

Stoneleigh Care Homes Limited

Copperdown Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Copperdown Residential Care Home accommodates up to 29 people in one adapted building. At the time of the inspection there were 25 people using the service.

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

People received their medicines safely. However, we found that audit systems in place could not sufficiently identify the numbers of medicines people had in stock.

There was no guidance in place to support staff on escalation processes where peoples recommended fluid intake was not met.

People told us they felt safe in the home.

Relatives gave positive feedback on the care that their loved ones received.

The provider was given further guidance on infection control procedures in 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 rating at the last inspection was good (report was published on 23 October 2018). You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Copperdown residential care home on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 a breach of Regulation 17 (Good Governance) of the Health and Social Care act 2008 (Regulated activities) Regulations 2014. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Copperdown Residential Care Home

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 inspection was carried out by one inspector.

Service and service type

Copperdown Residential Care home 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 had a manager registered with the Care Quality Commission, who was on a period of leave at the time of inspection. 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

We gave one hour's notice so we could clarify the service's COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding or COVID-19 positive so we could respond accordingly.

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

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with the registered manager, six staff members and two people. During our time at the home we observed staff interactions with people. We looked at three people's records relating to wound care management, risk assessments, accidents and incidents, infection control measures and service audits. We requested further information after our visit, relating to the governance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We gained feedback from three relatives.

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.

Using medicines safely

- People received their medication safely but did not have their 'as required' medicines stock managed safely.
- The registered manager could not provide documentation of an accurate running total of medication stock that remained in the home. We carried out a random stock check of three people's medicines and found that the amount of medicine in stock for two people did not match that recorded by the provider. This meant we could not be assured there were appropriate systems in place to safely manage medicine stock levels.
- Topical creams did not always have the date written on them when they were opened. This meant people could be administered creams that were out of date or ineffective.
- Medicine administration records had been completed and systems were in place to highlight if a signature had been missed.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.

Assessing risk, safety monitoring and management

- People's care files clearly highlighted their needs. However, staff were not always aware of what these specific needs were. For example, two people were on fluid charts where they had a recommended fluid target each day. We found that these recommended targets had not been met for the past four weeks. There was no escalation guidance to advise staff what to do if the recommended target had not been met.
- Staff had a conflicting understanding of people's needs in relation to this. We asked staff if they knew whether anybody was on a fluid chart. They told us, "We did have one person who has a certain amount of fluids, but they aren't with us now. We don't have anybody now who has to have a certain amount of fluids." A second staff member told us, "Everyone is on a fluid chart that you fill in daily. We just record fluids. I don't know if someone should have a certain amount per day."
- Another person's care file stated their feet should be elevated, however we found that this person did not have their feet elevated during the inspection. Staff told us they knew this person should have their feet elevated, but this did not take place for the duration of the inspection. This person was at risk of not having their health needs met.
- People told us that they felt safe in the service. One person told us, "I feel safe, I don't have to worry about it."

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the registered manager could not always evidence they had taken a full employment history of some staff. The registered manager was informed of this on the day of inspection and confirmed they would review this.
- On the day of inspection we found there was enough staff to meet people's needs. There were mixed views from staff spoken with about the staffing levels in the home. One staff member told us, "They only time we struggle is on the afternoon, it gets hectic. Most residents you have to work with in a double (two care staff). It gets tricky." Another staff member said, "At the minute we have enough staff, it depends on the type of residents living here."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. All safeguarding concerns had been recorded. The provider had two safeguarding concerns that were outstanding where they were awaiting an outcome.
- People and relatives told us about the safety in the home. One relative said, "Since they have moved to Copperdown from their previous home, they have put weight on and started walking again."

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. We saw that staff did not sanitise their hands when having personal contact with more than one person in the lounge area.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service
- 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.
- The registered manager told us they would update people's care files where any incidents had happened, with updated guidance.

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; Continuous learning and improving care

- At our previous inspection, it was found medication audits were not effective. At this inspection we found that again. medication audits were not completed effectively.
- We identified the medicine count for people who were prescribed medicine on an 'as needed' basis was incorrect. The weekly audit which stated, 'Does the number of tablets remaining for the person tally with the MARs sheet' had been ticked and signed to state these were correct when they were not.
- These same audits did not identify that topical creams did not always have an open date on them. The system in place to monitor medicines was not effective.
- The registered manager's audits did not highlight that risk assessments did not contain an escalation process to advise staff to safeguard people's needs.
- The registered manager did not complete audits on staff personnel files, so was unable to identify the requirement that staff should detail their full employment history.

The lack of robust governance systems meant that improvements were not always achieved. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us their staff training was delayed due to the pandemic, where they didn't have their training booklets sent, and were catching up since receiving them. Staff confirmed to us that they had been completing the booklets as part of their training.
- All records were easily accessible and care plan documents had been signed. The registered manager had other systems in place for effective auditing. The audits included falls and accidents, fire alarm, cleaning schedules and water temperatures.
- Most staff told us they felt supported by the registered manager and could raise concerns with them if necessary.

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 demonstrated they understood their duty of candour responsibilities. They said, "We have a legal duty to be open and honest with our service users and their families when something goes wrong."

- Accident and incident forms had been completed. Relatives confirmed that the service contacted them if an accident or incident occurred. One relative told us, "They contact all the time with everything."

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

- The registered manager held monthly residents meetings to seek their views on living at the home and any suggestions that they had.
- Relatives told us the service had kept in touch with them during the pandemic and were very positive with their feedback. One relative told us, "They are like a family to [Person] all the staff are golden. I cannot find any fault with them at all, they are caring for [Person] like I would."
- The registered manager and staff worked hard to ensure the culture within the home was person centred. Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.
- People told us they received high quality care from staff. The provider gained feedback from people about their care and support on an annual basis. One person told us, "They always ask my opinion."

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, we saw evidence in people's care files where professionals had visited them in the service.
- The registered manager told us the service had close working relationships with district nurses and GPs.

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 17 HSCA RA Regulations 2014 Good governance The lack of robust governance systems meant that improvements were not always achieved. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.