

Larchwood Court Limited

# Copperfields Residential Home

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on the 13 December 2018. The inspection was unannounced.

Copperfield's residential home is 'care home.' People in care home services receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation was provided over three floors. A lift was available to take people between floors. Residential accommodation and personal care were provided for up to 20 older people. There were 14 people living in the service when we inspected. Some people had memory loss or health issues associated with ageing or were living with dementia. There were four people with a learning disability.

We carried out our last comprehensive inspection of this service on 21 March 2018 and we gave the service an overall rating of 'Requires Improvement.' After this inspection we received information of concern relating to the safe management of medicines, the management of people's finances, moving and handling practice, safeguarding employment checks on new staff and the management of incidents and accidents. Therefore, on 17 May 2018 we carried out a focused inspection. At that inspection we inspected the Safe and Well Led domains. After the focused inspection the Safe and Well Led domains were rated 'Inadequate'. This changed the overall rating for the service to 'Inadequate'. We asked the provider to tell us what actions they would take with time scales to meet the Regulations.

At our last comprehensive inspection of this service on 21 March 2018 we found three breaches of the legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to Regulation 12, safe care and treatment - known risks were not always assessed and minimised. Regulation 17, good governance - quality monitoring systems were not fully effective. Regulation 18, Staffing - the provider had not ensured that staff had completed or had regular training to be effective in their role. At our focused inspection of this service on 17 May 2018 we found two breaches of the legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. The first breach related to Regulation 12, safe care and treatment - there was a failure to manage medicines and infection control risks safely. The second continued breach related to Regulation 17, good governance - the provider's audit systems were not operated effectively to assess and monitor the quality and safety of the service provided.

The provider sent us an improvement action plan telling us how they intended to meet the legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. They told us they would meet the regulations by 30 November 2018.

The service had been in breach of Regulations and rated as Inadequate or Requires Improvement for three inspections since 31 January 2017. At this comprehensive inspection we found improvements had been made. The provider was now meeting Regulations 12 and 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, the improvements we found had not fully bedded in at the time of this inspection to demonstrate to us that the provider and registered manager could sustain the

improvements they had been making. Therefore, the overall service rating has moved from 'Inadequate' to 'Requires Improvement.'

In November 2018, the provider and the registered manager had started to use a computerised quality audit management system. The provider and registered manager implemented plans to improve the service.

Since our last comprehensive and focused inspections, the registered manager and provider had worked with a consultant who specialised in mentoring social care services to improve their management oversight, auditing the risks systems.

Since our last inspection the providers policies had been replaced and updated. The policies included equality and human rights.

The procedure in place for the safe administration of medicines was now effective and followed published guidance. Staff followed these policies and had been trained to administer medicines. Medicines administration was now audited by the registered manager.

There was a registered manager employed at the service. A registered manager is a person who has registered with 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 and the registered provider both worked at the service.

There were four people living at the service who had a learning disability. Because of this we considered whether the care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. We found that the service was meeting people's learning disability needs and people told us they were happy at the service. Although the service had not been originally set up and designed under the Registering the Right Support guidance, they had developed their practice to meet this guidance and used other best practice to support people. They had applied the values under Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements and made information available to people in different formats.

Staff consistently demonstrated they shared the provider's vision and values when delivering care. People were supported to maintain friendships and contacts with those they chose. Activities were planned to assist people to their purpose and pleasure in life.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's needs were assessed and their needs were recorded. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans.

People's right to lead a fulfilling life and to a dignified death was understood and respected at all levels.

People, their relatives and health care professionals had the opportunity to share their views about the service either face-to-face, by using feedback forums or by responding to formal provider quality surveys.

There continued to be enough staff on duty to meet people's physical and social needs. The registered manager checked staffs' suitability to deliver personal care during the recruitment process.

Staff received training and supervision and continued to be that matched to people's needs effectively.

We observed that staff were friendly and caring. There were appropriate systems in place to enable people to make complaints. Incidents and accidents were reported and appropriately investigated.

People were supported to eat and drink according to their needs, staff supported people to maintain a balanced diet.

The premises and equipment were regularly maintained and checked to minimise risks. The service was clean and odour free. Staff followed the provider's infection control policy. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns by the registered manager. Emergency response contingency plans were in place.

The registered manager had sent statutory notifications to CQC when required. The CQC rating from our last inspection had been displayed.

## 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 safe.

Improvements to the management of medicines had been made, but the provider and registered manager needed to demonstrate the improvements could be sustained.

Systems and policies were in place to manage risk. Risk assessments were used to minimise general and individual risks. However, the provider and registered manager needed to demonstrate the improvements could be sustained.

Infection control risks were minimised.

Staff understood how to reduce the risk of abuse.

Recruitment for new staff was robust and sufficient staff were deployed to meet people's needs.

Incidents and accidents were recorded and investigated.

### Is the service effective?

**Good** 

The service was effective.

Staff monitored people's health and welfare by keeping accurate care records.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by the provider and staff received training about this.

People's needs were assessed. Staff referred people to health services when needed.

People were supported to eat and drink to maintain their health.

The premises had been adapted to support people's mobility needs.

Staff received training and met with their managers to discuss their work performance.

### Is the service caring?

Good 

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

### Is the service responsive?

Good 

The service was responsive.

People were provided with care when they needed it and a person-centred care plan was developed around their needs.

Information about people was updated so that so that staff were aware if people's needs changed.

People were encouraged to participate in activities.

People knew how to raise concerns and complaints.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Potential risks and the quality of the service were monitored through regular audits, but these were not yet fully bedded in. The provider and registered manager needed to demonstrate the improvements made could be sustained.

The provider and manager were working with external professionals to improve the quality of the service.

The management team and staff were clear about the values of the service.

People and their relatives were asked about their experiences of the service.

# Copperfields Residential Home

## **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 13 December 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with fourteen people about what it was like to live at the service. We spoke with five staff members which included the provider, the registered manager, a senior carer, two care staff. We asked for feedback about the service from four external organisations involved in contracting and monitoring the service.

We looked at risk and quality audit records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, two staff recruitment files, the staff training programme and medicine records.

# Is the service safe?

## Our findings

People described a service that was safe. One person said, "The staff are all wonderful here, they are angels they really are and keep us safe and content." Another person said, "We have a call bell by our beds, (to use) if we need help and that makes me feel safe, especially when they answer me in the night, so I know I am not alone." Another person said, "I don't have to worry about my health anymore, they do that for me here and bring me all my pills and medicines, so I don't have the worry of getting it wrong."

At our previous inspections on 21 March 2018 and 17 May 2018, we found the provider was in breach of Regulations 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Known risks were not always assessed and minimised and there had been a failure to safely manage medicines and infection control.

We asked the provider to take action to make improvements. At this inspection we found there had been improvements and the Regulations were being met. However, at this inspection the new risks management systems and changes to medicines management, for example audits systems, had not been in place long enough to demonstrate to us that the provider and registered manager could sustain the improvements they had been making. This limited the rating for the service to 'Requires Improvement.'

The registered manager assessed risks from the premises and equipment. The registered manager had improved the way they were assessing risks to individual people, for example, they assessed people's mobility, nutrition and health needs. Risks that were specific to people's health and welfare, for example choking risks were now assessed and managed appropriately. Records showed a system of regular checks of the premises, the fire alarm and essential services such as the water, gas and electricity took place. Equipment, such as hoists, were serviced. Assessing and managing potential risks reduced the risks of harm.

The potential risk of infection had been reduced. At our last inspection there were seven small dogs living at the service. We had concerns that there was a potential infection control risk from dog faeces in external areas shared by people and the dogs. At this inspection the dogs were no longer living at the service. The premises and grounds were well maintained, cleaned and odour free. Staff followed recognised infection control practice. Staff were provided with infection control training and we observed staff using gloves and aprons. Cleaning was ongoing throughout this inspection and staff confirmed that they followed an auditable system of cleaning, for example they signed to confirm they had cleaned areas of the service in line with the cleaning plans. Cleaning plans included deep cleans of rooms and carpets. The risks from waterborne illnesses such as legionella were minimised by water and temperature testing.

Staff understood how to report accidents and incidents to the registered manager and these were recorded, investigated and responded to reduce future incidents. For example, a person had fallen after not using their walking frame. Staff had personalised the walking frame, which had encouraged the person to use it. Doing this reduced the continued risks from falls.

The registered manager had carried out a full review of their medicines policy and improvements had been



made to the administration of medicines. We observed people received their medicines safely and as prescribed to protect their health and wellbeing. The policy on the administration of medicines had been updated and followed published guidance and best practice. For example, the medicines policy followed guidance issued by the National Institute for Health and Care Excellence. Senior staff were trained to administer medicines and their competence was checked by the registered manager to check safe practices were maintained. Staff administering medicines were able to demonstrate to us that they followed the medicines policy. Staff administering medicines to people were friendly and encouraging. Staff explained what the medicines were for, saying things like, 'This is your tablet for your bones' you can suck it or chew it.

Medicines were stored at recommended temperatures to within secure storage containers. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. The registered manager now audited medicines to check they were being administered and accounted for correctly. Stocks tallied with administration records. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies. The medicines administration (MAR's) records were correctly completed. A new system of verifying changes to medicines with health and social care professionals was in place. For example a GP communication book. This provided an auditable process confirming changes and communications with health care professionals in relation to medicines.

The provider's recruitment policy and processes minimised the potential for new staff being employed who may not be suitable to work with people who needed safeguarding. Applicants were interviewed, had references, work histories were recorded and they had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We observed enough staff were available to meet people's care needs. Staff had time to spend with people, for example walking with them or sitting with them. Staffing was planned in line with people's assessed needs. For example, the staff rota showed staffing levels were consistent with the levels we observed on the day of this inspection. People assessed as requiring higher levels of staff care had this provided. For example, one person received one to one staff support in the service and in the community at certain times for certain activities. Staff confirmed they consistently provided this level of care and support.

People were protected from the risks and from potential abuse. Staff told us they could recognise poor practice and report it appropriately. Training about this had continued for staff. Staff had read and told us they knew how they could use the provider's whistleblowing policy to report concerns. Records showed the registered manager took steps to reduce risk and notified the CQC when they referred concerns to the local safeguarding authority.

The risks to people from foreseeable emergencies was minimised. Contingency plans were in place. Staff had training in fire safety and practised the routine. Evacuation policies were based on moving people most at risk from away from the area of danger until they could be rescued. Signage advised the 'fire plan' for everyone to see and people's personal evacuation plans (PEEPs) were kept for emergency use.

# Is the service effective?

## Our findings

People told us that their needs were being met by staff who knew what they were doing. People told us they felt staff were provided with training that enabled them to do their jobs. One person said, "I can only give praise; the staff are fantastic." Another person said, "The staff not only listen to me, they encourage me and help me to do things for myself." Another person said, "I feel free to come and go as I please from my room. We are not told times or rules we are individuals here."

At our previous inspection on 21 March 2018, we found the provider was in breach of Regulations 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staff were not consistently receiving training.

We asked the provider to take action to make improvements. At this inspection we found there had been improvements and the Regulations were being met.

The registered manager trained and supported staff to develop the right skills for their role. Since our last inspection training had improved to include the Mental Capacity Act (MCA) 2005, dementia and training about behaviours that may challenge. Training was planned and monitored so that staff were kept updated. This included mandatory training in infection prevention and control, first aid and moving and handling people. Care staff understood when to report concerns they may have about people's health. This protected people's health and wellbeing. Staff told us about the training they had attended. The training staff received included equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that staff could access. Staff understood how to manage behaviours that may challenge. We observed staff appropriately intervening to calm a person who was becoming agitated with others and trying to remove items that people were using. Staff acted quickly and calmly and supported the person until they calmed down.

The registered manager had process in place for meeting with staff for supervisions and an annual appraisal. Records showed and staff confirmed they received supervision. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development.

People's health and wellbeing were maintained and reviewed in partnership with external health services. Accurate records about people's care were kept by staff. Referrals had been made as necessary to community healthcare teams, for example to GP's, and mental health teams. People with learning disabilities had access to the community learning disability team and people with living with dementia accessed the community mental health teams. There were records of contacts and advice given by health care professionals.

Staff appropriately communicated information to others about people's care. The registered manager kept records of relatives with a lasting power of attorney. [A lasting power of attorney is a written authorisation to represent or act on another's behalf for health and welfare and/or financial matters].

People were supported to have enough to eat and drink and were given choices. People were approached individually by the cook during the morning to ask their preferences for lunch. Between meals people had access to drinks, snacks and fruit. Staff were aware of people's individual dietary needs and their likes and dislikes. We observed people being supported and encouraged to eat and drink at lunchtime and throughout the inspection. Meals were served from a heated trolley in the dining room and looked fresh and appetising. People's comments about the food included, "It's always simply delicious." Staff created a pleasant and relaxed atmosphere during lunch, people were engaged in conversation with each other and with the staff.

The premises continued to meet the needs of people living with poor mobility. We saw examples of people consenting to move to rooms that were more accessible when their mobility had deteriorated. The internal and external parts of the premises were accessible with ramps and flat surfaces. Decoration was clean and fresh, with people's bedrooms were personalised if people chose to do this.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. The registered manager kept records of any MCA assessments in people's care plans. Best interest meetings were also recorded and managed apparently. For some people, the learning disability team worked with the registered manager to assess capacity, best interest and DoLS appropriately. The registered manager checked and monitored the implementation of any conditions imposed by the DoLS authorising body. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights.

# Is the service caring?

## Our findings

We spoke with all of the people living at the service. They all told us that they found the staff kind and compassionate and felt that they were treated with respect at all times. One person said, "The staff are gentle and very caring. I don't get rushed and if I say no, they can't come in, (to my room) they simply don't come in until I am ready." Another person said, "They (staff) show they are caring by looking after my every need and being kind to me." Another person said, "I enjoy life here and I enjoy the company of the people here so it must be caring."

We observed the staff being very patient with each person, they spoke to them in a dignified and interested manner and took time with each person and were not rushed or task orientated. One person said, "We are treated with nothing but respect and kindness here and I can give only praise for the staff." We saw that staff sat with people, listened and joined in conversation with people. Staff asked people for their permission before providing support and explained clearly to people what they were going to do before they did it. For example, when asking people if they needed assistance to get to the toilet. When speaking to people, staff got down to eye level with the person so that the person could clearly see them and staff used eye contact and caring gestures, like a gentle touch on the arm or back to reassure people. Staff used people's preferred names when addressing them.

People told us that staff continued to respect their privacy and that staff supported them to maintain their dignity. People's care plans were stored securely. We observed people eating lunch and saw that staff actively supported people to maintain their dignity whilst eating. For example, by offering discrete support.

Choice and independence were respected. People told us they were involved in day to day decisions about their care. People told us that staff encouraged them to be as independent as possible but would always be available to help if required. People told us how staff helped them stay motivated. One person said, "I am a grumpy old devil, but the staff all manage to cheer me up and have a laugh." People were encouraged to do things independently, for example when bathing, getting dressed and choosing their daily routines. For example, one person managed their finances themselves.

Staff were aware of people's preferences when providing care. People's care choices in relation to staff were respected. These preferences were recorded in care plans and staff told us they followed people's care plans. One person said, "They (staff) make sure I am dressed and clean but also make sure I have a smile." Another person said, "They (staff) know what is (in the care plan) and always try to work out what's the very best for me." One person had 'their doll baby' and they were talking to the baby and talking to others about their doll baby. (The use of dolls can benefit people with a diagnosis of dementia. It involves making a doll available to the person to hold or to sit with).

We observed staff walking with people either offering hand on hand support or walking beside people with walking frames. People were individually dressed, people looked at home and relaxed, wearing slippers and going to their favourite places to sit. For example, in the lounge.

People's rooms had been personalised with their own belongings. One person said, "They (staff) are kind and help me make pictures for my room to put up on the walls." People's religious needs were considered as part of the care planning process. People's care records included an assessment of their needs in relation to equality and diversity and sexuality.

The registered manager confirmed advocacy services were available and that one person with a learning disability had used the service.

# Is the service responsive?

## Our findings

People's care needs, preferences and choices were discussed and agreed with people and recorded in a care plan about them for staff to follow. One person said, "Everyone knows my history and I am proud to share it." People could choose to share information about their beliefs and sexuality.

Care plans were individualised and gave clear details about each person's needs and how they liked to be cared for. Sections included family, interest, health and wellbeing and independence. Care plans contained information on a range of aspects of people's needs including mobility, emotional wellbeing and specific physical and mental health support. People were asked about their sexuality, culture and gender choices as part of a lifestyle assessment process.

People told us they felt that the care that they received was appropriate for them. One person told us they felt comfortable raising any concern or a worry that they may have. We observed that there was a relaxed and happy relationship between all the staff and the people using the service.

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. It also covers the needs of people who have a learning disability. The service was working according to the framework. Staff were available to communicate using Makaton. (Makaton is designed to support spoken language – signs are used with speech). Care plans were reviewed regularly. People and their relatives, where appropriate met with staff to discuss and review their care. Care plans were accurate and up to date.

Care planning for people with learning disabilities included, health action plans and communication passports. Health action plans are recommended for people with learning disabilities by the department of health to promote people's health and their access to health services. Communication passports are easy to follow person-centred booklets for those who cannot easily speak for themselves when they need to use other services. For example, if they were admitted to a hospital.

People's health care was managed in line with their assessed needs. People were registered with a local GP practice of their choice. The care plans recorded people's progression with health care professional interventions such as physiotherapy by measuring changes at intervals. For example, in response to falls, people were referred for specialist assessment and their falls had reduced. Care reviews had taken place with people's care manager where appropriate.

To promote wellbeing and reduce isolation activities were planned and coordinated. We observed that the staff were a positive close working team which created an engaging atmosphere for people, whom we observed looked content, busy and satisfied. For example, people were smiling and interested in what was going on around them. Activity participation was recorded so that it could be monitored. We could see which people had attended activities. Pictures and photographs displayed key events on the notice board. This included social, physical and one to one activities based on people's feedback. Activities included

people doing music memory activities, local school children had been into the service carol singing and there had been a wellbeing day. A member of staff had recently trained in imagination gym, massage and relaxation. They were in the process of reviewing people's activities to try and include this in their programme. On the day of the inspection we observed people being actively engaged in decorating a Christmas tree in the lounge and other Christmas preparations.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. One person said, "I do not complain because I do not need to complain." Another person said, "I like to chat about myself and they never seem to tire of me, or they don't show it if they do." Another person said, "Everyone is careful and tender and always listen to what I have to say."

There had been no complaints received about this service. The provider had a comprehensive complaints and compliments policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was openly displayed in the service. Each person had a key worker who asked them if they were unhappy about their experiences. One person said, "I have never had to complain about anything, but I wouldn't worry if I did as I know I would be listened to and helped if they could." The policy included information about other organisations that could be approached if someone wished to raise a concern with an external arbitrator, such as the local government ombudsman. All people spoken with said they were happy to raise any concerns. The meetings and communication in the service reduced the risk of situations requiring people to make complaints.

The service was not providing end of life care to people at the time of this inspection. However, prior to the inspection, appropriate end of life care had been provided to a person in partnership with external health care professionals. Staff had worked closely with a nearby GP and community nursing teams to support people at the end of their life to make sure people receiving end of life care were supported with dignity. People's wishes for their end of life had been documented in care plans. People also had a section in their care plan detailing how any pain they may be experiencing could be managed.

## Is the service well-led?

### Our findings

People told us the service was well managed. One person said, "I would say that this place is well led and well managed and the proof is in the pudding, we are all happy, clean and fed." Another person said, "I always have a chat with the boss, and she stops for a coffee with us all." Another person said, "No one is slow in coming forward here to say how they feel and what they would like changed if anything."

At our previous inspection on 21 March 2018 and 17 May 2018, we found the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had not ensured that effective governance systems were in operation. At this inspection we found that changes to the quality auditing systems has been made, but needed to become embedded into practice.

Since our last inspection the registered manager had received guidance and support about quality issues from an external social care consultant. The work with the consultant had promoted improvements to the quality auditing systems in the service. For example, care plans and risks assessments had been improved as had the policies for the service. They came into the service to review the services quality and performance. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date.

The registered manager and provider spoke to us about the improvement action plan they had been working on with the consultant. In November 2018 the registered manager had started to carry out audits that were now recorded on a computerised dashboard. This was a new auditing system which was being implemented and tested at the time of this inspection. The service had been in breach of Regulations and rated as Inadequate or Requires Improvement for three inspections since 31 January 2017. At this inspection the new quality monitoring systems had not been fully embedded to demonstrate to us that the provider and registered manager could sustain the improvements they had been making. This limited the rating for the service to 'Requires Improvement.'

There was a registered manager in post. A registered manager is a person who has registered with the 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. We observed the registered manager was well known by people and the staff. They knew people's names and assisted with care when needed.

The registered manager continued to seek people's views about the service from a range of people including people using the service, relatives, staff and external healthcare professionals. People told us that they were frequently asked their opinions on matters such as the menu and the decorating sometimes and the activities. There were resident, relative's and staff meetings. The provider's quality assurance system included an analysis of people's responses to measure their performance.

Staff told us that Copperfield's Residential Home was a happy environment to work in and that they all valued the people who lived there as interesting individuals. There were regular staff meetings at the service



and hand over meetings between shifts. The staff meetings gave staff the opportunity to discuss people's care and issues they may want to discuss about the quality of the service. Staff felt they receive appropriate supportive management time and told us that they were listened to by the registered manager. One member of staff said, "The provider and registered manager are very approachable." The registered manager now regularly met with an experienced external social care consultant. This gave them the opportunity to develop their skills and practice as a manager and keep up to date with changes and developments in social care.

The provider had completely reviewed all of the services policies and procedures since our last inspection. Policies and procedures governing the standards of care in the service took new legislation into account. For example, medicines policies followed guidance issued by the National Institute for Health and Care Excellence. The registered manager referred to external published guidance when managing risk. For example, safety alerts from the Health and Safety Executive. The service worked with others including community mental health teams in relation to people with dementia and the learning disability community nursing teams.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had clearly displayed their rating at the service and on their website.