

The Koppers Care Limited

# The Koppers Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Koppers is registered to provide accommodation with nursing or personal care, for up to 25 people with dementia. There were 19 people using the service at the time of our inspection. The home is a detached property situated in the centre of the village of Kilmington.

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

People felt safe living at the service. Staff had received safeguarding training and demonstrated an understanding and awareness of the different types of abuse.

Recruitment procedures ensured that people were supported by staff with the appropriate experience and character. The provider always ensured they had skilled, experienced staff on duty to support people's needs. Staff had received in-depth training when they started working at the home and received refresher training and competency assessments. Staff were supported in their roles by receiving regular supervisions and an annual appraisal.

People were supported by kind, considerate and caring staff. They were treated with dignity, their privacy was respected, and their independence promoted.

People's changing needs were monitored and were responded to promptly and the involvement of health professionals sought, and their advice followed.

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. Families and professional were involved in best interest decisions and staff knew the legal powers family and relatives might have to support people in making decisions.

People's medicines were safely managed, and their nutritional needs were identified and monitored. People enjoyed the meals provided.

Environmental risks had been assessed and the provider had a clear oversight of the potential risks at the home. Fire safety was well managed. The provider had an ongoing program of refurbishment at the home.

Staff wore Personal Protective Equipment (PPE) in line with current guidance and promoted good Infection Prevention and Control (IPC) practice. Staff helped people keep in touch with their friends and relatives throughout the pandemic, which helped alleviate their worries. Visiting had resumed with the appropriate testing and safeguards in place to prevent cross infection.

Systems and processes to monitor the service had improved and drove improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (report published September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service in June 2019. Four breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, governance, fit and proper persons employed and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective, Caring and Well-led which contain those requirements.

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 Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Kopper's on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Koppers Residential 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

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included

notifications made by the service. 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.

Prior to the inspection, as part of our monitoring approach, we asked the registered manager to send us the results of any recent surveys or recent feedback from relatives. We also asked that they request people's and relatives' views about the service. We were contacted via our online process by two relatives and received a letter from a person using the service to tell us about the care they were receiving at the Koppers.

We asked local healthcare professionals for their views about the service and received a response from two of them.

We used all of this information to plan our inspection.

During the inspection

We met people who lived at the home and spoke with four of them about their experience of the care provided. We spoke with eight members of staff including the registered manager, the director, a team leader, care workers, the cook and housekeeper.

As most people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people and staff in the main communal area during the morning and at lunch time.

We reviewed a range of records. This included one person's care records on the provider's computerised care system and medication records. We looked at a variety of records relating to the management of the service, staff training matrix and the provider's quality monitoring records and a recruitment folder.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 comprehensive inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last comprehensive inspection in June 2019 the provider had failed to operate a safe recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19. This was because the provider had put in place safe recruitment procedures.

### Staffing and recruitment

- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.
- The registered manager had introduced tester shadowing shifts for new staff wanting to work at the home. This gave potential staff the opportunity to see if it was the right role for them. The registered manager said, "Shadowing shifts have been very helpful to the team to get to know the new member and evaluate their knowledge, skills and experience as well as whether they have the attitude to provide the quality of care we require for our residents".
- People said there were enough staff to meet their needs. Rota's demonstrated safe staffing levels were maintained to meet people's needs. The registered manager told us in the provider information return (PIR), "We assess our residents needs on a regular basis and ensure we have sufficient number of staff on duty to be able to meet residents needs and preferences such as what time they get up in the morning or go to bed at night and who will be supporting them".
- The registered manager said there had been staffing challenges but praised their team for stepping in and undertaking additional duties when there were gaps in the rota.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Kopper's. One person wrote to us telling us their experience at the home. They said, "I was treated with compassion and great care. I was so astonished I had never been treated so nicely in my life. And I still feel reassured and in a place of safety..."
- People were protected from potential abuse and avoidable harm; policies and procedures supported this. Staff received safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident if they raised any concerns with the registered manager or director they would be listened to and action would be taken to keep people safe.

### Assessing risk, safety monitoring and management

- Assessments were carried out to identify risks to people's health and safety. For example, risk of falls, nutrition and skin care. Care plans guided staff how to prevent or minimise the risk of harm to people. For example, where people were identified at high risk of skin breakdown, pressure relieving mattresses were

used.

- Professionals involved in commissioning packages of care spoke positively about the provider's approach to managing risk and told us they were responsive to changes in people's needs.
- Environmental risks had been assessed, so the provider had a clear oversight of the potential risks at the home.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stairlift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- Work had been carried out regarding fire safety at the home in line with the fire officer's requirements. A new fire panel and a fob system on external doors had been installed and fire doors replaced.
- People had personal emergency evacuation procedures in place (PEEPs) in their care records which detailed how staff needed to support individuals in the event of an emergency to keep them safe.

#### Using medicines safely

- Medicines were safely managed. Staff administering medicines received training and had their competency assessed every three months. Staff supported people well with their medicines. They were patient and took time to ensure medicines had been taken.
- Staff administered medicines using a handheld device which scanned bar codes on people's medicines. This device would alert staff if it was the wrong medicine and also alert them if a medicine had been missed.
- Medicines were stored safely. There were suitable arrangements for ordering, receiving and disposal of medicines, including medicines requiring extra security.
- Fridge temperatures and the medicine room temperatures were monitored to check medicines were stored at recommended temperatures.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents which the registered manager reviewed to make sure any changes needed to prevent recurrence were implemented. Both the registered manager and director reviewed accidents and incidents to identify any themes or trends.
- The registered manager and director were very open about lessons they had learnt and measures they had put in place to minimise the risk of future incidents. For example, getting even more information about new admissions to the home, developing and delegating roles to senior care staff and improving communication.



# 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 comprehensive inspection in June 2019 this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last comprehensive inspection in June 2019 the provider had not ensured new staff were suitably trained and effectively supervised. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. This was because staff had received training to have the skills required to support people safely and staff had received regular supervisions.

Staff support: induction, training, skills and experience

- The provider's training records showed staff had received in-depth training when they started working at the home and received refresher training and competency assessments.
- All staff completed the provider's mandatory training as well as more specific training to meet people's individual needs. This included, catheter care, oral care, nutrition and dysphagia, prevention of moisture lesions, sexuality, and training specific to ensure safe practice during the pandemic.
- The registered manager and director monitored staff practice to ensure all staff followed best practice guidelines. They had formed two staff teams and ensured each team had the skills, knowledge, competency, qualifications and experience to meet people's needs.
- New staff shadowed more experienced staff when they started work at the home and completed the care certificate (which had been introduced in April 2015 as national training in best practice).
- The registered manager told us in the provider information return (PIR), "We have introduced touch points for all new staff. Touch point is a meeting during probation to ensure everything is going well and to offer any support if needed."
- Staff confirmed they received the training they needed. One staff member said, "We do a lot of training" and went on to tell us how useful the training had been in their role.
- Two staff had completed a 'train the trainer' moving and handling qualification, so could support and train staff in practical moving and handling.
- Staff had received an annual appraisal and supervisions to enable them to carry out their duties and ensure their competency was maintained. This meant staff working at the home were supported in their roles.

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

- People's needs were assessed by the registered manager before they began to use the service. The registered manager said "We involve the potential resident and with their consent we try to involve their family, friends and people who know the person best. This way we can find out each person's history, individual preferences, interests and aspirations."

- Care plans were regularly reviewed and updated with people's changing needs and their changing preferences and aspirations. People were involved in developing their care plans and in reviewing them.
- Care plans reflected advice and guidance provided by other health professionals.

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

- People's nutrition and dietary needs had been assessed and were being met. Staff were aware of people's needs and this was reflected within their care plans.
- People were happy with the food provided. Comments included, "The food is very good", "I like the food" and "If I don't like it, they will get me something I do."
- People received the help and encouragement they required to eat and drink. Staff assisted people who needed help, by cutting up their food, if needed. When supporting people to enjoy their meal, staff sat next to the person, engaged and did not rush the person.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services and support; care records showed referrals were made to other agencies when specialist advice was required. For example, the GP, community nurses, opticians and speech and language team.
- Relatives told us they felt well informed about people's health and felt people's health needs were being met. One relative said, "The carers talk to (person), relay any concerns, share how it is going and ask about people their father talks to them about for more clarification."

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

- People had the equipment they needed to be supported effectively and were encouraged to personalise their own bedrooms. The provider had purchased specialist contour cushions for people's chairs which were more comfortable and supportive. They also had specialist beds to help meet people's needs. One of these was a tilt and assist bed which would help keep someone comfortable if they were receiving end of life care.
- The provider had an ongoing program of refurbishment. They told us in their PIR, "We have a new fire panel, new electronic entrance system, full refurbishment of six residents' rooms and two staff rooms, staff toilet, painting the interior of the house and new carpets." We also observed that improvements had been made to the gardens.

Supporting people to live healthier lives, access healthcare services and support

- Professionals said staff knew people's health needs, made referrals to health professionals appropriately and followed their advice

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, 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's consent was sought before staff supported them. For example, about personal care and how they wished to spend their day. Where people were able to make decisions for themselves, staff respected their decisions. For example, the clothes they chose to wear.
- People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of bedrails, medication and personal care. Relatives confirmed they were consulted.

# Is the service caring?

## Our findings

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

At the last rated inspection in June 2019 this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last comprehensive inspection in June 2019 the provider had failed to ensure people received the appropriate care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. This was because people were treated and addressed respectfully, and their independence was promoted.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager told us in the provider information return (PIR) that "The Koppers mission and vision promotes person-centred culture, involvement, compassion, dignity, independence, respect, equality, wellbeing and safety for both residents and staff." We observed respectful interactions between staff and people receiving support. People were supported by staff who knew them well and committed to supporting people to move on to further independence.
- Staff addressed people respectfully and were kind, considerate and caring. A health care professional told us, "The resident I met was very happy at the Koppers... he was very satisfied and had a real sense of belonging and being valued. During our meeting we were given a lot of privacy which in my experience is quite rare."
- Staff supported people with their meals respectfully, taking their time and having a good interaction.
- People spoke positively about the caring nature of staff. One person wrote to us telling us their experience at the home. They said, "You feel cared for and it felt genuine... I could write for ever and sing praises, the carers and other staff do take an active part in getting to know you or just a chat and sometimes a shoulder to cry on. Here the staff are disciplined and very compassionate and kind. Nothing too big or small to offer, being real people instead of just workers." A relative told us that when they visit, they observe, "The loving care staff gave to all of the residents, immediately going to comfort residents who are upset."
- During the pandemic staff recognised the importance of people keeping in touch with their relatives and friends. They offered window visits, video calls, phone calls and live-in stays and daily visits for people receiving end of life care. Visiting had resumed at the home and staff supported safe visiting, in line with current government guidance.

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

- We observed people being offered choice and encouraged to make everyday decisions.
- People, where able, were supported to discuss their care and express their views about their future goals and aspirations. One person had improved so much since being at the home, they were looking to move to

an assisted living service.

# 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 comprehensive inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last comprehensive inspection in June 2019, people received poor care. This was because systems to assess, monitor and improve the quality and safety of the service provided to people were either not in place or not robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17. This was because systems to assess, monitor and improve the quality and safety of the service provided to people were in place and robust enough to demonstrate good governance.

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

- Quality monitoring systems had improved and were effective. People lived in a home where the provider had effective systems to monitor quality, identify risks and drive improvement. They had completed audits and took action where needed.
- The director worked alongside the registered manager and undertook monthly quality monitoring audits. They had a clear oversight of the service and about any risks identified.

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

- The registered manager and director ensured the care and support provided achieved good outcomes for people.
- Staff said the registered manager and the director were approachable and were visible around the home, they worked with people alongside staff. Staff felt well supported, valued and reported improved teamwork and morale.
- Staff spoken with said there had been some difficult times, but they had worked well as a team and were proud to work at the home. They spoke about a positive, person centred culture and family atmosphere. Comments included, "Everything has improved... the culture has changed, staff are completely different", "I wouldn't change anything we all know what we have to do. It works very well" and "I feel appreciated here... they all muck in."
- People described the registered manager and director as "Very nice" and "They are both lovely...so kind, nothing is too much trouble for them."
- Professionals involved in people's care spoke positively about working relationships.

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

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. For example, in relation to medicine errors or accidents.
- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.

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

- Relatives we spoke with told us the management team were approachable, open and transparent. They felt well informed and able to share their views about the service.
- People were also encouraged to feedback their views through surveys.
- The registered manager attended regular handovers so they could engage with the staff team. Staff received regular supervisions and felt well supported.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us in the provider information return (PIR), "The Koppers Care home mission is to provide person centred care in a special home for a special loved one and become the most admired specialist memory care home in the area. We are achieving this by constantly gathering feedback from residents, staff, relatives and visiting professionals."
- The registered manager and director had completed further management training since our last inspection.
- Staff were being developed to take on more responsibility such as empowering them to make decisions and take actions.
- The registered manager had joined a local care provider association. This enabled them to keep up to date with changes and developments in social care and with ongoing changes to COVID 19 pandemic guidance. This meant they were able to ensure the home was following up to date guidance.
- The registered manager told us in the PIR, "The Koppers Care Home have a positive long-standing relationship with other professionals in the area including Axminster Medical Practice, District Nurses, Admiral Nurses, occupational therapist, Physiotherapist, speech and language team (SALT), dental services, older people's mental health team (OPMHT), local authority, safeguarding teams, and clinical commissioning group (CCG)".
- The director and registered manager were working with a care provider association to help look at the staffing crisis in Adult Social Care.