

MMCG (2) Limited

Coplands Nursing Home

Inspection report

1 Copland Avenue
Wembley
Middlesex
HA0 2EN

Tel: 02087330430

Date of inspection visit:
14 January 2021

Date of publication:
04 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Coplands Nursing Home is a care home with nursing operated by Maria Mallaband Care Group. It is registered to provide accommodation with personal and nursing care for seventy-nine older people who may also have dementia. At the time of this inspection, there were 66 people using the service.

This inspection was carried out due to safeguarding concerns and complaints received by us and the local authority. The local authority had also placed the home on their provider concerns list so that progress could be monitored by them.

People's experience of using this service:

At the last inspection of 3 September 2020, we found that the service failed to take proper action to safeguard people and to respond adequately to safeguarding concerns and complaints. This placed people at risk of abuse and neglect. This deficiency was a breach of Regulation 13 (1)(2)(3) (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had taken prompt action and promptly responded to safeguarding complaints so that people were protected from abuse and neglect.

At the last inspection we found that people were not safely cared for. Some risk assessments and care plans were inadequate, and people were not protected from harm. This was a breach of Regulation 12 (2)(a)(b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to keep people safe from harm. Comprehensive assessments and care plans were in place to address potential risks to people.

At the last inspection we found deficiencies associated with the administration of medicines. These placed people at risk of harm and was a breach of regulation 12 (2)(b)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and people received their medicines as prescribed.

There were arrangements for fire safety. Fire drills and weekly fire alarm checks had been carried out. Deficiencies in the fire safety arrangements had been attended to. People using the service had appropriate personal emergency and evacuation plans (PEEP) in place in case of fire or an emergency. This ensured that staff were fully informed in the event of an emergency.

The premises were well maintained, clean and tidy. Previous deficiencies related to the control of infections had been rectified. The service had taken measures to prevent and control the spread of COVID -19 infection.

At the last inspection we noted that there was inadequate deployment of staff and people were not receiving the care they required. This was a breach of regulation 18 (Staffing) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. At this inspection suitable staffing arrangements were in place. People told us their care needs had been met. The staff rota contain details of which staff was responsible for providing one to one care.

At our last inspection the service did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people. The audits were not sufficiently effective as we noted numerous deficiencies which were not promptly rectified. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). During this inspection we found that the service had made improvements. Checks and audits of the service had been carried out and action had been taken to rectify deficiencies noted. People and staff had confidence in the management of the service.

At this inspection we found that improvements had been made in people's care. They had been treated with respect and dignity and were consulted regarding how they wanted to be cared for. Their preferences and diverse needs had been taken into account in the delivery of their care. However, the improvements made had been recent and the home had experienced major changes following numerous complaints made. To be rated as good, the home would need to maintain a track record of consistent improvement in the quality of care provided.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 28 October 2020) and there were breaches of regulation in relation to Safe Care and treatment and Well Led. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received regarding safeguarding, staffing, the safety of people who used the service and the management of the home. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coplands Nursing Home on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

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 responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

Some aspects of the service were not well-led.

Details are in our well led findings below.

Coplands Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection visit was carried out by one inspector and a nurse specialist.

Service and service type

Coplands Home Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not have a manager registered with the Care Quality Commission. The current manager had applied for her registration and was awaiting the outcome of her application. This registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report and information we had received about improvements

made. We also reviewed information received from the local authority and the local health authority infection control team.

During the inspection

We visited the communal areas and some bedrooms. We spoke with four people who used the service, the manager, the clinical lead, two nurses, five care staff, a domestic staff, and the regional director of the company. We reviewed a range of care records and records related to the running of the service. These records included five people's care files and medicine administration records. We also looked at policies and procedures, checks and audits carried out.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with three relatives. We also received feedback about the service from three care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide adequate risk assessments which included guidance to care workers for managing risks to people. This was a breach of Regulation 12 (2)(a)(b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls, medical conditions such as diabetes, and pressure sores. Staff were knowledgeable about people's needs and knew how to support them safely.
- Risk assessments were in place to ensure people were protected against the risk of contracting the corona virus.
- When asked about safety a person who used the service said, "The staff are respectful. I do feel safe. They do watch me when I am walking around. They do their best for me."
- Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.
- There was a current safety inspection certificate for the electrical wiring. Window restrictors were in place. Weekly checks of the restrictors had been carried out for those at risk of falling out of the window and monthly checks for others not at risk.
- There were suitable arrangements for fire safety. Fire drills and weekly fire alarm checks had been carried out. The home had an updated fire risk assessment in place. The fire authorities had carried out an inspection of the premises and their report of 21 January 2021 indicated that all previous recommendations had been completed.
- Care workers checked the hot water temperatures prior to people being provided with a shower. This was needed to prevent scalding. The service had a record of essential maintenance carried out. These included safety inspections of the portable electrical appliances and the electrical installations which were found to be satisfactory.
- The service had a current certificate of employer's public liability insurance.

Using medicines safely

- Medicines were managed safely. The home had a comprehensive medicines policy.
- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and had no unexplained gaps.
- Medicines were stored securely and at the correct temperatures.
- Monthly medicines audits had been carried out to ensure that procedures were followed.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of the corona virus and other infections. Staff had received appropriate training in infection prevention and control and were aware of action to take to prevent the corona virus infection from spreading.
- They had access to sufficient stocks of personal protective equipment (PPE) such as gloves and masks.
- People told us the premises had been kept clean and staff observed hygienic practices. One person said, "Staff keep the place clean. They wear mask and gloves when helping me."
- On the day of inspection we found the premises were clean and tidy, and a cleaning schedule was in place.
- The local infection control nurse had visited the home and made recommendations for improvements. The home had taken action in response to the recommendations.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found that the service failed to take proper action to safeguard people and to respond to safeguarding concerns and complaints. This was a breach of Regulation 13 (1)(2)(3) (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had suitable arrangements in place to protect people from abuse and neglect.
- Care workers were aware of these policies and they had been provided with training on safeguarding people. Care workers were able to describe the process for reporting concerns and were able to give examples of types of abuse that may occur.
- The manager had conducted unannounced checks of the home to ensure that people were well treated and not subject to abuse.
- People told us that they had been treated with respect. A person who used the service said, "I feel safe here. They treat me with respect. They are taking good care of me."
- The manager informed us that following the last inspection, all staff had been provided with training on treating people with respect and dignity. This was confirmed by a care staff who said, "We have received training on treating people with respect and dignity and in safeguarding adults "

Staffing and recruitment

- At the last inspection we noted that there was inadequate deployment of staff and people were not receiving the care they required. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection suitable staffing arrangements were in place. People told us their care needs had been met. The staff rota contain details of which care staff was responsible for providing this one to one care.
- A care staff said, "It has not been easy with Covid-19, but we have all worked together. There are enough staff and we are well supported."
- People said there were sufficient care workers and staff had attended to their needs. Care records showed the care needs of people had been attended to.
 - Staff informed us that the staffing levels were adequate, and they could attend to their duties. We observed that staff did not appear rushed and went about their duties in an orderly manner.
 - The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. No new staff had been recruited since the last inspection in 2020. We had previously noted that the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been

recorded.

- Records we examined indicated that where appropriate, guidance had been provided to staff for preventing re-occurrences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

When this domain was last inspected, at the inspection on 8 February 2018, this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

We have rated the service as Requires Improvement because the service is part way through major changes aimed at improving the care provided. The service had previously imposed a freeze on new admissions in order that improvements could be made and carefully monitored. This was outlined to us at our meeting with them in December 2020. New admissions to the home would be phased in. These changes were needed following numerous complaints regarding the quality of care provided. In addition, we need to see a track record of good provision before we can rate the service as good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements had been made in the care provided. This was confirmed by people. One person said, "Happy here. Staff are good to me. They treat me nicely. They come to me if I need help. The staff have one to one sessions with me. I can talk to them if I have problems." Another person said, "I am well cared for. They come quickly when I press the buzzer."
- Effort had been made to ensure that the service provided care which was personalised and met the needs of people. Care records contained comprehensive assessments of people's needs. They covered areas such as mental health, communication, personal hygiene, sleeping, pain control, medicines, mobility, nutrition, falls, tissue viability and specific healthcare needs.
- People with specific care needs such as diabetes or who were at risk of pressure ulcers received appropriate care and support. Specific care plans and guidance had been provided. For example, there was information on the complications of diabetes such as hypoglycaemia and hyperglycaemia and what staff should do in such situations. Change of position turn charts had been completed for people at risk of pressure sores. No people in the home had a pressure ulcer at the time of this inspection.
- People at risk of falls had been assessed and plans were in place to prevent falls.
- Care records also contained personal information about their diverse needs such as their culture, religion, and family contacts. This ensured that their individual needs can be met.
- There were arrangements in place for the care of people with behaviour which challenged the service. They had been carefully assessed and behavioural care plans were in place. Care staff had received appropriate training in caring for people.
- Some reviews had been carried out with people, their representatives and care professionals such as people's GP, and social worker.
- The home employed an activities co-ordinator and there was a varied programme of social and therapeutic activities for people. Activities organised included arts and crafts, watching movies, manicures, doll therapy, keep fit and flower arrangement.
- There was an indoor garden on the first-floor lounge with artificial plants and flowers. There were large wall paintings of countryside and floral scenes. The manager explained that these were aimed at providing stimulation for people.

Improving care quality in response to complaints or concerns

- The home had a complaints policy which was displayed at the entrance of the home. Complaints had been promptly dealt with. A complaints audit was carried out monthly. People and relatives, we spoke with knew that they could complain to the manager if they had concerns. One person told us that the home had responded to concerns they expressed. Another person said, "I am satisfied. The manager is very nice and responsive. I have no complaints."

End of life care and support

- The service had a system in place for providing end of life care. There was an end of life policy to provide guidance for care staff. They had also received end of life training.
- The service had explored the end of life choices and preferences with people and their representatives. These were documented in people's care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home had a procedure for meeting this standard. Notices were in large print and some were in pictorial form.
- Care documents contained communication assessments and communication plans. Where needed, care plans could be translated into other languages for people whose first language was not English.

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

Continuous learning and improving care

- At our last inspection the provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17. However, there were still deficiencies in some areas related to the management of the home where improvements are needed. These deficiencies were also noted in the home's own audits.
- The service had a quality assurance system. The manager carried out weekly checks and monthly audits of the service. These audits included areas such as complaints, accidents, care documentation, medicines, health and safety and staffing arrangements. The regional director and compliance department of the company also conducted monthly comprehensive audits. We examined the recent audit and noted that action had been taken in response to deficiencies previously identified.
- Although we had noted significant improvements, there were still deficient areas such as ensuring that all sections of care documentation were fully completed, better communication with relatives, and improvements in the staff culture and performance.
- The manager informed us that action was being taken to rectify deficiencies identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had consulted with people and their representatives regarding how they could meet the needs of people. This was evidenced in the minutes of monthly meetings. We noted that feedback from people was positive and indicated that they were happy with the improvements made. One person said, "The manager is very good, and she come to talk with me. I am satisfied with the care and management of the home."
- Monthly staff meetings had been held where care staff could express their views and received updates regarding the care of people.
- Most of the care staff told us they had been well treated and they had confidence in the manager. Two staff declined to give us their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to

report notifiable incidents to us and to the local authority.

- Care documentation and records related to the care of people were well maintained.

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

- The diverse needs of people had been attended to. People had been enabled to continue with their religious and cultural observances. The service had ensured that people's ethnic and religious preferences were responded to. For example, one person could watch their religious services on TV. Another person was enabled to observe fasting during their fasting period. The home had also recruited a chef who could cook ethnic foods.
- People had opportunities to feedback about the care provided. The minutes of a recent meeting indicated that people were mostly satisfied with the services provided. They told us that they had confidence in the management of the home. One person said, "I am happy here. The manager does a good job."
- Relatives we spoke with spoke highly of the management of the home. They told us that improvements had been made and management was now responsive towards them.
- In the home's December 2020 survey, people who used the service and their relatives were mostly satisfied with the service and care provided. Analysis of the feedback from people and their relatives indicated that 86.2 % stated that the care provided was good or better and 84.6 % stated that they would recommend the home to others. However, several relatives voiced concerns about the lack of communication from the home about the welfare of people and the phone not being answered, especially at weekends. The manager stated that improvements would be made in these areas.

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

- There had been a significant improvement in the management of the home following the last inspection.
- With one exception, care staff felt well supported. They told us the registered manager was approachable and listened to them. Staff also told us that the manager was kind, and that she was a good leader. One staff member said, "There is now good teamwork. I have seen an improvement here. There is now good management and direction."
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service. Staff told us that morale among them had improved.
- The registered manager was supported by a deputy manager, a clinical nurse lead, the regional director and the compliance department of the company.
- We saw the minutes of previous staff meetings and noted that the manager was taking effort to ensure that staff performed their duties well. We however, noted that the language used appeared harsh and it appeared that some staff were publicly reprimanded for not adequately performing certain tasks. The manager informed us that in future, the minutes would be subject to further reviews and checks to ensure the language used was improved.
- We noted that since the last inspection in September 2020, ten staff members had been dismissed for inappropriate conduct and for not performing their duties. This meant that there had been a negative culture and a lack of quality performance in the service which the manager is seeking to address. However, this would take time to improve.

Working in partnership with others

- Staff worked in partnership with others to ensure people received good quality care and support. The manager had attended meetings with staff from the local authority to discuss care issues and receive support in areas related to the pandemic.
- Feedback from two social care professional indicated that staff communicated and worked well with

them to meet people's needs.

- There was documented evidence that the service had accessed the services of local healthcare professionals to ensure that people's special needs were met.
- People's relatives and representatives had been sent information to update them on the running of the home and the care of people.