

Peninsula Care Homes Limited

Coppelia House

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Coppelia House is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection.

Coppelia House can accommodate up to 30 people in one adapted building. Some people were living with dementia. The service does not provide nursing care. Where needed this is provided by the community nursing team.

People's experience of using this service and what we found

People told us they felt safe living at Coppelia House. People were protected from the risk of harm. Risks were managed safely, and safe processes were in place.

There was a relaxed atmosphere between people and staff. Staff were kind, caring and attentive. People told us, "I'm well looked after", "They're all kind, marvellous" and "Carers are brilliant."

Staff had enough time to meet people's needs. Staff had the skills and knowledge to meet people's needs effectively. Staff told us they were well supported in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in making decisions about their care and supported to maintain their independence. Care plans contained detailed up-to-date information about each person's needs and preferences. People received personalised care from staff who knew them well.

People enjoyed taking part in social activities, going out in the local community, and spending time with family and friends.

The service was well managed. When speaking about the registered manager, staff said, "Very approachable and is really good with all the staff and residents." Quality assurance processes ensured people received high quality care.

Rating at last inspection

The last rating for this service was good (published 31 May 2017). A focused inspection was carried out in July 2017 to check fire safety. Another focused inspection was carried out in June 2019 to check the quality and safety of care being provided.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Coppelia House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Coppelia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the managing director, HR and business

manager, registered manager, senior care staff and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We reviewed feedback from two health professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection in June 2019, we found risks associated with skin care and diabetes had not always been recorded. At this inspection, we found improvements had been made.
- Where a person was at risk due to their diabetes, there was clear guidance for staff to follow.
- Risks associated with skin care had been assessed. People received appropriate care and had equipment in place, such as pressure relieving mattresses, to reduce the risk of skin breakdown.
- Other risks, such as those associated with the risk of falls, were managed as safely as possible. Reviews were undertaken of all falls to assess whether any action was needed to try to prevent a reoccurrence. Where risks were identified, guidance had been sought from healthcare professionals.
- Environmental risk assessments, including fire safety precautions, ensured the building was safe. The environment and equipment were well maintained. For example, the bath lift, hoists, and fire extinguishers had been serviced.

Using medicines safely

- At the previous inspection in June 2019, records relating to medicines were not always complete. At this inspection, we found improvements had been made. For example, where people were prescribed 'as required' medicines, the reason for administration was recorded.
- People received their medicines when they should. Systems in place ensured medicines were received, administered, stored and returned safely.
- Only staff who were trained and assessed as competent, administered medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and comfortable living at the service. People appeared comfortable and relaxed in staff's company.
- Staff were aware of their responsibilities to protect people and knew how to report concerns in relation to people's safety and well-being. Staff had attended individual meetings to discuss safeguarding, the whistleblowing procedure and how to report concerns.
- Staff told us they felt confident the registered manager and provider would respond and take appropriate action if they raised any concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe. People told us staff were available when they needed them. Several people told us staff came quickly when they rang their call bell. One person told us they sometimes had to wait a while. The service had recently installed an electronic

system to monitor how long it took to answer call bells. We checked the system and saw people's call bells were answered in a timely way.

- Where agency staff were used, these were usually regular workers who knew people and the service.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Preventing and controlling infection

- The environment was clean, tidy and free from unpleasant odours.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly to identify themes or increased risks. This reduced the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- People were involved in their care planning and their wishes were respected.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs. Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said, "Training has been pretty good" and "They seem to cover all bases and it seems quite regular."
- New staff were supported to complete the care certificate. The care certificate is a nationally recognised induction for staff. A new staff member told us they were shadowing experienced staff members to get to know people and their ways of working.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. Comments included, "Food is good and we have a choice. We can have a cooked breakfast too", "The food is nice and tasty" and "The homemade rice pudding is beautiful." Two people told us, occasionally the food was not so good. The registered manager told us they had recruited a new chef and they would be meeting with people to discuss the food and menus.
- At lunchtime, food was well presented and smelt appetising. Staff supported people who needed assistance to eat their meals and created a more sociable experience for them. Staff showed patience and encouraged people to eat a suitable amount of food. Fresh fruit was available in the lounge and people helped themselves.
- Where people required food to be prepared to meet their medical or cultural needs, this was catered for.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were able to quickly identify when people were unwell. A health professional told us staff always raised concerns appropriately.

- People were supported to see health care professionals to ensure their healthcare needs were met. For example, people had seen GPs, dentists, district nurses, specialists, and chiropodists.

Adapting service, design, decoration to meet people's needs

- The environment was very homely. People's bedrooms were personalised, and people had items that were important to them. Some people had personalised photo boards to help them identify their bedroom.
- There were two lounges and a dining room on the ground floor. Stairs and lifts provided access to the upper floor. People had en-suite facilities and they were able to access a wet room and the bathroom which had a bath lift.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were aware of the MCA and knew to always ask for people's consent.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interests' decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "I'm well looked after", "They're all kind, marvellous" and "Carers are brilliant."
- Relatives praised the care provided. They said they had found staff to be kind, welcoming, friendly and very patient. One relative fed back their loved one was, "Extremely content and happy at Coppelia House, largely due to the very caring staff and wonderful activities."
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing open affection. Staff showed an interest in what people were doing.
- Staff told us they enjoyed supporting people. One staff member explained how they enjoyed getting to know people and building strong relationships with them. When people showed signs of anxiety, staff were patient and reassured them.
- Special occasions were celebrated. For example, one person had recently become a great grandmother. Staff gave the person a 'congratulations' card. The person's relative thanked staff for "Making the day even more special" and commented, "You just don't know how grateful we all are in making her so happy in her new home with her new family."
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives, where appropriate, were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- People's independence was respected and promoted. We observed people doing what they could for themselves.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome. One person's relatives lived overseas. Staff supported the person to speak with their relatives via social media.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was flexible and responsive to their needs. A health professional told us they had found staff to be very responsive and holistic in their approach.
- Staff were able to describe people's needs and preferences. Staff were aware of people's history and used this information to tailor their interactions with people.
- Care plans contained information for staff to follow. Staff provided support in line with people's needs, preferences, and promoted their independence.
- Staff knew if people's needs changed through verbal handovers and notes on the electronic care planning system. Care plans could be updated quickly with the new system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. For example, one person was registered blind. Staff followed the care plan and introduced themselves to the person so they knew they were there. Staff had adapted the person's call bell so they were able to feel the button to summon assistance.
- Another person's first language was not English and sometimes they used this. Staff used pictures and basic words to communicate with the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the social activities at the service. The service employed activities staff. During our inspection, people chose to take part in painting, baking a cake, and a word game. One person told us they were looking forward to eating the apple cake they had helped to bake. A staff member sat and played the guitar in the lounge. The staff member said "Sometimes we sit and play and sing and we often sign 'you are my sunshine' and everyone joins in." A volunteer brought their dog in and people smiled and enjoyed spending time with them. Each person had an activities programme in their bedroom so they knew what was happening each day.
- People had been out in the local community and on outings. People had enjoyed a trip to a local nature

reserve where they fed the birds. Other trips had included local beauty spots and the city museum.

- Staff involved people in daily living activities in the service. For example, one person was folding napkins for mealtimes. They told us they enjoyed this. One person liked to paint and had painted a bench the previous week. Staff told us how much they enjoyed this.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. They knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt the registered manager would respond to any concerns.
- The service had not received any complaints.

End of life care and support

- Staff supported people to stay at the service and ensured their needs and preferences were met.
- Where people had expressed advanced decisions, end of life care wishes and funeral arrangements, these were recorded in the care plan.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in June 2019, this key question was rated as requires improvement. Systems for monitoring the quality and safety of the service had not always been effective. This included ensuring people received good quality, safe care. Records relating to risk assessments, medicines, staff training and audits were not always complete. At this inspection we found the service had taken steps to improve the monitoring systems. This key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements.
- The registered manager was supported by the managing director, two quality managers, senior care staff and care staff. Each staff member knew their responsibilities and there were clear lines of accountability. One staff member said, "We have a really good team here that all pull together and look after our residents."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home. People, relatives, staff and healthcare professionals told us the service was well managed. When speaking about the registered manager, one relative said "(Registered Manager) is doing very well". A healthcare professional told us "My dealings with (name of registered manager) has always been positive and he works well with our service."
- Staff told us they felt listened to and enjoyed working at the service. When speaking about the registered manager, staff said, "(Registered manager) is very approachable and is really good with all the staff and residents."
- Feedback from a care home review website was positive. The home was rated 9.7 out of 10 by 14 people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The registered manager knew their responsibility to communicate with people when things went wrong or when someone had had an accident.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People were encouraged to share their views. Questionnaires were used to gain feedback from people about the quality of care. Questionnaires showed a positive response. Following the survey, the service put together a 'you said, we did' response and included it in the newsletter. For example, people said it would be good if staff wore name badges. At the inspection, all staff had name badges on.
- Staff felt able to contribute their thoughts and experiences informally and at staff meetings. For example, staff said they would like more training. In response, the service was working towards accreditation with the 'Eden Alternative Philosophy' which is about people living fulfilled lives. Some staff had been on initial training and further training was planned.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.