

Copper Beeches Limited

Copper Beeches

Inspection report

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Date of inspection visit:
26 April 2022

Date of publication:
20 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Copper beeches is a residential home registered to provide accommodation with personal care for up to 20 older people. At the time of our inspection, there were 14 people using the service.

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

The manager was not registered with CQC at the time of our inspection. Positive feedback was received about the quality and leadership of the service. Systems in place showed effective governance processes were available to monitor the service and drive improvement. The manager was building bonds with people and their families to ensure they had a full oversight of people's choices. Feedback from people, relatives and staff was positive about the management of the service.

Risk management plans were in place to ensure risks were managed safely. Recommendations had been followed and where needed changes had been made. The premises were clean, and staff followed infection control principles, the cleaning schedules were reviewed and updated. Systems and processes were in place to protect people from avoidable harm. There was enough staff available to respond to people's needs in a timely manner. Electronic systems were in place to manage and monitor medicines, which helped to reduced errors. People received their medicines as and when they needed them. The provider had systems to review and monitor accident and incidents to prevent recurrence. The provider was working in line with the principles of the Mental Capacity Act.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At this inspection we found the provider had acted upon the recommendations and made improvements to the environment and updated their cleaning schedules.

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

Rating at last inspection

At our last inspection we recommended that the provider reviewed government guidance for using personal protective equipment (PPE) in a care home and reviewed their cleaning processes to ensure they kept the cleanliness of the home to a high standard. At this inspection we found the provider had acted on the recommendations and had made improvements. Staff adhered to PPE guidelines and wore appropriate equipment to keep people safe. The cleaning schedules had been updated and were more robust. Recruitment for housekeeping staff had increased.

The last rating for this service was requires improvement (published 4 August 2021).

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience, who provided telephone support and contacted relatives of people who used the service. 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 residential care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Copper Beeches is a residential care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 April 2022 and ended on 04 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We made general observations of four people who used the service, spoke with five people and spoke with nine relatives. We spoke with two members of the care staff, the manager and deputy manager. We reviewed a range of records. This included the care records of five people using the service. We looked at a variety of records relating to the overall management of the service, including staff files.

After the inspection

We reviewed records in relation to quality monitoring, staff training and feedback received from people using the service and staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

The provider had acted on the recommendations from the last inspection, dated 24 June 2021.

Assessing risk, safety monitoring and management

At the last inspection we recommended the provider review their cleaning processes and procedures, to ensure the home is always kept to a high standard of cleanliness.

- The provider had replaced carpets throughout the home and changed flooring in some bedrooms where carpet was not suitable for the person's needs. Easy chairs in one lounge had been removed and furniture was being replaced on a rolling programme along with the redecoration plan. This confirmed our recommendations had been actioned.
- Risks were assessed, and risk management plans were in place. For example, action was taken to manage skin breakdown and the development of pressure sores. One relative said, "[name] is bed bound and sleeps on a special mattress, and they are repositioned, with staff monitoring them on a regular basis."
- Regular safety checks were carried out to ensure the service was safe. For example, testing the water for legionella, gas boilers, electrical and fire safety systems and equipment.
- People had personal emergency evacuation plans (PEEP's) in place in the event of the building requiring emergency evacuation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

We reviewed the infection control measures in place considering the COVID 19 pandemic. We inspected the service on 22 January 2022 for assurance infection control measures were in place. At this inspection we were still assured these measures were still in place.

- 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 using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff told us and records showed they received safeguarding training, they knew how to recognise the signs of abuse and the actions to take should they witness of suspect any form of abuse.
- People told us and their relatives confirmed they felt safe living in the home and with the staff that cared for them. One relative said, "I feel my family member is safe." Relatives also told us there were good security measures in place to make sure people were kept safe.

Staffing and recruitment

- People, their relatives and staff confirmed there was enough staff available to meet people's needs.
- One relative said, "There does seem to be enough staff, they spoil him, extra cups of tea and treats." Another relative said, "Staffing is as it should be, they have time to interact with people." Other relatives told us there seem to be enough staff, and they based this on how quickly staff answer the care bell and had time to chat with people.
- Throughout the day we saw staff supporting people with their needs in a timely manner.
- Staff had received training to ensure they met people's needs. The manager told us they had arranged training updates, such as, moving and handling people in a safe way. Where required, staff were undertaking an induction or other qualifications relevant to their roles.
- New staff had been employed including an increase from one to two housekeeping staff. Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).

Using medicines safely

- Medicines were managed in a safe way. The provider used an electronic system to mitigate and minimise risk. Relatives told us their family members got their medicines on time. One said, "[Name] isn't always compliant and staff have to coax them into taking their medicines"
- We reviewed records which clarified staff had received training for medicine management, administration and storage of medicines and had their medicines competency assessed.
- Medicines administration records (MAR) were electronic, accurate and up to date.
- Medicines were stored securely and at the right temperature. We saw evidence that temperatures were checked regularly. Audits of medicine records and stock had taken place.

Learning lessons when things go wrong

- Systems were in place to review, monitor and analyse accident and incidents. Investigations took place to

identify ways of preventing them from happening again and referrals were made to healthcare professionals if needed.

- The manager was proactive when dealing with concerns and complaints. They identified areas that required improvement and shared their ongoing improvement plan with us.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager was not registered with CQC at the time of the inspection, however we had discussions with the provider and they confirmed the manager was intending to register, but had not started the process at the time of the inspection.
- The service promoted a person-centred culture within the home. The manager told us they were fully supported by the senior management team.
- The governance systems were being updated; audits were more robust. The manager gave a good oversight of how the home was run. Any shortfalls found during the inspection were dealt with promptly. For example, better communication between staff to ensure they were kept up to date with people's changing needs at all times.
- Quality assurance measures were increased. For example, more frequent premises audits took place. Tasks that needed addressing or completion were added to the quality assurance plan and reviewed monthly to ensure outstanding tasks were completed in a timely manner.
- The manager was developing their bond with people and staff to ensure they had good oversight of people's needs.
- Staff told us the home atmosphere and ways of working had improved since the manager had been employed.
- We observed good interaction from the manager with people and staff at the service. Most relatives felt the manager was very approachable, one relative said, "There has been a change of management and it all runs smoothly." Another said, She [the manager] always responds to phone calls or emails."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was being developed to encourage people, relatives and staff to have their say and drive improvement. For example, one to one meetings with people would continue, but family meetings and surveys would be increased to ensure people and their families fully engaged with the service and shared suggestions of improvement. Records showed suggestions taken forward, such as, a mobile shop.
- The manager told us they understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.
- Where relevant people's individual characteristics were adhered too.

Continuous learning and improving care

- The manager told us and we saw care plans were being audited and uplifted onto an electronic system to improve consistency and accuracy.
- Staff handover meetings were moved to allow for better social distancing.

Working in partnership with others

- The manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met.
- A visiting health care professional told us they had a good working relationship with the service. They told us staff were very supportive and helpful. They followed instructions to ensure people with wounds or pressure area damage healed quickly. We saw evidence that a person with a skin damage had recovered well with care and support from the staff.
- One relative told us how the manager had been very supportive when their relation required help with other professional involvement with their continuing care needs.