

FitzRoy Support The Coppice

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 09 and 15 May 2017. The first day of the inspection was unannounced.

The Coppice provides 24 hour care and accommodation supporting up to seven people whose primary needs relate to their physical or learning disability. The accommodation provided includes seven bedrooms that are located on both the ground and first floor. A chair lift provides access to the first floor for people who may have difficulty climbing stairs. At the time of our inspection there were six people living at the home.

The provider informed us that they planned to close the home in the near future, although there was no definite date set at the time of our inspection. This decision had been communicated to people living at the home, relatives and staff. The registered manager told us the provider was looking for a new property in the area, which would allow people using the service to continue living together if this is what they wanted to do.

We last inspected The Coppice in March 2016 when we rated the home requires improvement overall. At that time we found one breach of the regulations in relation to gaps in records relating to fire drills and fire alarm testing. We found improvements had been made in this area, but identified other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to providing safe care, the cleanliness and maintenance of the premises, and having suitable systems in place to monitor the quality and safety of the service. You can see what actions we have told the provider to take at the end of the full version of the inspection report. We also made one recommendation, which was in relation to ensuring people are aware of the complaints policy and procedure.

We found shortfalls in the maintenance and cleanliness of the home. The conservatory attached to the home had leaked for an extended period of time, which had resulted in damp developing in this area. Around other areas of the home we saw stained carpets, torn wall-paper and mouldy sealant around a bath.

Staff were not always effectively recognising or managing risks to people's health and wellbeing. For example, we saw medicines delivered from the pharmacy were not stored securely, and thickening agent, which presents a potential choking risk, was left unattended in the kitchen area for a short period. We also found some staff were not aware of the level of supervision one person required when eating to help reduce the risk of them choking. The registered manager took action to address this concern by asking staff to read and sign this person's support guidance.

Staff were aware of their responsibilities in relation to safeguarding, and were aware how to raise any concerns internally, or externally if required. We saw the registered manager had followed-up any reported accidents or incidents appropriately, and these were also monitored by the provider.

Staff told us they received sufficient training to allow them to perform their jobs competently. Records

showed staff had received training in a variety of topics including safeguarding, moving and handling, communication and positive behavioural support. New staff received a thorough induction, and we saw staff competence was checked by a manager. Staff received regular supervision, and they told us they felt supported in their roles.

Staff told us they would always ask for people's consent before providing care or treatment. Information in people's care files provided guidance to staff on how to support people to make their own decisions whenever possible.

People were encouraged to be involved in planning a menu each week. We saw people were offered choices of meal, and alternative meals were provided to people based on their preferences and dietary requirements.

There was a long-standing staff team who knew the people living at the home well. Staff were able to tell us about people's likes, dislikes and support needs. There was one vacancy on the staff team, and any unallocated shifts were covered either by agency staff or the regular staff team working additional hours.

People living at The Coppice either accessed day services or received additional support from staff to carry out other activities during the week. One person's relatives felt staff did not follow their care plan in meeting their needs in relation to activities. We found there was limited interaction from staff when people returned home as staff were required to complete other domestic duties. However, the interaction we did observe was respectful and staff communicated effectively with the people they were providing support to.

Relatives we spoke with told us they found staff were kind and caring. Staff were aware of the importance of supporting people to retain their independence and build skills, and were able to provide examples of instances where they had done this.

Care plans were personalised and contained information on people's preferences, support needs and strengths. However, we found care plans hard to follow due to the volume of information they contained, which was not always up to date or relevant. We saw the service was in the process of introducing new care plans.

People told us they would be confident to make a complaint if required. However, one relative was not sure whether their concerns had been handled as a formal complaint. We made a recommendation that the provider ensures all relevant persons are aware of the complaints procedure.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also responsible for the management of a supported living service run by the same provider. She was supported in the management of The Coppice by a full-time deputy manager.

There were systems and checks in place to help ensure the safety and quality of the service was monitored and improved. However, these had not always been effective in identifying, or ensuring actions were taken in relation to required improvements. The provider completed a quality audit, which the registered manager told us was completed quarterly. However, the last quality audit that could be located had been completed over one year previously.

The provider had not always taken effective action to address areas where it was known there were shortfalls, such as in relation to the leaking conservatory and worn carpets.

Staff told us they were confident to approach the registered manager or deputy manager if they had any concerns or required any support. They told us they felt valued for the work they did.

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 consistently safe.

Some staff we spoke with were not aware of the correct guidelines to follow to ensure a person's safety whilst eating and drinking.

Medicines were administered and recorded following safe procedures. However, medicines were not promptly moved to secure storage when delivered from the pharmacy.

There were shortfalls in the maintenance and cleanliness of the property.

Is the service effective?

Good 

The service was effective.

People's care files contained information on their capacity to consent, and how staff should support them to make decisions.

Staff received regular supervision from a manager, which they told us they found useful.

New staff members were provided with training, and were able to shadow experienced staff prior to being 'signed off' as competent by a manager.

Is the service caring?

Good 

The service was caring.

Staff knew the people they were supporting well, including information on their normal routines and preferences.

There was clear and effective communication between staff and people using the service.

Staff understood the importance of supporting people to retain and build their independence, and were able to provide examples of how they had done this.

Is the service responsive?

The service was not consistently responsive.

Care plans were hard to follow and in some cases contained information that was no longer relevant. Staff were in the process of putting in place new care plans.

It was not clear that the provider had made all relevant persons aware of the complaints policy.

Staff were aware of people's preferences and how they liked to be supported.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had not taken timely actions to address known concerns in relation to the up-keep of the property.

Systems to monitor and improve the safety and quality of the service were not always effectively implemented.

Staff felt well supported, and able to approach the registered manager or deputy manager for advice.

Requires Improvement ●

The Coppice

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 checked 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.

The inspection took place on 09 and 15 May 2017 and was unannounced. One adult social care inspector conducted the inspection.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications the provider was required to send us about safeguarding, serious injuries and other significant events occurring at the service. We contacted the local authority quality and commissioning team, infection control lead and Trafford Healthwatch for feedback about the service. No relevant information was held by these organisations in relation to the service.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed their PIR in February 2017. There had been no feedback provided to CQC via our contact centre or 'share your experience' web form since our last inspection in March 2016.

During the inspection we spoke with one person using the service, and used written communication to gain the views of a second person using the service. We also spoke with four relatives of people using the service by phone shortly after the inspection. We spoke with seven staff, which included the registered manager, the deputy manager and five care staff.

We carried out observations of the support people received in communal areas of the home and reviewed records relating to the care people were receiving. This included daily records of care, four care files and four people's medication administration records (MARs). We also reviewed records relating to the running of a care home, including three staff personnel files, records of training and supervision, team meeting minutes, records of servicing and maintenance and recorded audits and quality checks.

Is the service safe?

Our findings

At our last inspection in March 2016, we found the service was not completing regular fire drills and tests of the fire alarm system. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in relation to this area of concern.

Each person living at the home had a personal emergency evacuation plan (PEEP) in place, that detailed the support that person would need to evacuate the building in the case of an emergency. Records showed that staff had conducted fire drills, and that there were records of regular tests of fire alarm and emergency lighting system.

However, we identified other issues in relation to the safety and suitability of the environment. The home had a conservatory attached to the main lounge area. On the first day of our inspection we observed water running into the conservatory, which the registered manager informed us was coming from the overflow of a basin on the first floor. They informed us the conservatory leaked and that this was an ongoing issue. The leak had resulted in areas of damp and peeling wallpaper in this area. The registered manager told us the conservatory was used mainly for storage, and told us they would close this area off for day to day use. Although this would restrict the living space available to people, we saw there were other communal living areas accessible to people within the home.

We observed shortfalls in the cleanliness of the environment, which would increase the risk of the spread of infections. For example, we saw the hallway carpet was heavily worn and stained, there were areas of torn wallpaper and scuffed paintwork, worn work surfaces, dented and rusty radiator covers, and mouldy sealant around a bath. Bins in the kitchen and bathroom were also hand, rather than pedal operated, which would increase risks of cross contamination. We reviewed records of cleaning, which were limited in detail and did not demonstrate staff adhered to a thorough cleaning regime.

We also identified that window restrictors in place were not to current recommended standards as they could be disengaged, allowing windows on the first floor of the home to be opened to their full extent. The registered manager told us they were confident that no-one at the home was at any risk of falling from a window, and they sent us a risk assessment after the inspection that demonstrated this potential risk had been considered.

The provider had not ensured that the premises were clean, properly maintained or that appropriate standards of hygiene were maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in March 2016 we found that staff had not always regularly reviewed risk assessments in relation to hazards to people's health and wellbeing. At this inspection we found staff had reviewed risk assessments on a regular basis. Risk assessments had been completed for potential hazards arising from activities such as bathing, medicines and moving and handling. People's care files also contained 'risk

profiles' which indicated all potential areas of risk in relation to the individual, and referred the reader to additional assessments and care plans where relevant.

However, we found the relevant care plans and additional assessments were not always present in the file, or the information on how staff should reduce risk was not always clearly presented. For instance, we found one person's seizure management plan was not present in the file, and there were sometimes several copies of guidance without it being clear which version was the current guidance. We saw the registered manager was in the process of putting a new format of care plan in place and reviewing the information in people's files, which would help ensure this issue was addressed.

Many of the staff working at the home had worked at The Coppice for several years, and were aware of potential risks to people's health and wellbeing and how to manage them appropriately. However, two staff members we spoke with told us a person they supported could be left to eat without staff supervision when the guidance in their care plan stated they needed close supervision due to the risk of them choking. This meant the person was put at risk of potential harm due to staff not being aware of the support they required when eating. By the second day of our inspection the registered manager had re-issued this person's eating and drinking guidelines to staff and had asked them to sign to indicate they had read and understood them.

On two occasions during the inspection, we observed that medicines were not being stored securely. On the first day of our inspection we observed thickening agent was left out on a kitchen surface. A patient safety alert was issued by NHS England in February 2015 in relation to the risk of asphyxiation through accidental ingestion of thickening agents. Following discussions with staff, and subsequent observations, we were confident that thickening agents were usually kept locked away with the other medicines. On the second day of the inspection we saw the delivery of medicines from the pharmacy was left in the hallway of the home for an extended period. The registered manager told us people would not have been able to access the medicines due to secure ties on the bags they were delivered in. However, they informed us that in the future, medicines deliveries would be stored in the office, which could be locked, until staff were able to book them in.

These issues in relation to effectively assessing and reducing potential risks to people using the service were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a care plan that detailed any preferences and requirements in relation to how staff should support them with any medicines they took. Medication administration records (MARs) had been completed consistently, and indicated people had received their medicines as prescribed. We checked stocks of medicines, which showed the MARs had been completed accurately. Some people living at the home received medicines 'when required' (PRN). Where this was the case, we saw there were protocols in place that informed staff when they should administer these medicines. This included information on any non-verbal indications that the medicine might be required if the person was unable to communicate this verbally. Medicines that had been 'booked in' were kept in secure locked storage, and staff recorded the temperature of this area on a regular basis to ensure medicines were being stored in accordance with manufacturers' recommendations.

We spoke with one person who was living at the Coppice who told us they felt safe living there. A relative we spoke with told us; "They are well staffed and people are looked after." Staff we spoke with told us shifts were always covered, and two of the three staff we asked said they felt there were sufficient numbers of staff on duty. The third staff member told us they felt additional staff would allow staff to spend additional time supporting people and carrying out activities. The registered manager told us staffing levels were determined by the level of support that was commissioned, along with consideration of peoples' daily routines. We reviewed the rotas, which showed staff levels were maintained at the level the registered

manager described. There was one vacancy on the staff team at the time of our inspection, which the registered manager told us was covered either by existing staff members taking on additional hours, or through the use of agency staff.

Staff were aware of their responsibilities in relation to safeguarding. The staff we spoke with told us they had not needed to raise any safeguarding concerns, but would feel confident to do so should this be required. They told us they would report any safeguarding concerns to the deputy manager or registered manager. Staff were also aware how they could escalate any concerns either internally or externally if required, and we saw a copy of local safeguarding procedures were available for staff reference. We saw records of any concerns or incidents were recorded on an electronic care management system that detailed any immediate and follow-up actions taken. This showed the registered manager had taken appropriate actions to respond to any concerns raised.

The provider was following procedures to help ensure only staff of suitable character were employed to work in the home. Records showed the provider had interviewed staff, requested references and a disclosure and barring service (DBS) check prior to making a job offer. Other information required, including proof of identity and a full employment history was also present in staff personnel files. DBS checks indicate whether the applicant has any convictions or is barred from working with vulnerable persons. This helps employers make safer decisions when recruiting staff.

Is the service effective?

Our findings

Staff told us they received sufficient training to enable them to perform their roles competently. One staff member told us; "The training is very good, we get plenty. Training like moving and handling is done annually so you get regular updates." Records showed staff had received training in a range of areas relevant to their jobs roles, including safeguarding, positive behavioural support, first aid, moving and handling and health and safety. We spoke with one staff member who had recently started work at the home. They told us they had been given the opportunity to shadow more experienced staff members for several weeks, and had received training before a manager had assessed them as competent and agreed they could start working independently. The staff member told us they had felt competent and confident to meet people's care and support needs when they started to work unsupervised.

One member of staff had been recently recruited to work at the home. They told us they had completed the care certificate, and the provider had given them opportunity to undertake further qualifications such as a level 2 diploma in health and social care. The care certificate is a set of minimum standards that should be covered for new care workers to help ensure they are able to deliver safe and effective care. Records showed that the registered manager and deputy manager carried out regular checks of staff competence, including in relation to specific areas of practice such as medicines and moving and handling. This would help identify if any staff needed extra training or support in order to provide safe and effective care.

Staff told us they received regular supervision with the registered manager or deputy manager. One staff member said; "I last had one [a supervision] three days ago. It was very useful. We discussed training, what's working well and people's support." Records of supervisions supported that these support sessions took place frequently. Staff also told us the registered manager and deputy manager were visible in the home. Staff felt they could approach them at any time with concerns they might have, or if they wanted any advice.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 registered manager had made applications for DoLS as required, and four applications had been authorised by the supervisory body. Staff knowledge in relation why DoLS were required for the people they provided support to was variable, and not all staff were aware of conditions connected to one person's authorised DoLS. However, the manager was aware of the conditions, and was able to provide information on how the staff team were working to meet the conditions.

Staff told us they would ask people's permission before providing any care and support. If people were unable to communicate their consent, staff told us they would refer to people's care plans, and would look for non-verbal signs as to whether the person was happy to be receiving support. People's care plans contained information on people's mental capacity in relation to key aspects of their care and support, including personal care and health. Information was also provided on how people communicated their wishes, and any ways in which staff could support people to make informed decisions.

We saw staff had received training in physical intervention, although the registered manager and staff told us no physical intervention was actively used with anyone currently living at the home. Staff had received training in positive behavioural support, and we saw care plans detailed pro-active strategies for staff to reduce the likelihood of any behaviours that could challenge the service.

People living at The Coppice were involved in weekly meetings where a menu plan was developed. The person we spoke with told us staff asked for their meal preferences, and that people living at the home took it in turns to help staff complete the food shop. We observed people being supported by staff with their evening meal, and saw people had been provided with different meals dependent on their preferences.

Each individual had a health action plan in detailed any routine health needs and appointments, as well as the outcomes from any visits from health professionals. We saw people had been supported to access health professionals on a regular basis, including GP's, podiatrists and psychiatrists. Where a need had been identified, we saw staff recorded people's weights on a regular basis. This would help highlight any potential health concerns that might require further investigation.

Is the service caring?

Our findings

The registered manager and a relative we spoke with told us there was a long-standing staff team in place at The Coppice. The registered manager, deputy manager and a member of support staff we spoke with during the inspection, all told us they had worked at the home for over ten years. It was apparent from our observations and conversations with staff that this had helped enable staff to get to know the people living at the home well. One relative told us; "[Person] has known a lot of the staff for a long time. Staff are very understanding of their needs, and will recognise if they are a bit off colour for example. That is essential as [Person] isn't able to speak."

We observed staff communicated effectively with people, including through the use of Makaton. Makaton is a way of supporting spoken language through the use of signs and symbols. Staff told us some of the people living at the home used specific signs or gestures to communicate their preferences and wishes, and we saw this information was recorded in people's care plans. We observed staff understood people's individual ways of communicating, and were responsive to any requests for assistance they had. For example, we saw one person approach the kitchen counter, and staff understood that this meant the person wanted a drink, which they provided to them. During our inspection we saw staff provide a handover to a member of agency staff who had not previously worked in the home. This included the regular staff member providing them with information on how people communicated, and their usual routines. This would assist the agency staff member in effectively communicating with people at the home.

Staff understood the importance of supporting people to retain independence and develop skills where possible. One staff member told us; "It's important to allow people to do things for themselves if they can. It might take longer, but we allow and support them to do things for themselves such as getting dressed. We don't de-skill people and make time for people." Other staff members told us they had been successful in encouraging and supporting one person to become more involved in day to day household activities. One relative we spoke with talked about the benefits to their family member of there being a large enclosed garden at the house. They told us their family member enjoyed accessing this area, and that it meant they could be allowed space to themselves in a less restrictive environment. We saw adaptations had been made to some areas of the home, such as providing lower level work surfaces in the kitchen. This would enable people who used wheelchairs make drinks or be involved in food preparation should they wish.

We saw staff interacted with people in a polite and respectful way. When asked if staff were kind and caring, one relative replied; "absolutely". Staff were able to tell us how they would help maintain people's dignity. For example, they told us they would ensure doors and curtains were kept shut when providing support with personal care. We saw records such as care plans were kept securely in a locked cabinet so they could only be accessed by people with a need to see the information they contained.

The provider informed us that The Coppice was planned to close in the near future. The registered manager talked about on-going discussions that were being held with people living at the home in relation to their wishes and preferences regarding future moves. This included giving consideration to trying to enable the people living at the home to remain living together in any new property that was found if this is what they

wished to do. The registered manager told us that people using the service, advocates and families were being involved in on-going discussions in relation to the move to try to minimise the potential disruption to people. The provider had also given consideration to maintaining a consistent staff team, by offering guaranteed employment to staff members for a period following the closure of the home.

Is the service responsive?

Our findings

People's care plans detailed the support people required in relation to a range of health and social care needs, such as support with personal care, eating and drinking, activities and relationships. Care plans were personalised, and contained information on people's social histories, interests and preferences in relation to how they received care and support. Care plans documented the support people required, as well as what they were able to do for themselves. This would help staff to promote people's independence.

However, we found people's care files contained a lot of information, including information that was no longer relevant, or contradicted other information contained in the care files. Whilst staff we spoke with demonstrated a good understanding of people's needs, preferences and interests, this would increase the risk that people would not receive consistent care. The registered manager told us they had recognised the need for a thorough review of care plans, and we saw they had started to create new care files for people. This included reviewing care plans and transferring them onto a new format.

Most of the people living at The Coppice attended a day centre on a regular basis during the week. We saw people had activity timetables, and that staff worked flexibly around these dependent on people's preferences. For example, one person decided they didn't want to attend the day service on one day of the inspection. Staff therefore provided support to them at home. One person's relatives told us they had repeatedly raised concerns that staff were not following their family member's care plan in relation to support they should receive to stay active, and access the community and activities. The registered manager was aware of these concerns, and told us staff regularly supported this person to access activities, but acknowledged recording of activities had not always been completed accurately.

During the periods that people were at home, we observed limited interactions from staff. This was as staff appeared to be engaged in other tasks such as food preparation, cleaning and completing records. One staff member told us they felt having to complete these tasks prevented more interaction with taking place with people using the service. One person's relatives also commented that they felt there was a lack of interaction or attempts to engage their family member in activity by staff.

Staff supported people to maintain relationships with people important to them, including family members. For example, staff talked about supporting one person to visit a family member, and the registered manager talked about other work carried out to support people to maintain relationships. Each person was assigned a 'key-worker' who had responsibilities in relation to co-ordinating a person's care and support. We saw records of regular monthly key-worker meetings, which provided opportunity for the person to provide feedback, and for staff to carry out a review of the support they received. Relatives we spoke with told us they had been provided with opportunities to contribute at reviews of people's care where this was appropriate.

Staff had completed hospital passports for people living at the home. These documents would be shared with relevant staff if a person was admitted to hospital, and would help ensure people involved in that person's care were aware of any key support needs to help ensure the person continued to receive safe and

effective care. For example, they contained information on people's communication, mobility and health-care needs.

The service had a complaints policy and procedure, including an accessible pictorial version. This would help staff to explain the complaints procedure to people living at the home if required. The complaints policy contained details of how people could escalate their complaint, and included contact details for relevant external organisations people could contact. The record of complaints showed there had been one complaint recorded within the past year. We saw the registered manager had followed the complaints procedure and had provided a response to the person raising the complaint, along with details of the actions they planned to take to address the person's concerns. The service had also supported a person to raise a complaint against another organisation where they had experienced a poor service.

The person we spoke with living at the home told us they would feel comfortable raising any concerns they had with staff at the home. Relatives also told us they would feel comfortable raising a complaint. One relative told us they had raised an informal complaint, and that their concern had been addressed promptly and to their satisfaction. However, another relative felt the provider had not adequately addressed their concerns, and they were unsure if their concerns had been recorded as a formal complaint. We did not see a record of this person's concerns in the complaints file.

We recommend the provider reviews how they ensure relevant persons are made aware of the complaints policy and procedure.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They were also registered to manage a supported living service run by the same provider. The registered manager said they split their time between the two services, and told us they had sufficient support to enable them to manage both services effectively. The registered manager was supported by a full-time deputy manager who was based at The Coppice.

Prior to our inspection, the provider and local authority made us aware that the provider intended to close The Coppice in the near future. There were no definite dates set for the closure due to on-going work to find alternative placements, or a new property from which to provide the service. The registered manager told us the provider was looking for larger houses in the same area that would allow people using the service to continue living together if this is what they wished to do. The registered manager told us the provider had made the decision to close the home due to there being a long-term vacancy for a care placement, and due to maintenance works required at the home. Staff we spoke with told us they had been 'shocked' at the provider's decision to close the home. Records showed that the provider had discussed the decision to close the location with staff, and staff told us they had used easy read documents to help explain the decision to people using the service.

We saw regular monthly audits were completed to check medicines were being managed safely in addition to daily checks carried out by staff administering medicines. Staff also completed a general health and safety audit that considered a range of topics including housekeeping and the environment. People's key-workers provided the registered manager with a monthly report that included updates and reviews of documentation, weight records, health appointments, activities, the environment and support plans. This would help ensure the registered manager was aware of any issues, and able to take action to address them.

The provider used an electronic care management system to record accidents and incidents. The registered manager told us they reviewed all accidents and incidents and that a central health and safety team also monitored these records. The records we looked at showed evidence of review by the registered manager and health and safety team. Any required actions were recorded and followed-up, including requirements to notify other organisations such as the CQC and local authority of certain incidents. However, as discussed in the 'safe' section of this report, staff were not always effectively identifying or managing risks. Not all staff were aware of one person's eating and drinking guidelines, which may have placed them at risk of choking, and staff did not identify shortfalls in the safety of storage of medicines.

The registered manager told us the provider completed quarterly quality checks at the home. However, the most recent quality visit report the registered manager was able to locate was conducted in March 2016. This audit was based on CQC's key lines of enquiry (whether the service is safe, effective, caring, responsive and well-led), and an action plan had been drawn up to highlight any areas where improvements were required. The action plan had last been updated in March 2016. Whilst most actions had been signed off as complete, we found some of the actions had not been sustained, or effective action had not been taken to address the areas requiring attention.

For example, the action plan noted the conservatory area was not fit for use as it was used as a storage area and was cluttered. This action was signed off as complete in March 2016, but during our inspection we found the area remained cluttered and used for storage. Another action noted the requirement for the rear hallway carpet to be replaced in November 2015, but this was still not complete at the time of our inspection over one year later. The registered manager told us the maintenance issue with the leaking conservatory had been repeatedly raised with the provider, but no effective action had been taken to complete the required repairs.

The preceding paragraphs demonstrate that the provider had failed to ensure effective systems were in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt the home was well-led, and said they felt comfortable approaching the registered manager or deputy manager for support whenever they felt this was required. One staff member told us; "The service is well-led. You can always approach [deputy manager] or [registered manager]. They also told us they felt well supported by other team members, with more experienced team members being willing to offer advice and direction to their colleagues.

Staff told us they felt valued for the work they did, and this was evident from the long service of a number of staff working at The Coppice. We saw staff had access to policies and procedures, including one page summaries of policies. This would help ensure staff understood, and were able to quickly review the most important points from the policies they read. We saw staff had attended team meetings where discussions were held in relation to people's support and operational procedures. This would help ensure staff were aware of their responsibilities, and that consistent care was provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Potential risks were not being effectively assessed and mitigated. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the home was clean and appropriately maintained. Appropriate standards of hygiene were not being maintained. Regulation 15(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems were operated to enable the quality and safety of the service to be monitored and improved. Regulation 17(1)