to return later as they had agreed.

Information was available to people to keep them orientated on the day/time of year, as well as keeping them informed of what was going on around the home. A noticeboard in the hallway gave information on the date, the weather, any events or entertainment that were happening, and if it was anyone's birthday.

People were given information and choice about their care. For example one person approached staff about a health problem they had. Staff sat with him and discussed the options they had to help find out what the problem was. This included some monitoring of his condition which he understood and agreed with.

Information on advocacy services was clearly available to people. There was a sign on the public notice board for local services that could help.

People and relatives said that staff always treated them with dignity and respect. Relatives confirmed that they could visit the home whenever they wanted. Staff were seen to thank people when they had helped them with a task. As staff walked passed people who may have been slow walking, they were seen to apologise to and ask if it was alright for them to pass. Staff also asked permission before going into peoples rooms.

Staff understood the importance of protecting people's dignity. They showed this by responding quickly when this was at risk. For example assisting people to straighten their clothing where their modesty could be compromised. Where people needed to be hoisted out of chairs so they could have their lunch, staff waited until the room was clear of other people before lifting them. They explained that they did this as, 'It is not very dignified for the person to be lifted with other people are around."

Good

Is the service responsive?

Our findings

People had access to activities that interested them. One person said, “I have plenty to do here.” Another said, “I am very happy here, I have the books that I like around me.” Communal lounge areas had a number of items available to keep people interested. For example puzzles and games. People were seen to use these during the course of our inspection. The home had an onsite hair dressing salon. People were seen to visit this and enjoy the experience. People also had daily newspapers delivered to their room if they wished. Newspapers were also discussed in a group activity each week. Upcoming events were displayed on the noticeboard, such as trips out into the community. People confirmed that these did happen.

New activities were being organised that would give people something interesting to do. Examples included flower arranging, and gardening. The activities would be linked so the results of the gardening club would be used in the flower arranging club. Letters had already been sent out to people informing them of the clubs. A relative said told us about a recent Karaoke event, “Everyone was involved, residents and staff together, the room was packed. It was very enjoyable.” A small group of people had also organised themselves into a Scrabble group and told us they played as often as they could.

Care plans gave guidance to staff on the care people needed. People had been involved in the generation of their care plans; however they told us they had not always been involved afterwards. One relative said, “We were involved when the care plan was first written, but haven’t had any meetings to go through it since.” Another said, “We talked with staff when my family member first moved in and we discussed her needs. These have been reviewed and we have been involved in this.” Another said, “We could go in at any time and ask to see it (the care plan). They are very open.” People’s needs had been reviewed and this was recorded in the care plans. These had been done on a regular basis and any changes were recorded. For example a care plan had been developed for a person who fell. One of the actions in the plan was to ensure they had their call bell to hand at all times. When we visited the person in their room, they did have their call bell to hand and knew how to use it. People had been involved in decision making for their future. Records were kept of advanced care planning which recorded what was important to people, and what they wanted, or did not want, to happen to them in the future.

People received care and support as it had been detailed in their care plans. This was recorded in daily notes completed by staff. People’s independence was promoted. Throughout our inspection staff were seen to encourage people to mobilise on their own. Staff never rushed people.

Staff were informed of any changes to people's needs. Handover sheet has been introduced. These gave general information from the care plan which would be useful to agency staff that may not know the individuals they support. They covered areas such as allergies, mobility, skin integrity, and preferences, such as what they like to do, and what medicine they are on, and what it is for. People received support when they needed it. For example having enough to eat and drink, or being turned in bed if a risk of pressure sores had been identified. Information was passed on to the next shift if a person’s need changed, with guidance on what needed to be done.

People and relatives knew how to raise a concern or make a complaint. A relative said, “There is a notice that tells us how to make a complaint, which I have read. I have never felt the need to make a complaint though.”

Complaints had been dealt with effectively by the manager to the satisfaction of the person who made them. A record of complaints was kept, however the records were only complete from March 2015 onwards. The manager explained that this was linked into the recent change of management at the home.

Good

Is the service well-led?

Our findings

There was a positive culture within the home. People, relatives and staff were encouraged to give feedback about the home. A relative said, "The staff and management I have met appear very open to our comments, and are very friendly." Another said, "It is getting better here with the new (peripatetic) manager. He is excellent, nothing is too much trouble."

The provider had responded to received feedback from people. For example, they said they would like to make better use of the gardens, especially in the summer. A risk assessment had been completed and identified that the stairs around the property may not be suitable for people with mobility needs. They had a plan in place to put in ramps to make the gardens accessible to everyone. The provider was aware of the feedback from people about the use of agency staff. This was under constant review in management reports and new permanent staff were being recruited to address the issue.

People and staff were involved in improving the service. For example feedback received from people and outside agencies was given to staff during staff meetings. This was both positive and negative so good work was praised and areas for improvement could be discussed. These were an opportunity for staff to find out about changes and plans, and have an input. Meetings also covered such things as staffing issues, feedback on the management action plan, infection control due to an increase in chest infections, importance of keeping records up to date, such as food and fluid charts and turning charts. Staff also had the opportunity to feedback ideas and suggestions during their one to one meetings with their manager. Records recorded that staff felt the service was improving and was a more positive place to work.

There was good leadership and management within the home. A person said, "On the whole this place is pretty well run now." A relative said, "The home is currently in a flux with the manager, but they are dealing well with it." A new permanent manager had been recruited and was due to start in July 2015. At the time of our inspection the home was managed by a peripatetic manager. A residents meeting as well as a relatives meeting had been held in March 2015 where these issues had been discussed and updates on who the manager was and future plans were discussed.

Staff said they felt supported. A staff member told us about an idea they had where they would like to visit another care home in the group to discuss ideas on best practice. The management were aware of this idea and were discussing the possibility of this happening. A staff member said, "I am very happy with the management and the support they give. They listen to what I say and do something about it." Another said, "Management here are fantastic now. I feel I can speak to them freely." The manager understood their responsibilities; staff had reported issues in line with the regulatory requirements of CQC.

Quality assurance checks were carried out to ensure a good quality of care was being provided to people. One of these checks in January 2015 had identified there were issues at the home that needed to be addressed. As part of their improvement process the provider had bought in a manager whose task was to review what was happening and put things right. This was in addition to the manager in place to manage the day to day running of the service.

Many areas of the home were audited and where actions had been identified a plan had been put into place to correct the issue. Our experiences and observations on the days of our visit showed that these plans were being followed to improve the service for the people that lived here.

Senior managers were involved in monitoring that staff completed safety checks. For example, the routine safety checks by the site maintenance officer were regularly checked by a manager to ensure they had been completed and recorded correctly. Nurse call bell response times were monitored by the manager. This was to ensure people received support within a reasonable time after they rang the bell. This had also been raised at a recent staff meeting so all staff would be aware of the concerns raised by people.

The service was continuously improving. Information on best practice and updates was used effectively. Updates from outside agencies such as best practice and product recalls or faults were displayed for staff to see and the action taken in response had been recorded. Lessons learned were used as opportunities for improvement across the organisation. One of the tools used to make care more personalised at Coppice Lea had been rolled out across the organisation so that other homes can benefit from what has been learned here.