

FitzRoy Support The Coppice

Inspection report

51 Wellington Road
Altrincham
Cheshire
WA15 7RQ

Tel: 01619294178
Website: www.efitzroy.org.uk

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Coppice is a residential care home providing personal care to people with a learning disability or autism. The Coppice is registered to support up to seven people. At the time of the inspection there were six people living at the service. The Coppice is an adapted building set across two floors with gardens to the front and rear.

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

People were not always supported safely with their medication. Further improvements were required to ensure prescribed fluid thickening agents were used safely. Risks to people were not always assessed, reviewed and monitored in relation to the use of bed rails and fire safety.

People received support to eat a healthy and nutritious diet and had access to medical interventions when required. The layout of the home was spacious and accessible.

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.

Audits to monitor and improve the service had not always been completed and this had impacted on the service identifying areas for improvement. There was not always sufficient oversight from a manager at the service. Staff told us, following a recent change in the management team, a manager had been present at the home most days and that they were starting to see improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

The home was spacious and adapted to meeting people's changing needs. People were supported to make their own decisions and included in the day to day running of the home. This included choosing menus, going shopping and accessing the community. People were able to access timely support from health and social care professionals.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in dignified and respectful way. Staff delivered personal care when people needed it and gained consent prior to providing any support.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Staff told us there was a lack of leadership, but this had recently improved. Staff were caring and worked positively with people living at the home.

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

Rating at last inspection

The last rating for this service was good (23 November 2018).

Why we inspected

We received concerns in relation to infection control and staffing. We reviewed the information we held about the service. As a result, we undertook a focused inspection to review examine those risks in the key questions of safe, effective and well-led only. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. Following the inspection the manager provided confirmation that thickener was now in stock and that risk assessments are being updated.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Coppice on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks and medicines at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Coppice

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The team consisted of one inspector.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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. At the time of inspection there was no one registered with the Commission to manage the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and observed an additional two people living at the service. We spoke with six members of staff including the manager, deputy manager and support workers. We observed people living at the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and staff recruitment files.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed, reviewed and monitored.
- People who required the use of bed rails did not have a risk assessment in place. We could not be assured that the use of bed rails was the most suitable method for keeping them safe. The health and safety audit identified that the safety of the bed rails was also not being checked. This was brought to the attention of the deputy manager who provided assurances this would be completed.
- Regular checks of firefighting equipment had not been consistently carried out by staff. Fire drills were completed regularly. A health and safety audit identified there was no fire coordinator in post. At the time of the inspection there was still no one in post and the responsibilities had not been delegated.

We found no evidence that people had been harmed, however risks to people using bed rails were not robustly assessed, reviewed and monitored. The provider did not ensure fire safety was always safely monitored. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities).

- Other risks to people such as moving, and handling had been assessed and regularly reviewed.

Using medicines safely

- Medicines were not always safely managed.
- Four people living at The Coppice required the use of thickener. Thickener is a substance which is added to liquids to make them more solid. It is often prescribed to people who have difficulty swallowing. During the inspection thickener was left out on the kitchen worktop which was accessible to people living at the home. This was a potential risk of harm.
- Each person who required thickener should have their own prescribed thickener in place. On the day of inspection thickener was out of stock for one person. We observed staff use another person's prescribed thickener. This was brought to the attention of the manager. Following the inspection, the manager provided an update that the thickener had been delivered that evening.
- Medicines were appropriately stored within locked cabinets in people's bedrooms. During the inspection, we found one person's cabinet contained a medicine which was no longer in use. Medicines that are no longer required should be returned to the pharmacy to be disposed of. This reduces the risk of the medicine being administered.
- There was no evidence the temperature was regularly checked in people's rooms to ensure medicines were being stored correctly.

We found no evidence that people had been harmed, however the provider had not ensured medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely.
- All pre-employment checks were completed before new staff commenced in their role.
- Staffing levels across the home were sufficient to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of signs of abuse and how to report concerns. The manager had shared the local safeguarding process at a recent team meeting.
- A service user we spoke with, expressed they felt safe living at The Coppice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider shared a monthly review of incidents across its services. Managers across all services were able to see incidents that had occurred, actions taken, and lessons learned.

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. This meant that people's outcomes were consistently good.

Staff support: induction, training, skills and experience

- Staff had completed training to carry out their role. Staff were prompted to complete their training in supervisions.
- New staff completed eLearning before starting work at the service. Staff told us they felt supported through the induction process.
- Additional fluids and nutrition training had been completed by staff in response to a person's needs.
- Medication training was completed by staff. Competency checks were completed to ensure that staff were safe to administer medication.

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

- Staff contacted health care professionals when required. People's notes showed when staff had followed up concerns with the GP and the hospital.
- One person using the service had not had a review for a medical condition for three years. Staff explained that this was not required however the care plan did not reflect this.

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

- Staff supported people to make choices about their food. At the time of the inspection a new menu board was in the process of being implemented. This included picture cards of the food choices people had made.
- People were encouraged to prepare their own food and were supported by staff to do so.
- People were involved in shopping for food, where possible.

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

- The service is an adapted house. There was a large accessible kitchen and dining area where people were involved in food preparation.
- The service had recently purchased a 360 projector. This projector is set up in the living room and enables interactive games on any surface suitable to the person using it. For example people could play interactive games on the floor or sat in chairs.
- The layout of the home enabled people who use a wheelchair to move independently around the ground floor.
- People's rooms are personalised. The service had identified the need to personalise people's bedrooms doors and included this in their improvement plan.

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

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, and some hospitals, 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.

- People received an assessment of their capacity and a referral to deprive a person of their liberty if required.
- The manager was in the process of reviewing the DoLS for people living at the service.
- Assessments had been arranged with social workers to ensure that the DoLS were appropriate.
- Staff were aware of the principles of MCA.
- Any new people coming to the home would receive a full assessment of their needs.

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 this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no manager registered with the Commission to manage the service. The provider had reallocated managers from within the organisation to provide managerial support at The Coppice.
- Staff explained that in the months prior to the inspection there had been reduced management presence at the service. This had effected the monitoring of audits of the service.
- Audits were not consistently completed. Medication audits had not always been completed. Following the change in management medication audits had recommenced.
- Care plan audits did not always highlight where additional assessments were required. One person did not have a choking risk assessment in place. This should have been completed in line with the audit. The manager was made aware of this at the time. Audits to monitor the effectiveness of care plans did not highlight one person did not have a choking risk assessment in place. This was actioned following the inspection.
- Following the new management structure, a manager was at the home every day. Staff felt able to raise concerns with the manager.

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

- Staff told us that there had not always been a positive culture at the service. This had improved following the changes in management.
- Staff were able to express their views at team meetings.
- Meeting minutes showed that meetings were informative and covered areas such as safeguarding as well as any updates on people living at The Coppice.
- The provider was open about concerns received about the service and provided a detailed response to concerns.
- Staff explained that they had received regular supervision and support following the recent change in management and felt supported by the new management.

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

- Prior to the pandemic the service had close links with the local day centre. People were encouraged by

staff to access the local community and be involved in decisions about the service. During the inspection people went for walks with staff into the community.

Continuous learning and improving care

- The manager and the provider identified areas of improvement required and had developed an action plan. The manager was currently working through the action plan.
- The provider had reallocated staff within the wider organisation to provide support at The Coppice.
- Staff identified that engagement and stimulation for people living at The Coppice needed improving. The provider brought in additional staffing resources and technology. Staff commented that they had started to see improvements.

Working in partnership with others

- The service had been working closely with the local authority. In response to a recent change in dietary requirements the speech and language team delivered training to staff at The Coppice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people using bed rails were not robustly assessed, reviewed and monitored. The provider did not ensure fire safety was always safely monitored. The provider had not ensured medicines were safely managed