

Mannacom Limited

Copperbeech

Inspection report

75-77 Penkett Road
Wallasey
Merseyside
CH45 7QG

Tel: 01516391405

Date of inspection visit:
30 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This inspection took place on 30 January 2017 and was unannounced. Copperbeech is a four storey detached building set in its own grounds in a residential area. The home had 17 en-suite bedrooms over three floors and three self-contained bedsits in the basement. People who lived at the home had mental health support needs and their age range was from 20s to 70s.

The home is registered to accommodate up to 25 people, however the manager confirmed that this number included a number of shared bedrooms. She told us that all bedrooms were now single occupancy and the maximum number of people accommodated was 20. At the time of the inspection, 19 people lived at Copperbeech and another person was having a short stay there.

The home had a registered manager who had been in post for a number of years. 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.

During our last inspection of Copperbeech we found that improvement was needed to the storage and documentation of medication. Since that inspection, a new medication room had been constructed.

There was an adequate number of staff employed at the home and no agency staff were used. New staff were recruited safely.

The premises were generally maintained in a safe condition, however we found some areas where improvement was needed. Incidents and accidents were recorded and learned from.

There were no restrictions on people's movements and nobody living at the home had a Deprivation of Liberty Safeguard.

Staff received regular training and supervision. All of the support staff had a national vocational qualification (NVQ).

People told us they enjoyed their meals. There were always alternatives available and people's preferences were taken into account.

Some people had lived at Copperbeech for many years and it was in all respects their home. We observed a happy and inclusive atmosphere at the home and people were supported in a non-judgemental manner. People's bedrooms were decorated and furnished to suit their tastes and preferences. The manager knew people well and people were comfortable speaking with her. People were encouraged to be active and to participate in community activities.

Each person had a care file that detailed their individual support needs and provided information about the person. The care files we looked at showed that support was provided in a way that met people's needs but also respected their independence and choices.

A programme of quality audits was completed and people were invited to express their views through meetings and satisfaction questionnaires. These were all used to show the provider and the manager where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not entirely safe.

The premises were mainly safe but we brought some issues for improvement to the attention of the manager.

People who lived at Copperbeech were protected from abuse.

There were enough staff to meet people's support needs and new staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People enjoyed their meals and always had a choice.

The service was compliant with the Mental Capacity Act.

Staff had regular training and supervision.

People were provided with the equipment they needed to keep them safe.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were maintained.

People's diversity and autonomy were respected.


Is the service responsive?

Good ●

The service was responsive.

People received the individual support they required and this was recorded in their care files.

People were supported to join in activities within the home and in the community.

<p>Policies and procedures were in place for dealing with complaints.</p>	
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>The home had a well-respected registered manager. The providers were also involved in the day to day running of the home.</p> <p>People's views were obtained through meetings and questionnaires and their comments were acted on.</p> <p>A series of quality audits was implemented.</p>	<p>Good </p>

Copperbeech

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 30 January 2017 and was unannounced. It was carried out by an Adult Social Care inspector.

We spoke with six people who lived at Copperbeech and four members of staff. There were no visitors during our inspection. We looked at the care files for four people and the staff records for two members of staff. We looked at medication records and management records.

Before the inspection we looked at the information CQC had received from, and about, Copperbeech since our last inspection.

Is the service safe?

Our findings

People told us they felt safe living at Copperbeech. Staff received training about safeguarding vulnerable people from abuse and this was refreshed every three months. Information about safeguarding, including phone numbers that people could call, was readily available in the entrance hall. This was also discussed at every residents' meeting. Records showed that the home had responded appropriately to untoward incidents including reporting them to the appropriate authorities and carrying out an investigation when requested to do so.

Eight people had personal spending money in safekeeping. We looked at the personal finance records kept in the home and found that they were completed in detail and were checked and audited regularly.

The home had a full team of staff and there was no use of agency workers. It is part of a small group of similar services and, if needed, staff sometimes covered additional hours at other services within the group.

The staff rota showed that there were two support staff on duty at all times. The manager was present between 9am and 5pm during the week. She told us that additional staff could be deployed for specific activities or events, or if people were unwell and required extra support. The manager told us that people who lived at the home were "settled" and most had lived there for a considerable length of time.

There were either two or three domestic staff on duty each day, also a cook. A maintenance person was shared with other services in the group and there was a part-time social activities coordinator.

We looked at the recruitment records for the two members of staff who had started working at Copperbeech since our last inspection. Their files contained completed application forms, interview records, valid references and records of a satisfactory Disclosure and Barring Service check.

We walked all around the building and found it was clean and in a good state of repair. Window opening restrictors were in place. We noticed that there was no soap or paper towels in the laundry. The provider explained that a new window had been fitted and the soap and towel dispensers had not yet been replaced. The manager said that she would get soap and towels for the laundry right away. The kitchen had a five star food hygiene rating. We saw records of current safety certificates for all utilities and equipment.

We saw detailed records of accidents and untoward incidents that had occurred and any subsequent action taken.

The manager was aware that some people smoked in their bedrooms although this was discouraged. Fire precautions were in place including a new fire alarm system. A towel was being used to keep the bedroom door ajar for a person who was being cared for in bed. We advised the manager that a safety device was needed if the person wanted to have their door open and the manager agreed that this would be fitted without delay.

At our last inspection we were concerned that the arrangements for the storage of people's medicines was not adequate. Since then, the room that was previously the manager's office had been converted into a medicines room and this was a great improvement. The room was kept locked, however the cupboard used for the storage of stock medication did not have a lock.

There was a thermometer in the wall-mounted metal medication cabinet but we did not see any record of the temperature being monitored. Some medication was not kept in this cabinet and there was no way to confirm that these items were stored at a safe temperature. There was no drugs fridge so any items requiring refrigeration were kept in a locked container in the kitchen fridge.

The manager told us that she was not satisfied with the service the home received from their supplying pharmacy and they would be changing to a new pharmacy in the near future.

We saw that medication received was checked and signed in on the medication administration record sheets. Most medication was supplied in a cassette system. There was a nightly count of medicines not supplied in cassettes. There were good administration records which confirmed that people always received the medication prescribed for them. The manager told us that there were currently no controlled drugs in use and no 'as required' medication except for analgesics and aperients. Support staff had regular medicines competency assessments.

Is the service effective?

Our findings

One person told us "We can get a drink whenever we want and the food is lovely." Another person said "Dinner was lovely, I put it away, I really enjoyed it." A member of staff told us "They have lovely meals, all home made."

Copies of the menus were pinned up in the dining room and the menu for that day was written on a board. These showed there was a choice of hot meals at both lunchtime and teatime. There was a roast dinner twice a week.

Lunch was between 12 midday and 1pm and people went into the dining room when they chose. On the day we visited, people were having home-made pizzas, which had been made individually with different toppings to cater for people's preferences.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us that everybody living at the home had capacity to make decisions for themselves and no DoLS applications had been made. The front door was not locked during the daytime and people could come and go as they pleased. Some people preferred to go out with someone else, a member of staff or a relative. People were requested to sign in and out so that staff knew who was in the building.

Most people at the home managed their own finances, but eight people had money in a safe at the home. Some people received a certain amount of money each day to help them with budgeting and they had signed an agreement for this.

One person's cigarettes were stored in the safe and a packet was given to them each day. The manager explained that this had been agreed with the person and it was documented in the money file and in the person's care plan. We advised the manager that it would be good practice to have a specific written agreement signed by the person to show their consent. We also noted a signed agreement in one person's care file for them to have a restricted quantity of alcohol each day.

We looked at staff training records. These showed that all staff completed a regular training programme and

new staff had induction training. The programme included fire safety, health and safety, infection control, equality and diversity, mental capacity, safeguarding awareness, medication, and mental health. The manager told us the staff team had just done training about diabetes and that training work-books were going to be introduced.

Staff told us they received regular supervisions. We saw records of two monthly supervisions, some individual and some group. Performance appraisals had been completed in November 2016.

The manager told us that ivy had been removed from the front of the building and it was due to be repainted later in the year. The back of the building had already been repainted. People had a spacious environment to live in. They had en-suite toilet and wash basins and there were bath and/or shower rooms on each floor. On the first floor there was a wet room with a shower chair and this was easy for people to use independently. There was a choice of two lounges and a separate dining room.

All except one of the people who lived at Copperbeech were independently mobile. Some people had been supported to get an appropriate walking aid. One person was poorly and was being cared for in bed. The provider had bought equipment to meet this person's needs including a hoist, a fully adjustable bed and a pressure relieving mattress. This enabled the person to be able to stay at Copperbeech, which had been their home for a number of years. District nurses visited monthly and as required.

Is the service caring?

Our findings

One person told us "This is the best home in Wallasey, I've lived here a long time. The staff are fantastic. I've got no complaints." Another person said "People accept me. We are friends. I like spending time in my room but I go to the dining room for meals and sometimes stay out there." One person we spoke with loved sport and had SKY TV in their bedroom.

People had a key to their bedroom. Some people wanted to show us their rooms and were proud of their rooms which were each individually decorated reflecting the tastes and styles of each person. Some people had put their name on their room door, some had a number on, depending on what each person preferred.

One person's room was decorated with pictures and the colours of their favourite football team. They had comfortable chairs and a fridge for snacks and drinks. Another person's room was very feminine with jewellery holders and flowers.

Most people were independent in day to day living. Support was provided as needed and their privacy was respected. People were encouraged to use the laundry equipment to do their own washing and if needed, support was available. People were encouraged to keep their own rooms clean and tidy, and if needed one of the cleaning team helped them. Bathrooms and shower rooms were designed to help people stay independent.

It was clear in the interactions we observed between people who lived at the home and staff members that positive relationships had been developed. We observed a caring, inclusive and non-judgemental atmosphere where people were accepted and felt comfortable. Some people had lived at Copperbeech for many years and it was in all respects their home. We were told that people's birthdays were celebrated and there was a birthday list making sure people were never missed out.

Some people did not have family or friends who visited them. Others had regular contact with family and friends and two people had stays with their family. Information was available about Advocacy services that people may wish to contact.

Is the service responsive?

Our findings

A person we spoke to said "Oh yes, I'm getting very well looked after." Some people had lived at Copperbeech for many years and some staff had supported them for many years. The staff were able to tell us about illnesses people had experienced and how their care and support had been adapted to suit their changing needs. People who needed less support could be accommodated in one of the three self-contained flats in the basement.

Each person had an individualised care file. In the file was a one page profile which gave a pen picture of the person. A "what people like and admire about me" section recorded people's skills and characteristics. A client details document gave staff essential information such as how a person preferred to be addressed. The document also contained information about the person's abilities, in what areas of their lives they were independent, where they may need a prompt or where they may need more support. People's care files contained details of their relationships and who was important to them, along with a brief life history.

Each person had support plans based on this information. They had signed their agreement to the details in the support plans. There was evidence plans were reviewed periodically in a review of outcomes document. The files also contained risk assessments covering aspects of people's lives where they may be at risk.

We saw evidence of how people were supported with their health needs. One person was poorly and was being cared for in bed. They had charts to record food and fluid intake. These showed that the person had not wanted anything to eat for the last couple of days but had plenty of fluids. Staff supported another person with insulin administration. Other people's records showed they received a service from mental health and substance misuse practitioners. People who received the medication Clozapine were supported to have a monthly blood test.

Some people who lived at the home had issues related to alcohol. The manager told us that the rules of the home were that people could consume small quantities of alcohol within their bedroom but not in communal areas. However, she said that people generally preferred to go to the pub if they wanted to have a drink.

On a notice-board there was a schedule of various activities that happened at the home. An activities coordinator was employed part-time, three mornings a week. They took some people out, who either didn't like going out on their own or wanted to go somewhere new. People had public transport passes. One person went out for lunch every week. They also facilitated some activities in the home for people who wanted to join in, for example Bingo and board games.

The home's complaints procedure was displayed and gave contact numbers that people could use if they had a complaint. This was also discussed at every residents' meeting. No complaints had been recorded since our last inspection.

Is the service well-led?

Our findings

The registered manager had worked at Copperbeech for 16 years, 12 of these as the manager. She had a good knowledge of the people living at the home. It was clear during our observations that she had a warm, positive relationship with the people living at the home and the staff working at the home. Two members of staff told us "You can always talk to [manager's first name]." They said that they could also go to the providers and knew them well. We saw that the providers were very active within the service and staff and people who lived at the home knew them well and spoke of them by name. The manager told us that she had started as a support worker and now had NVQ level 4 in care and management.

There was a monthly residents' meeting with an agenda that included how to make a complaint, fire procedure, safeguarding, smoking, meals and activities. These meetings were not generally well-attended, however the manager told us that, if there was something particularly important to tell people about, she encouraged as many people as possible to attend.

Satisfaction questionnaires for people living at the home were carried out annually, most recently in June 2016. We saw a summary of the responses and evidence that any issues raised were followed up. The summary report demonstrated that people's opinions were valued and the providers were committed to continuous improvement.

Staff team meetings were held every six months. Part of the agenda was open for staff to set. An annual staff satisfaction questionnaire was used to gain staff feedback. There was evidence that any issues raised were followed up and acted on.

The manager showed us the systems she had in place for regularly checking and auditing the quality of the service. These included fire safety audits, medications audits, kitchen audits, and care files audits. A plan had been written for when these would be carried out during 2017. Building checks had been carried out in November 2016 and the file included records of all utilities and equipment safety certificates. A monthly refurbishment programme was in place. People's money kept in safekeeping was checked and audited regularly and countersigned. Accident and incident reports were also reviewed monthly.

Providers are required to send the CQC statutory notifications to inform us of certain incidents, events and changes that happen. The manager had sent in statutory notifications to the CQC for the events that happened at the home.