Allen Heath

Copper Beeches

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 22 September 2016. Copper Beeches is registered to accommodate up to 20 people who require nursing or personal care. At the time of the inspection there were 18 people using the service.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. People's freedom was not unnecessarily restricted. There were enough staff to keep people safe, although some people living at the home felt more staff were needed to support them. People's medicines were managed safely.

Staff completed an induction prior to commencing their role and staff training was up to date. Staff performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had had been followed when decisions were made about people's care. People were provided with food and drink that met their needs, although the lunchtime experience was made slower due to the electronic menu not working on the day of the inspection. People's day to day health needs were met by staff. Referrals to relevant health services were made where needed.

Staff understood people's needs; they showed a genuine interest in what they had to say and were kind, caring and compassionate. People's privacy and dignity were maintained and staff spoke with them in a respectful way. However, there was one example where a staff member did not respect a person's privacy. People and/or their relatives were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

Activities were provided for people who were willing and able to take part. More needed to be done to support people who were less able. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided with the information they needed if they wished to make a complaint, however some people felt their complaints were not always dealt with appropriately.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed. Feedback from questionnaires was positive. Quality assurance

processes were in place. Staff enjoyed their job and spoke highly of the registered manager. Staff understood and could explain how they would use the whistleblowing process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed. People's freedom was not unnecessarily restricted.

There were enough staff to keep people safe, although some people living at the home felt more staff were needed to support them.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People were provided with food and drink that met their needs, although the lunchtime experience was made slower due to the electronic menu not working on the day of the inspection.

Staff completed an induction prior to commencing their role and staff training was up to date. Staff performance was regularly reviewed to enable them to support people effectively.

People's day to day health needs were met by staff. Referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff understood people's needs; and were kind, caring and compassionate.

People's privacy and dignity were maintained and staff spoke with them in a respectful way. However, there was one example where a staff member did not respect a person's privacy.

People and/or their relatives were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Activities were provided for people who were willing and able to take part. More needed to be done to support people who were less able.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint, however some people felt their complaints were not always dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed. Feedback from questionnaires was positive.

Quality assurance processes were in place.

Staff enjoyed their job and spoke highly of the registered manager.

Staff understood and could explain how they would use the whistleblowing process.

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Copper Beeches

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 22 September 2016 and was unannounced.

The inspection team consisted of two inspectors and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with six people who used the service, four relatives, three members of the care staff, the cook and the registered manager.

We looked at all or parts of the care records and other relevant records of 13 people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe enough living here." Another person said, "I feel fine here." However two people did raise concerns that on occasions another person living at the home did sometimes come into their room. They told us this did not make them feel unsafe, but had resulted in the occasional item in their room going missing. We raised this with the registered manager who told us they would review the processes in place to keep people and their belongings safe.

The relatives we spoke with told us they felt their family members were safe. One relative said, "Given that [my family member] has been here for a while, there have not been any major issues." Another relative said, "I never leave here worried about [my family member's] safety."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. A staff member said, "I would firstly report my concerns to the manager, and then, if needed, I would report to the CQC." Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments completed which were reviewed monthly for risks associated with people's nutrition, mobility, mental health, skin and communication needs. People's ability to use their nursing call bell had been assessed. However, one person told us that occasionally staff left their room without leaving the call bell within their reach. We raised this with the registered manager who told us they would ensure all staff were reminded of the need to place the call bells within reach of each of person.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Parts of the building, such as some of the window frames looked like they required improving; however other parts of the home were generally well maintained.

Records showed regular servicing of equipment such as hoists, walking aids, gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use. People had individualised personal emergency evacuation plans (PEEPs) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical ability and were regularly reviewed.

Regular reviews of accidents and incidents that occurred at the home were carried out. Where trends or themes had been identified, preventative measures were put in place to reduce the risk of reoccurrence. The registered manager told us if this resulted in more staff being needed to support people, then they would ensure they were put in place.

People told us they felt their freedom was not restricted within the home. One person said, "You get yourself

up and keep going. I move round where I want." Another person said, "I can go up and down where I like by myself but I can't leave the premises alone." A third person said, "I'm independent and know my mind, if I can do it, I'll do it." However one person felt their sometimes was not enough staff and on occasions, when they wanted to move to another area of the home they had to do so themselves.

Throughout the inspection we noted that people's needs were responded to in a timely manner and there did appear to be enough staff in place. However, the feedback we received from people we spoke with raised some concerns about the number of staff in place to support them. One person said, "It's complete chaos often, as they're so busy." Another person said, "I try to be tolerant as I know they're busy. No, I don't think there's enough staff as you can guarantee someone's sick or on holiday or need to go to hospital with someone. If they're busy with me, I tell them to go and answer a bell if it's at night as there's only two on." Another person said, "Evenings are chaotic. They feed people in bedrooms before us then we have a long wait to go back to our room after." A relative said, "They always seem to be short staffed. It's the main issue, they seem to come and go, there is no continuity."

However, people did tell us that when they pressed their nursing call bell when in their bedrooms, staff came quickly. One person said, "I don't wait long for them to come. Another person said, "They come very quickly."

We asked staff whether there were enough staff members in place to support people safely. Most staff thought there were; although one staff member felt additional support in the afternoons was needed.

The registered manager told us they carried out an assessment of the level of people's dependency to enable them to identify changes in their care and support needs. They told us they felt the staffing levels were adequate for the needs of people within the home, but would carry out a further review to ensure the current staffing levels were appropriate.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

People told us they were happy with the way their medicines were managed. One person said, "They [staff] always stop with us [whilst the person takes their medicines]. The staff who do the pills are very good." Another person said, "I'm not on many now and they stay with me in case I choke. I will refuse some medication as I know all about it and what reacts against what and makes me feel ill." A third person said, "They stay with me while I take them."

There were processes in place to assist trained staff to manage people's medicines in a safe way. People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. We observed staff administering medicines to people and they did so in a safe way. They explained to people what medicines they were taking, why they were taking them and gave them to them in the way in which they wanted to take them.

We looked at the MARs for seven people who used the service. These records were used to record when a person had taken or refused to take their medicines. These records were appropriately completed.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out.

These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperature of the fridge used was within safe limits.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

People told us staff asked their permission before providing them with care and support. One person said, "Most ask my permission first before helping." Another person said, "They usually will ask me and are kind."

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. We checked whether the service was working within the principles of the MCA.

We reviewed people's care records and found where people lacked the capacity to consent to decisions about their care formal MCA assessments of their ability to do so had been carried out. This included assessments in areas such as the management of people's medicines and finances.

We also saw examples where relatives had been consulted prior to decisions being made for people. Where family members had the legal authority to give consent on people's behalf, formally known as Lasting Power of Attorney, this had been recorded.

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 are called the Deprivation of Liberty Safeguards (DoLS). We discussed the needs of the people living at the home. The registered manager told us they had assessed the people he deemed to be most at risk and needed these safeguards in place. Appropriate applications to the local authority had then been made. For others, the registered manager agreed to carry out a review to ensure the processes in place to keep them safe adhered to the principles of the MCA.

People and their relatives told us they were happy with the way staff supported them. One person said, "The girls are all fine." Another person said, "They're not a bad bunch of girls. They know what they're doing. A third person said, "They are capable but barely have time to talk to us." A relative said, "[My family member] has a good relationship with the staff, they try their best to engage with [my family member]."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people safely. Training was carried out in a number of areas such as safe moving and handling procedures, dementia awareness and fire safety. Records showed the training for the care staff was up to date.

The registered manager told us all staff were encouraged to undertake an external, professionally recognised diploma (previously NVQs) in adult social care. They told us this would give staff the additional knowledge and skills needed to support people effectively. Records showed 14 of the 18 staff who supported people with their personal care had completed at least their Level 2 diploma.

Staff told us they felt well trained and were supported by the registered manager to carry out their role effectively. One member of staff told us they received regular training, supervision of their role and an annual appraisal. Records showed an effective supervision and appraisal process was in place.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We saw examples of staff doing so throughout the inspection.

'People told us about the food served at the home'. One person said, "I enjoy the food." Another said, "I enjoy some, some not – as we get a lot of the same stuff. We get a choice of two things and they will give us something different if we ask." A third person said, "It's a bit same-ish, every week predictable. I can ask for anything else if I want it."

We observed the lunchtime meal being served. The usual electronic menu, used to inform people each day what food was on offer, was not working. This meant staff had to verbally inform people what choices were on offer. This did slow down the lunchtime experience with staff needing to explain to each person what was on offer, with some people having to wait longer than would be expected for their meals.

Some people required assistance from staff with eating their meals. We observed staff do so and in the main did so effectively and respectfully. However, one member of staff stood over the person they were supporting rather than sitting with them, which was not an effective way of assisting them.

People who were more able to eat independently were provided with specially adapted equipment such as lipped plates, to enable them eat without staff support.

There was a four weekly menu in place with a variety of food available. We saw a record that showed the cook had started asking people their preferences for the new autumn menu. The cook explained how they provided meals that were appropriate for people's individual needs. For example, some people required a sugar free diet. The cook had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met. We saw a daily kitchen audit was completed to ensure sure it was clean and equipment was working. Temperatures of fridges and freezers were taken daily.

Where people had been assessed as being at risk of malnutrition or dehydration, plans were in place to monitor their food and drink intake. People were weighed regularly to enable the staff to assess whether people's health was at risk as a result of excessive weight gain or loss. Where expert guidance was needed, referrals to GPs and dieticians were made and recommendations implemented.

People told us their day to day health needs were met by staff or external healthcare professionals. One person said, "My eyes have been worrying me, they've ordered the optician to come in October. The chiropodist has come in this week. The hairdresser knows what she's doing." Another person said, "I have a bit of a problem with an ingrowing toenail. The managers cut people's toe nails and they do mine." The person also said, "I've got my own optician and dentist I go out to, and I can still manage my own finger nail."

Records showed that each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. Staff were proactive and sought the advice of external professionals and followed that advice appropriately. For example one person was referred to a speech and language therapist (SALT) team due to concerns about their fluid intake. Records showed recommendations

made by the SALT on how to support the person were followed.

Care records contained information about the involvement of a range of other external professionals such as, chiropodist, district nurses, opticians and hospital appointments people attended. This demonstrated that people had been supported appropriately with their healthcare needs.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "They're very nice girls." Another person said, "They're very thorough and kind." A third person said, "I know them and will tell them if anything's not right." A fourth person said, "They're all very nice people."

Relatives we spoke with agreed. One relative said, "[My family member] has a very warm relationship with the staff."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained detailed information about their life history and we saw staff use that information to form meaningful relationships with them.

Staff interacted with people in a kind, compassionate and caring way. We saw some staff take the time to sit and talk with people, although others at times, did appear rushed. We also saw examples of people and staff enjoying light hearted banter and laughter. One person who used the service said, "I don't give a damn what I say so we have a good laugh together. They do listen to me though." Staff also showed a genuine interest in what people had to say.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

Where people became distressed or upset staff responded to them quickly and offered reassurance. We observed a member of staff be asked for assistance when a person was seen to be feeling unwell. They were kind, caring and offered the person reassurance, support and gave them the opportunity to go somewhere quiet.

People told us they or their agreed relative were involved with decisions made about their care and support needs. One person said, "[My relative] does it all for me." Another person said, "[My family member] reads it through and signs it and then tells me all about it."

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However, this information was available in the reception area of the home, which could make it difficult for some people to access.

People told us they were supported to lead as independent a life as they were able and wanted to. One person said, "They like us to do what we can and not sit around doing nothing. Another person said, "I'm independent and know my mind, if I can do it, I'll do it. I'm very independent but get frustrated when I can't do anything." A third person said, "Oh yes, I get encouraged to do what I can." A fourth person said, "I've always been and still am quite independent."

We observed staff encourage people to do as much for themselves as possible. This included mobilising independently to access the toilet and eating their own meals without staff support.

People we spoke with told us their dignity was respected and they had privacy during personal care. One person said, "They [staff] usually knock first. They close my curtains in the morning when I'm getting up." Another person said, "Most staff knock and come in or peep round first. They always keep us private with curtains." A third person said, "Most knock and wait for me to call. They're good with our privacy."

We observed staff respect people's privacy throughout the inspection and there was space for people to spend time alone or with family and friends if they wished to. However, whilst we were talking with a person in their bedroom, a member of staff walked into the room without knocking on the closed door. The staff member said, 'Oh, I was just looking for [staff member]' and left the room. The staff member offered no apology for entering the room without being asked, or for interrupting the resident whilst talking. This impacted on the person's right to privacy.

People within the home looked clean and well presented. Their clothes, hair and nails were free from dirt. We visited people who were being cared for in bed. They were also well presented. This meant staff treated people with respect and maintained their dignity by ensuring they were clean and presentable.

People's care records were handled respectfully. Records were returned to the locked room in which they were stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. One person living at the home said, "[My family member] can come any time and will take me out sometimes." Another person said, "[My family member] comes whenever they want." We observed relatives visiting people throughout the day. A relative we spoke with told us there no restrictions on them visiting the home.

Requires Improvement

Is the service responsive?

Our findings

We received mixed feedback when we asked people whether they were able to follow the hobbies and interests that were important to them. A person who was cared for in bed said, "[The activity co-ordinator] will occasionally come in for a chat but no-one else does." Another person said, "I read a lot and join in with what's going on. Sitting in the lounge all day I'd be fed up without my book. At weekends a carer might do the odd game or music." A third person said, "She's an angel [activity co-ordinator]. I think the world of her."

Relatives raised some concerns with the lack of activities within the home. One relative said, "[My family member says he gets bored. Although the activities coordinator is nice and they do play dominoes with [my family member] sometimes." Another relative said, "They [staff] do try and engage with [my family member], although they could try a little bit more."

We spoke with the activities coordinator who spoke passionately about the way they supported people with activities within the home. They told us they arranged coffee mornings and carried out fundraising events to raise funds for future activities. There was the occasional trip outside of the home, with a river cruise being the most recent example. Records were kept which showed who had taken part in the activities provided.

It was clear that where people were able, or who needed little encouragement to take part, there were some stimulating activities to take part in. Quizzes, exercise routines and singalongs were commonplace. However, records showed that where people were less able, such as people being cared for in bed, there was little evidence of a detailed, person centred approach to understanding what was activities were important to them and then putting the measures in place to support them with their interests. We also noted for one person the same entry had been recorded within their notes for twelve consecutive days. It stated, 'Declined [to take part in activity] because they were sleeping.' The only activities listed for this person during this time was for watching television and having their hair done. We saw a similar example for another person with no entries in their records for a period of seven days.

We also noted some people resided in the small lounge for long periods of the day with little interaction from staff other than to provide them with drinks. Whilst some people were sleeping at times, this may have been as a result of the lack of stimulating conversation or the offer of an activity that interested them.

We raised this with registered manager who advised they would review how activities were provided within the home to ensure all were offered the opportunity to follow their own interests.

People's care records were written in a person-centred way and developed with the person and their relatives. Discussions had taken place with people and relatives to gain an insight into people's life histories, food preference and like and dislikes. We also saw people had been asked whether they would prefer a male or female member of staff to support them with their personal care.

We observed staff respond to people's requests for support quickly. When people needed assistance with going to the toilet or wanted to go back to their bedroom, they were able to do so.

People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave an overview of what had occurred for that person. Regular reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs and preferred daily routine. People's care records showed that pre-assessments were completed before people moved to the service.

People were provided with a complaints policy within their service user guide when they came to the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies such as the CQC.

People told us they felt able to make a complaint if they needed to. Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately.

We viewed the complaints register and saw, for the ones that had been recorded, the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People and relatives were provided with a variety of formats where they were able to contribute to the development of the service. Questionnaires were regularly given to people to obtain feedback on the quality of the service provided. Questions in areas such as the quality of the food, staff, care and bedrooms received a rating of either, 'good', 'very good' or 'excellent'. The registered manager told us feedback received was then used to make improvements to the service.

The majority of people and all of the relatives we spoke with told us they felt the registered manager welcomed their opinions and valued their feedback. One person living at the home said, "He has come and asked questions." Another person said, "He has occasionally asked me how things are." A relative said, "If we have any issues he will sort them out for us."

Regular staff meetings were held and the staff we spoke with felt able to contribute to these meetings. The staff we spoke with felt the management team were approachable and listened to their views. A staff member said, "I feel well valued here. My opinions are welcomed. The manager is interested in what I have to say."

The registered manager was a visible presence throughout the home. They interacted well with people, their relatives and staff; and welcomed people, staff and relatives into their office to talk.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "I love my job, it is a small home, which helps give people that 'homely' feel to it. The staff and the people who live here all get on well together."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager understood their role and could explain how they ensured that people received high quality, safe and effective care. The staff we spoke with had a clear understanding of their roles and responsibilities. The registered manager told us they were aware of the requirements of the provider's registration with the CQC to inform them and other agencies, of any issues that could affect the running of the service or people living at the home. Records showed the CQC had been notified of relevant incidents, however we did find one example which not been sent to us. Incidents such as serious injuries and allegations of abuse must always be sent to the CQC to enable us to monitor the services provided and raise issues with the registered manager to ensure they were rectified in a timely manner. The registered manager told us they would ensure all future reportable incidents were forwarded to the CQC

Quality assurance and auditing processes were in place and in the majority of cases these were carried out effectively. Audits of the environment, people's care records, staff performance and medicines were regularly completed.