Mannacom Limited

Copperbeech

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?	Requires improvement

Overall summary

This inspection took place on 17 December 2015 and was unannounced.

Copperbeech is two large three storey Victorian buildings converted into one home on the corner of a residential street in Wallasey. There is a car park to the front and gardens to the rear.

The home has 17 bedrooms over three floors. Each of the bedrooms has an en-suite toilet and wash basin. The home also has three self-contained bedsit style flats in the basement, each with a large bedroom, kitchen and bathroom. The home has three bathrooms and one accessible wet-room, two lounges, a dining area within a conservatory, a kitchen and a laundry.

At the time of our inspection 20 people were living in the home. The home specialises in providing residential care for people with mental health support needs.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found Copperbeech to be homely with a relaxed atmosphere. Some areas of the building were in need of updating. The manager showed us some recent work that had been done to renovate the rear of the building. There was still some building rubble in the garden, other than this the gardens were well kept with a gardener visiting every two weeks.

People told us they felt safe living at Copperbeech.

We found areas of improvement needed in the storage and documenting of medication, this was a breach of Regulation 12 of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

Window restrictors were not fitted to some of the upstairs windows.

There were adequate numbers of staff at the home. Staff had a good knowledge of safeguarding, knew what to do to keep people safe from abuse and could demonstrate the actions they would take if they suspected any abuse was happening.

Staff were recruited safely, with DBS checks in place and annual self-disclosure checks made with the manager.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learnt from.

Restrictive practices were in place in people's lives without the staff assessing the capacity of the person to consent to such restrictions. Some people didn't have a capacity assessment even though there were indications it may be appropriate. The principles of the Mental Capacity Act (MCA 2005) were not embedded in the support provided.

Staff received training and were supported to develop in their work. They received regular supervision and told us they felt well supported.

People at the home told us they were happy with the food provided. There were always alternatives available and preferences were taken into account.

The staff and manager were caring and we observed a happy environment at the home. One staff member told us, "We all work great together, it's better for the residents. It's a lovely happy environment". The manager told us they take a, "Family approach". The manager knew people well and we noticed that people were comfortable around her.

We observed that people were encouraged to be active and to participate in their community. People were coming and going throughout the day we visited.

People had individualised and person centred care files. Many of the plans were aimed at maintaining and developing people's skills. There had recently been a residents meeting seeking the feedback of the people living at Copperbeech. There was evidence this has happened for years and was an embedded part of the culture.

The service was well led. People and staff found the manager approachable, she set a homely and relaxed culture and encouraged people to sit and chat with her. However the manager had not always informed the CQC of notifiable incidents which were a legal requirement.

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 always safe.

Medication was not stored and documented safely. Medication administration records were not stored safely.

Some of the upstairs windows had no safety restrictors.

There were sufficient experienced staff, who had been recruited in a safe manner.

Staff were knowledgeable of and alert about safeguarding people.

Requires improvement

Is the service effective?
The service was not always effective.

There were restrictive practices in place without assessing the capacity of the person to consent to such restrictions.

The staff received regular training and were supported in their development and practice.

Improvements had been made to the environment which helped people to be more independent.

Requires improvement

Is the service caring?
The service was caring.

The staff and management cared about people.

People were supported in their wellbeing.

Good

Is the service responsive?
The service was responsive.

People were supported to be involved in their local community.

Support was individualised and person centred.

People were supported to maintain and develop new skills.

Good

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

The manager was approachable and set a friendly and open culture.

The manager sought feedback from people and staff.

The home had policies in place and undertook regular audits of the care provided and the environment of the home but these had not identified the areas of concern we found.

Requires improvement

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 17 December and was unannounced. The team consisted of two adult social care inspectors.

We spoke with seven people who lived at Copperbeech. Some people were out during our visit and a few people chose not to speak with us. We interviewed four members of the care staff, the cook, the manager of the home, a regional manager and one of the owners.

We looked at the care files for four people and the staff records for four members of staff. We looked at the medication administration records, medication stock control and medication audits.

There were no visitors during our inspection.

Before the inspection we reviewed the information held by the CQC. We contacted the local authority to also review the information held by them.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. When we asked, one person who had lived at Copperbeech for over twenty years told us, "I feel very safe here" and "There are plenty of staff for us, always at least two". Another person when asked if they felt safe said, "Yeah! Best home I've been in, been in quite a few". A third person told us when asked if they felt safe, "Yeah I do, I'm happy". Somebody else told us, "I like it here, I've got no worries". Another told us that nothing has ever happened at the home that made them feel unsafe.

Nobody at the home took control of their own medication. The manager told us this was mostly to do with people preferring that staff administer it. People told us they received their medication at the right times.

We found that medication was not always administered and stored in a safe manner. The area in which the medication was administered and stored was at the end of a corridor, this was accessible to everybody including visitors and was not a suitable location. There were no facilities for the washing of hands or medication pots.

During our inspection the medication records (MAR charts) containing people's personal information was on the top of the worktop, these were not securely stored, meaning that people's personal information was available to others. We also found that on top of the medication cabinet was stored some old records, a controlled drugs book and somebody's log of money, again people's personal information was not stored securely.

There was no thermometer for recording the temperature of the medication cabinet, therefore no way of knowing if medicine was being stored outside of the recommended safe temperature range.

We found a box of fifty paracetamol with no identifying label on them; we were told this was for the use of staff.

We found that staff were not always keeping a record of medication stocks carried forward, leading to confusion regarding some stock levels. The records indicated that one person should have had a stock of 13 of one tablet remaining, but we only found 10, leading us to believe three were missing. This medication was very important to a person's health.

There was also a stock of another medication which was taken by the same person once a week. There was no ongoing stock check for these, so it was impossible for the administrator or person auditing to know if the correct amount were remaining. The manager assured us that the person had received the correct medication and it was a case of not using paperwork correctly.

On three occasions since 30 November a medication had not been signed for.

These examples are breaches of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (The proper and safe management of medicines).

Some of the upstairs windows didn't have any restrictors and could open fully. The owner told us that this was due to them not being able to be fitted on the particular type of window frame and they had fitted them where they could. There were risk assessments in place relating to windows. We asked the provider to consider improvements to their current practice to ensure people were safe.

We looked over the staff rota which showed either two or three staff members present each day. In addition to this the manager was also based in the building. We observed the manager helped out during the day when necessary, which was in addition to the staff on the rota. The manager arranged additional staff for specific activities or events as necessary. Also working at the home were two domestic staff, a cook and a part time maintenance person. At night the home had two members of staff present each on a waking night shift. Back-up was available from a manager on a rota system.

We asked a staff member if there were enough staff and they told us, "Sometimes when people are unwell in their mental health, it can be tough". They told us that when this happened they, "Break up and rotate support and the manager gets involved". Another staff member said it could be "Spread a bit thin at times" as some support can require two members of staff.

Staff had received safeguarding training and long standing staff that we spoke with had received refresher training earlier this year. Staff we spoke with knew the different types of abuse and could describe clues that may indicate something is wrong with a person. They understood what they would do if they suspected abuse taking place and who they would inform including if necessary informing outside organisations such as the CQC and the local

Requires improvement

Is the service safe?

authority. One staff member when talking about this told us, “The management is brilliant, approachable, no problems at all”. We noticed the contact details for the CQC was on the notice board in the hall.

We saw evidence that new staff were recruited safely. Staff personnel files contained application forms and the references the home had sought before they had started in their role. People’s identification was checked, including their right to work in the UK.

The staff we spoke with told us the provider completed a DBS check before they started. The manager told us that staff complete a self-disclosure every year declaring any convictions or cautions they may have received. If any happened during the course of employment these would be individually and confidentially risk assessed.

Staff we spoke with knew how to record accidents and incidents that arose as appropriate depending on how serious they were. People told us this didn’t happen often and when it did it was, “Low level” because people had generally lived here for some time and were “Very settled”. One staff member said that after an incident, “We do a lot of discussing and learning together, learn from our different experiences. It can give you an insight into people’s support needs”.

Requires improvement

Is the service effective?

Our findings

People were free to come and go from the home as they wanted without support. Some people told us that they chose not to saying they preferred to go with somebody", either a member of staff or a relative.

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. Nobody had a Deprivation of Liberty Safeguard (DoLS) in place.

Several staff explained to us how it was difficult to support people when they made choices that staff and professionals thought were bad for them, telling us it was "Difficult to get a balance, a conflict of best interests, yet it's people's choices. You have to explain to people about their choices".

Some people at the home managed their own finances, one person told us, "I Keep hold of my own money, in my own room". We also observed that the manager held other people's money in a safe in the office. When we spoke to some people in the morning they told us they were waiting for their money. Another person received personal spending money each day from the office. We were told by the manager they had agreed to this and explained that It was done to protect people from abuse.

Some people's cigarettes were stored in the safe in the manager's office and given to people in stages. It was explained to us this was to prevent people from becoming upset when having no cigarettes remaining. We observed one person waiting by the office for their cigarettes.

It was unclear what restrictions people had the capacity to understand and give their consent to as no assessment of people's capacity to make those decisions had been documented. One person's care file stated that they 'lacked insight' into a matter, however there was no assessment of the person's capacity into this matter.

One of the people living at Copperbeech told us that, "The staff are trained". Another told us, "They are all trained properly". Staff told us they received regular training, either face to face or computer based e learning. One staff member explained to us, "We go to outside facilitators, use visiting trainers or the manager delivers it in-house".

We saw evidence that staff were supported in their development, with paid time set aside for training. Staff told us they received additional support with their training if they needed it, which took into account the different learning styles of some staff. New staff received induction training and we observed completed induction checklists on people's personnel files. Some of the staff we spoke with told us they had or were completing courses relating to National Vocational Qualifications (NVQ). The manager showed us records of two care staff working towards the Care Certificate. Staff had training work books which they completed. Competency tests were taken at the end of some training. One staff member summed it up by telling us, "We are encouraged to debate and make it relevant to our day to day work". They added, "Training has helped people on the team".

Staff we spoke with had knowledge of their upcoming training courses. The manager showed us the training matrix which demonstrated that the training was organised. We also observed copies of people's training certificates in their personnel files. These included training such as fire safety, health and safety, infection control, equality and diversity, mental capacity, safeguarding awareness, using a hoist safely and mental health.

Some staff told us they would like what they called, "more in-depth" and "specialist training" in mental health. They described what they had received as an 'overview'.

Requires improvement

Is the service effective?

Staff told us they received regular supervisions. We saw records of the supervisions that staff had received in their personnel files. One staff member told us they were quite regular and "You can set the agenda of the supervisions, the manager is open to suggestions".

One person told us how at the home you could, "Have as much tea and coffee as you want". Another person told us the, "Food is pretty good". A third said that at lunchtime it can be a lot of pastry which can give them indigestion. However they added that there is, "Generally an alternative", and "If you give the cook notice and want her to cook something they will. I like kippers, we ask for them in advance for four of us".

People told us that there were two roast dinners per week, one on Sunday and one mid-week. One person described how they enjoyed the variety of different meats and the dinners were nice. Another person told us they were, "Looking forward to the Christmas dinner, they do a good one here". The manager told us they used a local butcher who supplied good quality foods and that providing quality food was important to them.

We observed meals being prepared fresh in the morning time and throughout the afternoon. There was a choice of hot lunch and a choice of hot evening meal. The kitchen had recently been awarded the top rating of five out of five for kitchen hygiene. The menus changed each day and were updated every four weeks.

People were encouraged to be healthy and to eat well and to do some exercise. People had the option of being weighed if they wanted to do this. One person told us, "They encourage us and keep us going". At the last 'residents' meeting people were encouraged to cut down on chip shop meals and try alternatives. One person we spoke with told us how they had been encouraged to exercise and become mobile again after being ill, they told us staff had helped them to, "Gain strength" since being unwell.

The manager explained that if somebody's physical health deteriorated, they could remain at Copperbeech with support from district nurses.

There had been some recent renovations at the home. One of the people living at the home showed us a newly renovated wet shower room and told us they were, "Made up with it". They told us how it had made it easier getting a shower independently and they enjoyed it more. Another person told us, "I like my room, it's a nice big room". The manager told us they had a schedule of works due to be completed at the home in an ongoing improvement programme.

Good

Is the service caring?

Our findings

One person enthusiastically told us about living at Copperbeech saying it is a, "Fantastic home, the staff are lovely". Another person told us, "I'm quite happy here, friends come down once in a while".

One staff member told us, "Relationships are important, interacting with and communicating with people is very important". It was clear in the interactions we observed between people who lived at the home and staff members that positive relationships had been developed. One example we observed was when the mail for the home arrived, the manager noticed that there was a letter for a person from a family member who lived abroad. The manager told us the person would be excited to receive this and went off to find the person straight away.

One of the people we spoke with loved to tell jokes and stories. They joked with staff members as they went past and involved other people in football banter. They were relaxed doing this and were known as a joker. The person allowed us to look at their care file. It was noted that good support for them was 'to have a joke and a laugh'.

One staff member told us, "We all work great together, it's better for the residents. It's a lovely happy environment". The manager told us they take a "family approach". The manager knew people well and we noticed that people were comfortable around her.

We observed a caring atmosphere and there was also a caring approach by the manager towards staff. The manager showed a natural personal interest in people. We observed this on many occasions during our visit.

Some people wanted to show us their rooms. Many people 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, it was individualised based on what a person preferred.

One person's room was decorated with pictures and the colours of their favourite football team. The person had SKY sports TV which they showed us. They had comfortable chairs and a fridge for snacks and drinks. The person told us how they would have friends come to watch the match and they would "have the odd beer". Another person told us, "It's good my room at the moment".

One person returned home after receiving treatment in hospital. They were welcomed home and greeted by people who lived at Copperbeech and staff. People were eager to greet them and to make sure they were alright. It was clear that they were happy to be back home.

We were told that people's birthdays were celebrated as a 'big thing'. There was a birthday list making sure people were never missed out.

Good

Is the service responsive?

Our findings

One person told us, "We go out to the shops and for a walk, but not much else, I can't because of my [illness]". Another told us of their preference telling us, "You can go out by yourself, but I don't, I take [someone] with me". A third person told us they like to go to the local pub, after talking with us the staff supported them to book a taxi to go out. A fourth told us that they like to, "Go the shops with my mate". Another person told us how they enjoyed, "Friends coming down once in a while".

In some people's care files we observed notes from mental health professionals which recorded that people had 'stabilised since coming to Copperbeech'.

When planning for going out, each person's individual support needs, skills, abilities and preferences were taken into account. People we spoke with knew the local area in which they lived and the local facilities well.

One person told us how they were supported in their hobby of collecting old stamps. They were passionate in describing the stamps to us and explaining how they were supported to go and find new stamps with staff accompanying them. They explained that this was their choice to have somebody accompany them.

One person said they had recently had breakfast in a café in a local park where they, "Love the breakfast". They had recently started recovering from a health condition and told us staff had been really supportive and had encouraged them to start walking more.

We asked people what they liked about the home. One person told us, "They don't push you into doing anything". They went on to describe how they valued their freedom and how at times they wanted to just watch TV. Another person said they liked to listen to their vinyl records in their room. A third person told us they liked game shows on the TV.

Copperbeech had an activities lead who worked at the home. On the day of our visit people who wanted to were involved in reading poetry. On the notice board there was a schedule of various activities that happened at the home.

Each person had an individualised care file. The staff kept a record of what people did in a 'daily diary sheet' and a 'social/leisure activity record'. Also in the file was a 'one page profile' which gave a pen picture of each person, helping staff to be effective in supporting them. A document outlining, 'what people like and admire about me' recorded people's skills and characteristics. A 'client details' document gave staff essential information, down to the detail of 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. For example one person's care plan outlined it was important, 'for staff to be able to talk to me when things worry me'.

People's care files also contained details of their relationships and who was important to them, along with a brief life history. Each person had a support plan based upon this information. They had signed their agreement to the details in the support plan. There was evidence this was reviewed periodically in a 'review of outcomes' document. People also had risk assessments for different aspects of their lives. Care planning was individualised and person centred.

At the end of each shift staff had a handover with the incoming staff. They used this time to note anything significant for the incoming staff members and update and read people's files.

People were encouraged to use the laundry equipment to do their own laundry. If they needed support it was available. People were encouraged to clean their own rooms, however if they needed support with this one of the cleaning team helped them.

People who needed less support or became more skilled could move into one of the three self-contained flats in the basement. The self-contained flats were designed so people could become more independent and gain life skills in a safe environment. One person had done this and had decorated the flat themselves to their own taste and enjoyed living there. We were told that some people had used these facilities to move into more independent living in the community.

There had recently been a 'residents' meeting, there was agenda with items such as; 'highlighting how people can make complaints', the 'homes fire procedure', 'smoking', 'plans for Christmas' and 'what activities people wanted'. One previous meeting had discussed 'respect' as an

Good

Is the service responsive?

agenda item. There was evidence people living at Copperbeech were consulted with and involved in the decisions made at the home, there were records of 'residents' meetings going back several years.

Requires improvement

Is the service well-led?

Our findings

One person told us, "[The] manager listens to me, she does a good job". Another said the, "Manager is fine". A third told us, "She's always doing her checks".

We asked a person if they wanted to complain about something what would they do? They told us they would, "Complain to [manager], but I've never had to. I think she'd be quite fair like".

One of the staff told us, "The management is brilliant, approachable, no problems at all. We all work great together, which makes it better for the residents. It's a lovely happy environment." Another staff member we spoke with told us, "I can go to [name] with any problems, if she doesn't have the answer she points us in the right direction". A third told us "She knows her job, I've been really well supported".

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. The staff team was made up mostly of long standing staff members, who had been with the organisation a long time.

The manager told us their aim was to, "Do well for people" and "Promote [people's] independence if possible. She told us how it was important with the people they support to always have the time to sit and chat. The manager told us she felt well supported by the owners, telling us, "If I want something all I have to do is ask".

The manager showed us the risk assessments they kept of the home. These had been reviewed in 2015. They covered the risks involved in many aspects of the running of the home and outlined how the management and staff would mitigate the risks to keep people safe. Audits and checks of risks in the home environment had been completed and were within date. These included; Electrical Installation Report, Fire Safety Inspection, Gas safety check, Legionella , Health and Safety Policy update and safe storing of chemicals COSHH (Care of Substances Hazardous to Health).

The manager sought feedback from people. We observed that an in depth staff questionnaire was used by the manager to gain staff feedback. The questions included; do you feel job satisfaction? Would you be interested in doing formal qualifications? Do you think Copperbeech is a pleasant working environment?

They also used questionnaires aimed at people living at the home and their relatives. There was a questionnaire for professionals visiting the home. These questionnaires were audited, leading to an action plan based upon any themes that emerged.

Staff team meetings were held every six months. Part of the agenda was open to staff to set. We observed recent staff meeting minutes; we noted that some new policies were due to be discussed with staff in an upcoming meeting, with a sign off sheet when each staff member had reviewed the policy. These meeting happened regularly, which ensured that staff at the home were kept up to date.

Medication had recently been audited. During our inspection we noted areas of improvement required in administering and documenting medication. The audit had highlighted one missed signing on the medication administration records (MAR) and the actions taken. The audit had not noted the problems with safe storage, carrying forward records of medication stock on hand and the confidentiality of people's records.

Where people received support with their finances, any money kept safe by the manager was regularly checked and audited. There was a system in place for auditing people's care files. We observed that a fire safety audit had recently also been completed.

We looked at the home's policies, these had been recently reviewed. There were key policies in place to keep people safe, such as 'Whistleblowing' and 'Protection of Service Users' (Safeguarding). We asked the provider to update the 'whistleblowing' policy with the contact details for the CQC. The policies file was kept within the office at the home; we asked the manager to ensure staff had copies of or easy access to the 'safeguarding' and 'whistleblowing' policies.

Providers are required to send the CQC statutory notifications to inform of certain incidents, events and changes that happen. The provider had sent in statutory notifications to the CQC for the events that happened at the home that the provider regarded as serious. We told the

Requires improvement

Is the service well-led?

provider to familiarise themselves with the range of incidents, events and changes that require a notification to be sent to the CQC as they had not always sent in notifications when they were required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The proper and safe management of medicines.** How the regulation was not being met: People who use services were not protected against the risks associated with unsafe medication processes. Regulation 12 (2) (g).