Coppermill Care Limited

Coppermill Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Coppermill Care Centre is a care home providing personal care over two floors to up to 52 people. The service provides support to older people, some of whom were living with the experience of dementia. At the time of our inspection there were 46 people using the service.

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

People were protected from the risk of avoidable harm. The risks to people's safety and wellbeing had been identified, assessed and managed. Accidents and incidents were investigated and information about these was shared with the local authority.

Feedback indicated people using the service were happy with the care they received. We saw the staff spent time with people, listened to them and met their needs. Relatives we spoke with told us people were well cared for and thought the staff and management team were good.

People who used the service received their medicines safely and as prescribed. Safety checks were undertaken regularly including fire safety and environment checks.

There were robust procedures for preventing and controlling infection, and the staff followed these.

There were procedures to help make sure staff employed were suitable and had the skills and knowledge they needed. These included recruitment checks, regular training and supervision. The staff told us they were happy working at the service.

The manager was suitably qualified and experienced. They worked well with staff to ensure people's needs were met in a person-centred way. There were appropriate systems for reviewing people's health and working with relevant health and social care professionals.

People were supported to undertake activities of their choice and told us they enjoyed these. There was an activity plan displayed which reflected the activities undertaken. The staff engaged well with people to find out what they wanted to do.

The provider had effective monitoring systems in place, and ensured they took prompt action when any concerns were identified. Stakeholders told us communication was good and they were happy with the service overall.

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.

Rating at last inspection
The last rating for this service was good (published 20 July 2022).

Why we inspected
We received information in relation to an increase in safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of 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.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Coppermill Care Centre

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 Health and Social Care Act 2008.

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 inspection was carried out by 3 inspectors.

Service and service type
Coppermill Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coppermill Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who used the service and 4 visiting relatives of other people. We carried out observations to see how people were being cared for and supported. We spoke with staff on duty who included 4 care workers, kitchen staff, the activity coordinator, and senior staff including senior care workers, the manager and the director.

We looked at the care records for 7 people who used the service. We looked at records of complaints, accidents, incidents, meeting minutes, quality audits and the recruitment, training and support records for 5 members of staff. We conducted a tour of the environment, in particular looking at how infection prevention and control was managed, and we looked at how medicines were being managed. After the inspection, we contacted 2 healthcare professionals by email to seek their feedback and received a response from 1.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe living at the service. Their comments included, "Yes, we feel very safe here, the staff are helpful", "I feel safe, I can ring the bell at night and don't wait long for them (night staff) to come and help me", "I do feel safe, I am very sure of that" and "The staff are all very good, I couldn't fault them." A relative agreed and said, "I know [family member] is safe here, nice clean home with good staff."
- There was a safeguarding policy and procedures in place and staff were aware of these. The provider worked with the local authority to report and investigate any safeguarding concerns. We saw the manager had raised a safeguarding alert in relation to a person who had been found to have an injury. We saw evidence they had taken appropriate action and had called the relevant healthcare professionals.
- Care staff we spoke with confirmed they had received safeguarding adults training. They were able to describe signs of abuse and understood their duty of care to report concerns. A member of staff told us, "Abuse can be many things, restraint, staff taking away food from people before they are finished, bruising and marks on their skin, a family could be financially abusing a person" and "I would report to my manager, I would escalate, I would report to CQC, I would keep reporting until the person is made safe."
- Staff confirmed they were expected to report any bruising, redness or pressure ulcer, complete a body map and write a report. Senior staff told us training had been provided so staff could write up and describe incidents clearly.

Assessing risk, safety monitoring and management

- People who used the service were protected from the risk of avoidable harm. Risks to people's safety and wellbeing had been assessed, managed and mitigated. Risk assessments were detailed and were reviewed and updated when people's needs changed.
- Risk assessments considered all areas of the person's care. For example, one person was at risk of falls. We saw their risk assessments had looked at areas such as the condition of their feet, their weight range, strength, medical conditions and medicines prescribed. This meant they were able to identify the source of the concern and how to reduce the risk.
- When people had a fall, the provider put in place a 24-hour post fall observation log. This was to monitor and understand any effects from the fall and take appropriate action if necessary.
- Some people were at risk of malnutrition. We saw people's weights were regularly recorded so staff could identify any loss or gain which may require the input of a healthcare professional. We saw evidence that appropriate action was taken when concerns arose.
- All safety checks were undertaken regularly including fire checks and were up to date. A fire risk assessment carried out sept 2022 identified some areas requiring improvement. We saw evidence these had

been addressed and completed in a timely manner.
● Fire alarm tests and fire drills were undertaken regularly to help ensure the staff would know what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place and these were up to date. They contain relevant information about the person, their needs and how staff should support them to safely evacuate in the event of a fire or emergency situation.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment
● There were enough staff on duty at any one time to meet the needs of people who used the service. Throughout our visit, we observed there were staff available to meet people's needs in a timely manner.
● The provider had employed new staff recently and some of these were undergoing an induction at the time of our inspection. The manager told us they still required for agency staff to ensure safe staffing levels, but this had reduced. They ensured agency staff were regular and familiar with the service so they knew people's needs and could meet these.
● The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● New staff completed inductions, where they shadowed experienced staff and their skills and abilities were assessed by senior staff. These systems helped assure the provider staff were suitable and could carry out their roles.

Using medicines safely
● Medicines were managed well and people received these safely and as prescribed.
● The provider had a system for medicines to be ordered, stored, and disposed of safely.
● People were safely supported to take their medicines by staff whose competency was regularly assessed.
● The senior staff undertook regular audits of medicines to help identify and address any issues.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Lessons were learned when things went wrong. The provider analysed all incidents and accidents that occurred at the service to find out what went wrong and how to prevent these from happening again in the future.
● There had been a number of incidents where two people who used the service tended to clash and this often resulted in physical altercations between them. Both people had been receiving one to one support to minimise the risk of further incidents.
● At the time of our inspection, one of the people had moved to a more suitable placement, and this had a positive impact of the other person. A review of the person's needs identified they no longer required one to one support. The staff were liaising with the local authority to continue to assess the person's needs.
● The provider analysed all incidents and accidents to understand any possible themes. This gave them a better understanding such as certain times of the day or night, so they could put systems in place to help reduce the occurrence of incidents.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were recorded in their care plan and mostly met. All the people who used the service were from an English background and most of the staff were able to communicate well in English. However, we observed two members of staff found it difficult to communicate in English and this seemed to cause a communication barrier with people. One person told us, "Sometimes it's difficult to understand some staff." We discussed this with the manager who assured us they would be addressing this issue.
● Some of the staff addressed all the people by terms of endearment, which may not be the person's choice or preferred way of address. We discussed this with the manager who told us he was aware of this and was addressing this with the staff.
● Some people's communication needs were impaired due to their condition, such as dementia. We saw the staff used a range of methods to communicate with them, for example using photographs, gestures and body language.
● The staff showed understanding and patience in their communication with people living with dementia and had a good rapport with them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's needs were recorded and met. People and relatives we spoke with said they were happy with the service and the care received. One person told us, "My hearing aid is being sorted out, if you have a problem with your health they (staff) will sort it out, you only have to tell them, they are ever so good and will get you the doctor if you need to be seen." One relative echoed this and said, "I am very happy with support [family member] gets."
● We saw evidence and people told us their healthcare needs were met and they had access to healthcare professionals as needed. One relative stated, "Everything is well organised. [family member] had an eye infection and was seen by the doctor."
● Care plans were detailed and developed from the initial assessments. They contained people's life history which contained details about their childhood, family members, hobbies and interests. Care plans were

regularly reviewed and updated according to people's changing needs.
● Care plans listed people's individual needs, caring objectives and support they required to meet their needs. There were details of how people wanted their care and support throughout the day, and this included signs and body language for staff to be aware of. For example, one person indicated they required assistance with eating food by rubbing their fingers against the tablecloth.
● Care plans included all aspects of people's lives and detailed their preferences and wishes in a range of areas such as personal care, social life and activities, sleeping and waking, mobility and end of life care.

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 were supported to undertake activities they liked, and these were recorded in their care plans.
● People and relatives thought the activities offered were good and met their needs. One person told us, "I like to play bingo, we watch a film, I like to do wordsearch." A relative stated, "Good in-house activities, [family member] would be going to bingo now but I am here" and another said, "They go out, there are visits to a garden centre, [family member] has been to a [Charity caring for and re-homing dogs], they make use of the garden here in the summer and have boat trips and walks along the canal."
● The provider employed two activity coordinators who were enthusiastic and involved people in choosing what they wanted to do. For example, some people liked to read a daily newspaper and received these each morning.
● A singer visited once a month to entertain people. The activity coordinator told us, "[The singer] engages well and tells people about the history of the song which gets people more involved."
● On the day of our visit, we saw people engaged in a range of activities, including a bingo session which people appeared to enjoy.

Improving care quality in response to complaints or concerns
● Complaints were taken seriously and responded to appropriately and in a timely manner. People who used the service and their relatives knew how to make a complaint. One person told us, "[Manager] is very helpful, I had a problem with my mattress and [they] helped me." A relative stated, "I know how to complain, I would just go on the website, but I know I can tell the manager and it will be dealt with."
● There was a complaints policy and procedures in place and this was available to people who used the service. We saw evidence complaints were appropriately investigated and any shortfalls addressed in a timely manner.

End of life care and support
● People's end of life care needs were recorded in their care plans and met. These included how the person wished to be cared for at the end of their life, and the support they required to achieve this. For example, one person wanted to be cremated and wished to remain at the home comfortable and pain-free.
● At the time of our inspection, some people were receiving end of life care. Relatives indicated they were happy with the way their family members were being cared for. One relative told us, "They will keep [family member] here for [their] final care, it is first class care, we have nothing to complain about and feel [family member] is safely cared for."
● People had 'My future wishes - Advance care plan' documents in place. These stated the person or people to contact in case of an emergency, what was important to the person in the event they became too unwell to voice their wishes, and where they wanted to be looked after at the end of their lives.

Good

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 our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture which achieved good outcomes for people. People, relatives and staff we spoke with told us the manager was caring and approachable.
- Relatives told us they were happy with the care provided with one relative telling us, "The chef spoke with management for me to have lunch with [my family member] like we did before the pandemic. Since then not only have I had lunch with [family member], but also two of [their] very dear friends [they]had not seen in years were invited for the fish and chips on Friday."
- Staff felt valued and supported by the management of the service. Staff told us, "[manager] is open and approachable" "It's a good place to work "and "The manager comes around every morning to see how everyone is, we work as a team, I feel people are safe."
- People who used the service had the opportunity to attend 'resident meetings. One person told us, "I found it difficult to know staff names, I raised this at the meeting and staff are now wearing badges with their names on." Another person said, "I feel safe here, staff are helpful, we are going on an outing today, I can't wait."
- The manager was committed to working with the team to make positive change. They told us, "I believe in empowering people, and one manager can't do everything. A place runs well when the staff team can work well together. I am working with the staff to help them develop their knowledge."

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 manager demonstrated a good understanding of the duty of candour in relation to their responsibilities. The manager explained, "I communicate with people and families when a concern is raised, call a meeting to discuss the concerns and what to do about it."
- The manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour. People's records evidenced that relatives had been informed when incidents had occurred.

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

- The manager had suitable qualifications and experience. They had good understanding of their role,

responsibilities and legal requirements.
● The provider had a range of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.
● Staff felt supported and there was good communication in the staff team through handovers, team meetings and weekly flash meetings, (Flash meetings were held twice weekly, one of which was on a Monday to catch up on all areas of support).
● Staff were clear about their role and responsibilities. Staff received training which ensured they provided care and support to the required standard.

Continuous learning and improving care
● The provider had effective systems in place to monitor and improve the quality of the service and how it was managed. The provider kept a log of all compliments they received. One comment stated, "Every time I have visited [family member], the staff have been lovely and caring. We are very happy with how it is going."
● The provider had carried out a quality survey in April 2022, and this highlighted that people, relatives and staff were happy with the service.
● The senior staff undertook regular audits and checks of the service. This included daily walkarounds, spot checks, and checks of equipment and files. We saw evidence there was a daily call bell check to ensure these were functioning properly.
● The managers' walkarounds were recorded and included checks of people's care, infection control, security of the building, medicines and dining experience.

Working in partnership with others
● The staff worked in partnership with outside healthcare agencies and other professionals.
On the day of the inspection, two healthcare professionals were visiting people who used the service.
● The manager was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.
● The manager and team worked well with the GP to help ensure people's healthcare needs were monitored and met.