

# FitzRoy Support

# The Coppice

## Inspection report

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16 August 2018

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 14 and 16 August 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement.

The Coppice is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at both during this inspection.

The service is registered with CQC to accommodate a maximum of seven people and at the time of this inspection the service was full.

We last inspected The Coppice in May 2017. At that time, we found breaches of legal requirements and the home was rated 'Requires Improvement.' We required the service to send us an action plan which sought to address the regulatory breaches and during this inspection we checked compliance against the action plan.

At this inspection, we found sufficient improvements had been made which meant the service was no longer in breach of regulations but areas of improvement were needed centred around 'well-led.'

We have also highlighted a recommendation for equality, diversity and human rights.

In our previous inspection report of May 2017, we noted the provider, FitzRoy Support, had started to make plans for The Coppice to close. At this inspection, we were told the provider was continuing to explore a variety of different options for the service including alternative purchase, housing partnerships or rebuild on site. However, at this inspection we noted this issue continued to cause anxiety amongst relatives of people who used the service.'

There was a registered manager in post at the time of this inspection. 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 of The Coppice was also responsible for several other services across the Greater Manchester area. This meant they could only dedicate some of their time to maintaining oversight of the service delivered from The Coppice.

We reviewed systems for audit and quality assurance and were not assured the registered manager reviewed or analysed audits in a timely enough manner to identify themes or trends that would require remedial action.

Risks to people at the home were assessed and reviewed. We found risk assessments in place in the support files we reviewed around falls, moving and handling, infection control, oral health and other aspects of personal care.

We reviewed staffing levels and found there continued to be sufficient numbers of staff to meet people's needs. The home also continued to benefit from a number of long serving members staff who knew people very well.

Systems and procedures which sought to protect people from abuse were robust; this included for safeguarding and whistleblowing.

Where accidents or untoward incidents occurred, these were appropriately recorded and investigated with preventative measures put in place to reduce the likelihood of a reoccurrence.

Staff continued to receive training and ongoing support that enabled them to fulfil their roles and to provide safe and effective care and support. Newly recruited staff continued to receive an induction and were expected to complete the Care Certificate.

Records we reviewed showed staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work

People's nutritional and hydration needs continued to be met. Food was freshly cooked each mealtime and people who used the service had input into menu planning and their personal preferences were factored into this.

People who used the service were supported to maintain good health and to access health care services. At the time of this inspection the service was updating and reviewing each person's health action plan.

Without exception, people told us they considered staff at The Coppice to be caring. Staff also spoke with great pride about the people they supported and it was clear people were motivated to provide care and support that was kind and compassionate.

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic would be respected.

People's support plans were person-centred and contained key information which helped staff to get to know people well and to provide a responsive level of care. This included details about family relationships, significant life events, hobbies, personal preferences and likes and dislikes.

Staff spoke positively about their relationships with the local management team and were positive about the provider as an employer.

It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'Requires Improvement' from our last inspection in May 2017 was not displayed conspicuously within the home. Checks completed before the inspection demonstrated the rating was displayed on the provider's website. However, in respect of the failure to display a rating in the home, we are reviewing this matter outside the inspection framework.

## 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's medicines were managed safely including arrangements for ordering, storage, administration and disposal.

Effective systems were in place which sought to protect people from abuse.

There were sufficient numbers of staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

The mealtime experience was positive and people's nutritional and hydration needs were met.

The service acted within the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and to access health care services as appropriate.

### Is the service caring?

Good ●

The service was caring.

There was a great emphasis in the service on promoting people's independence.

People who used the service told us they considered staff to be caring.

People had access to advocacy services and information was available within the home.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans were person-centred and regularly reviewed.

Each person who used the service was allocated a keyworker to ensure their day-to-day needs were met.

Assistive technology was used within the service as an additional measure which sought to keep people safe.

**Is the service well-led?**

Not all aspects of the service were well-led.

There continued to be uncertainty about the future of The Coppice.

Systems and processes for audit, quality assurance and questioning of practice were not being managed effectively at a local level.

Staff spoke positively about their relationships with the local management team and were positive about the provider as an employer.

**Requires Improvement** 

# The Coppice

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 14 and 16 August 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by arrangement. The inspection was completed by one adult social care inspector from the Care Quality Commission.

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. We also reviewed information we held in the form of statutory notifications received from the service. We also liaised with commissioners from the local authority.

During this inspection we spoke with five people who used the service and completed a 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 also spoke with six members of staff including the registered manager, deputy manager, senior support workers and support workers.

We looked in detail at four support plans and associated documentation; four staff files including recruitment and selection records; training and development records; audit and quality assurance; policies and procedures, and records relating to the safety of the building, premises and equipment.

# Is the service safe?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Requires improvement'; at this inspection, we found the necessary improvements had been made and the key question is now rated as 'Good'.

People told us they felt safe at The Coppice. Comments included: "I feel very safe here, the staff keep me safe."; "Yes, I'm very safe, thank you."; and, "I've no issues with the support [relative] receives, I think the home is safe."

At the last inspection we identified an issue around how medicines delivered to the home were stored. This was because deliveries were being left in communal areas of the home. At this inspection we found that alternative arrangements had been put in place and deliveries of people's medicines were now stored securely until they could be 'checked in' to the medicines cabinet. Through our discussions with the deputy manager and a review of the providers internal quality assurance report, we saw that plans were in place to provide dedicated medicines storage cabinets in each person's room.

More widely, we found people's medicines were ordered, administered and disposed of safely and staff responsible for medicines management were trained and competent to do so. Staff also had access to the providers policy document for the safe administration of medicines.

Risks to people at the home were regularly assessed and reviewed. We found risk assessments in place in the support plans we reviewed around falls, moving and handling, infection control, oral health and other aspects of personal care. At the last inspection we identified an issue related to people being exposed to a potential risk of choking; at this inspection we found action had been taken by the management team. For example, comprehensive information related to safe eating and drinking was now clearly displayed on a notice board in the kitchen/dining area and staff had received updated guidance concerning those people who used the service that were deemed at risk of choking.

Environmental risk assessments were completed for the home and there were procedures to be followed in the event of emergencies. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in the event of an emergency.

We reviewed staffing levels and found there continued to be sufficient numbers of staff to meet people's needs. The home also continued to benefit from a number of long serving members staff who knew people very well. The management team kept people's dependency levels under constant review and adapted the rota as and when required.

Checks were carried out to ensure prospective new employees were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service (DBS) check to help ensure that staff were suitable to work with vulnerable people.



Where accidents or untoward incidents occurred, these were appropriately recorded and investigated with preventative measures put in place to reduce the likelihood of a reoccurrence. All such events were reviewed by the provider and local management team to identify any trends and ensure appropriate remedial action had been taken.

We reviewed systems and procedures which sought to protect people from abuse and found these to be robust. Staff could describe the signs and behaviours they would look out for that would alert them to potential abuse. Staff described local safeguarding arrangements and records confirmed that safeguarding concerns continued to be reported timely to the relevant authorities. The service also had a policy and procedure to enable staff to raise concerns.

Regular maintenance checks were undertaken to ensure the home was safe. This included electrical testing, gas safety, equipment for moving and handling and checks for legionella.

At the time of the inspection the service looked visibly clean. Cleaning schedules were up-to-date and completed by staff. The provider also had an appropriate policy and associated procedures for the prevention and control of infection.

# Is the service effective?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Staff continued to receive training and ongoing support that enabled them to fulfil their roles. Comments from staff included: "I'd say that training is really good. It's a combination of online and face-to-face which is great as I prefer the face-to-face training better."; and, "No issues at all with the training, I think its excellent and we are always encouraged to apply for training that will help to support the people we care for." Staff also told us there were opportunities for them to complete further qualifications in care up to level two or three on the qualifications and credits (QCF) framework.

Newly recruited staff continued to receive an induction and were expected to complete the Care Certificate. The Care Certificate is a set of minimum standards that should be covered for care workers to help ensure they are able to deliver safe and effective care.

Records we reviewed showed staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We noted that in supervision staff were asked to identify what was working or not working for them in their role. Staff who had been in post for more than one year had also received an annual appraisal of their performance.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of this inspection, each of the seven people who used the service were subject to a DoLS. Staff with whom we spoke were aware of the conditions and were able to provide information on how they worked to meet the conditions. The management team kept appropriate records related to DoLS which enabled them to track when current authorisations would expire.

During the inspection we observed numerous occasions on which staff gave people the opportunity to make decisions about their daily life, including where they wanted to sit, what they wanted to eat and what activities they wished to do. Staff were patient and encouraging in these interactions which enabled people

to feel they had a real choice about decisions which affected them.

People's nutritional and hydration needs continued to be met. Food was freshly cooked each mealtime and people who used the service had input into menu planning and their personal preferences were factored into this. We observed that mealtimes were a very relaxed, calm and social occasion with an appropriate level of support being provided discreetly by staff to those who needed extra help.

We looked at how people who used the service were supported to maintain good health and to access health care services. At the time of this inspection the service was updating and reviewing each person's health action plan (HAP). We looked in detail at five HAP's and found these detailed all health appointments, an action plan for each appointment and where appropriate, clear guidance on how to support the person to attend the appointment. People had a hospital passport providing hospital staff with brief details of the person's needs and how they communicated. In each of the HAP's we looked at, a full range of medical professionals were engaged with people including GP, dentist, optician, chiropodist and mental health services.

The Coppice is a house within a residential area that has been adapted to meet the needs of the people who used the service. The outside space is comprehensive and used to good effect by the service, particularly during the summer months. However, whilst the interior of the house is homely and each person's room was individualised to their personal preference, aspects of the house appeared worn in presentation and in need of modernisation.

# Is the service caring?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Without exception, people told us they considered staff at The Coppice to be caring. Comments included: "I love the staff, they are very caring."; "I am well looked after and the staff care for me a lot."; and, "My [relative] has lived at The Coppice for many years and the care is great. No issues."

Some people who used the service at The Coppice were unable to share their experiences with us, therefore we completed a 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. Through our observations of staff interactions, it was clear they knew people they provided support for well. Staff understood people's preferences, likes and dislikes. Staff also had a good understanding of people's past lives, which enabled them to participate in meaningful interactions.

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic would be respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

However, we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.' This recommendation would support the service to fully embed the principles of equality, diversity and human rights across all aspects of the service.

Staff spoke with great pride about the people they supported and it was clear people were motivated to provide care and support that was kind and compassionate. Comments from staff included: "It's a privilege to support the people we care for and be part of their lives."; and, "As a team of staff and individuals, we spend a lot of time with the people who live here and whilst some days can be more challenging than others, on the whole it's amazing to help and support people in the way we do."

We noted there was a great emphasis in the service on promoting people's independence. Care records documented the strengths of people and their preferred daily routines as well as their needs. Throughout the inspection we observed numerous examples of staff encouraging people to do as much as they could for themselves.

If required, people had access to advocacy services and information was available within the home. An advocate is a person who is independent of the service and who can come in to support a person to share their views and wishes if they wanted support.

# Is the service responsive?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Requires improvement'; this was because improvements were needed to care plans and the responsiveness of staff. The this inspection, we found the necessary improvements had been made and the key question is now rated as 'Good'.

Improvements had been made into the quality and relevance of information recorded in people's support records. We also found that whilst staff were still engaged in key tasks to support the day-to-day running of the home, a balance had been struck between completing these duties and supporting the people who used the service.

We found the majority of support plans had been reviewed and updated using the new support planning documentation introduced by the provider. People's support plans were person-centred and contained key information which helped staff to get to know people well and to provide a responsive level of care. This included details about family relationships, significant life events, hobbies, personal preferences and likes and dislikes.

A framework was established to ensure that reviews and evaluations of care and support were completed timely and/or in the event of a significant change. Records demonstrated that people who used the service were given the opportunity to participate in reviews and evaluations and their relatives and/or other relevant person's had also been involved.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's support records, we were satisfied that any requirement to provide information in an accessible format would be quickly identified by the service and acted upon. Furthermore, we saw multiple examples of information being presented to in an easy-to-read format.

Each person who used the service was allocated a keyworker. Their role was to get to know the person particularly well and to ensure their day-to-day needs were met.

House meetings took place every week and provided an opportunity for staff to share information and for people who used the service to contribute their thoughts and ideas for the week ahead; this included planning the weekly menu.

Assistive technology was used as an additional measure which sought to keep people safe. For example, people who were at risk of seizures had motion sensors in their bedrooms to alert staff. However, when reviewing the documentation associated with the introduction of this technology, whilst we noted these were often multidisciplinary decisions, the rationale around the decision making and who was involved, was not always clear.

Where appropriate, people who used the service at The Coppice were supported to maintain links within the local community. Most people attended a day centre on a regular basis during the week and we saw people had activity timetables, which staff worked flexibly around dependent on people's preferences.

The service also benefited from having access to its own accessible minibus and we saw how this was regularly used to good effect to enable people to access the community.

People we spoke with told us they did not have any complaints, but would feel confident raising any concerns they had with a member of staff. Information about how to make a complaint was available in an accessible format. Since our last inspection, records indicated no formal complaints had been made to the service.

# Is the service well-led?

## Our findings

At our last inspection in May 2017, this key question was rated as 'Requires improvement'; this was because systems and processes to ensure good governance were not being managed effectively. At this inspection, whilst we found sufficient evidence to demonstrate the service was no longer in breach of regulations, areas of improvement were still required for 'well-led.'

In our previous inspection report of May 2017, we noted the provider, FitzRoy Support, had started to make plans for The Coppice to close. At this inspection, we were told the provider was continuing to explore a variety of different options for the service including alternative purchase, housing partnerships or rebuild on site.

However, through looking at surveys returned by relatives of people who used the service and through talking to staff, we learnt how the uncertainty around the future of The Coppice was continuing to cause stress and anxiety. Additionally, as detailed elsewhere in this report, aspects of The Coppice were in need of modernisation. Improvements to the building and premises we mainly focused on those being completed as part of planned or responsive maintenance. This was reflective of the fact the provider was continuing to explore all options concerning the future of The Coppice.'

There was a registered manager in post at the time of this inspection. 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 of The Coppice was also responsible for several other services across the Greater Manchester area. This meant they could only dedicate some of their time to maintaining oversight of the service delivered from The Coppice. We reviewed systems and processes for audit, quality assurance and questioning of practice and saw how responsibility for this had been delegated to the deputy manager. Audits were completed on a monthly basis and followed a corporate format that included topic areas such as risk assessment, occurrence reporting, safeguarding, training, and audits associated with housekeeping and the environment.

However, by reviewing audit records and through talking to the registered manager, we were not assured the registered manager reviewed or analysed the completed audits in a timely enough manner to identify themes or trends that would require action. This was further evidenced by the fact the provider's own quality assurance manager regularly identified a wide range of issues that needed to be addressed that fundamentally should have been identified and addressed by the registered manager at a local level.

Staff spoke positively about their relationships with the local management team and were positive about the provider as an employer. Comments included: "The managers are supportive and approachable."; "No issues at all with management and it's a good organisation to work for."; and "I'm been very happy working here and have no major issues."

We looked at the minutes from team meetings which had taken place and saw staff were encouraged to raise issues and come up with ideas and solutions. Staff also had the opportunity to contribute items for the agenda in advance of the meeting.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'Requires Improvement' from our last inspection in May 2017 was not displayed conspicuously within the home. Checks completed before the inspection demonstrated the rating was displayed on the provider's website. However, in respect of the failure to display a rating in the home, we are reviewing this matter outside the inspection framework.