

Norwood

# Copper Beech

## Inspection report

Ravenswood Village  
Nine Mile Ride  
Crowthorne  
Berkshire  
RG45 6BQ  
Tel: 01344 755645  
Website: [www.norwood.org.uk](http://www.norwood.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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection took place on 19 and 20 March 2015 and was unannounced. Copper Beech provides residential care for up to four people with learning disabilities and autism. At the time of our inspection three people were living in the home.

The home is on a single level. Self-contained flats provided independent accommodation for each person, with additional communal facilities including a kitchen and lounge. This enabled people to join in with group activities and socialise together. Copper Beech is one of

13 homes in Ravenswood Village, managed by the provider for people with learning disabilities, autism and physical disabilities. Community facilities, including a swimming pool, café and stables, are located within the Village for people's use.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection, the registered manager was on planned long term leave. The provider had informed us of interim measures to manage the home. The deputy manager had been temporarily promoted to cover management duties, and is referred to as the manager within this report.

During this inspection we checked whether the provider had taken action to address the regulatory breach we found during our inspection in July 2013. This related to the poor state of the home, which required refurbishment to address the issues identified. The provider told us they would complete the actions required by the end of December 2014, as there was a planned conversion to provide people with individual flats within the home. Building work had been delayed, but was in the final stages to address minor snagging issues at the time of our inspection. The actions required to meet the concerns identified at our inspection in July 2013 had been completed.

Although the Medicines Administration Records (MARs) documented that people received and took their prescribed medicines, these were not always completed promptly once medicines had been administered. Stock checks of medicines held in the home did not always correlate with people's MARs. Inaccurate stock checks and records meant there was a risk that sufficient medicines may not be available to meet people's prescribed doses.

Medicines were administered, stored and disposed of safely. Equipment was checked and serviced in accordance with manufacturers' guidance to ensure people, staff and others were not placed at risk of harm. However, records of monitoring checks and audits within the home, such as recording and reviewing people's weights, had not always been fully documented. Risks to people from these omissions were reduced because people received one to one support throughout the day. Staff were observant and caring, and understood the actions required to protect people from harm.

People were supported by sufficient staff who were trained to ensure they received the care they required. The manager had identified that some training required refreshing, and had arranged time for staff to attend to this. People's specific health, emotional and dietary

needs had been identified, and staff followed the provider's guidance to ensure these needs were met effectively. Robust recruitment checks ensured people were supported by staff suitable for the role. Communication within the home and liaison with health professionals meant people's needs and preferences were appropriately supported.

People's rights and wishes were promoted through effective implementation of the Mental Capacity Act 2005. Staff understood the actions to take if a person was assessed as lacking the mental capacity to make an informed decision. The manager understood and followed the requirements of the Deprivation of Liberty Safeguards.

Relatives described staff as caring and loving. We observed staff treated people with respect and affection. They took care to promote people's dignity and privacy. They listened to people's comments, and supported them as they wished. Where people were unable to verbally communicate their wishes, staff understood the communication methods people used to indicate their preferences.

People's needs were regularly reviewed with them, and six monthly reviews held with them and their relatives. Risks to people's health and wellbeing were identified and assessed to ensure people and others were protected from potential harm. People attended and participated in a range of activities within the home, Village environment and wider community. These activities were specific to each person's preferences. People and their relatives were regularly asked for their views of the home and the care people received, and these views influenced changes to people's support plans.

Staff told us they felt supported, and could approach managers and the provider for advice at any time of day or night. Effective communication and discussion of issues ensured that learning was shared, and drove improvements to people's daily lives in the home. The provider's values were reflected in the culture of the home, such as providing person-centred care, and learning from feedback to ensure people experienced a high quality of care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which

# Summary of findings

corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

People's medicines were administered and stored safely, but records had not always been accurately maintained. There was a risk that people may not receive their prescribed dose, as records had not been updated promptly following administration of medicines.

People were supported by sufficient numbers of staff, who had the skills required to support them safely. Robust recruitment checks ensured people were protected from staff that would be unsuitable to support them.

People were protected from the risk of abuse. Staff understood how to recognise and address issues that may place people at risk of harm.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had received training to ensure they understood their role and could provide effective support to meet people's needs.

People attended health appointments. Staff followed health specialists' guidance and advice to ensure people's health and wellbeing were promoted.

People were supported where possible to make their own decisions. Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The provider was meeting the requirements of the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

People were treated with respect. Relatives described staff as caring and loving, and knowledgeable about people's needs and wishes.

Staff listened to people's views, and chatted with them constantly to ensure they supported people as they wanted. They promoted people's independence, and praised their achievements.

People's dignity and privacy were ensured as staff left people alone in their flats when this was requested, and it was safe to do so.

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

People were assisted to attend a wide range of activities, both within the home and local community, as they wished. People's care plans reflected their personal preferences and needs. Staff understood people's wishes, and took care to accommodate these.

Risks specific to each individual had been identified, and actions implemented to ensure these risks did not adversely affect people's care or support.

Relatives felt involved in people's care, and spoke positively about the way staff supported their loved ones. Although they knew the process to raise complaints, they had not had need to do so.

## Is the service well-led?

The service was not always well-led.

Records had not always been completed in accordance with the provider's procedures. Internal checks and audits had not always identified or addressed gaps and errors. The quality of care people experienced had not always been effectively monitored or reviewed.

The provider's values were mostly reflected in the care people experienced. However, the provider's policies, such as medicines administration, had not always been followed. Accurate information had not always been documented or used to identify potential risks, such as monitoring people's weights to identify weight loss.

People's care was met because managers knew and understood the people they supported. Staff respected the managers, and described them as open and available.

**Requires improvement**



# Copper Beech

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was conducted by one inspector, and took place on 19 and 20 March 2015. It was unannounced.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had been requested, and an extension for completion had been agreed with the Care Quality Commission (CQC). A copy of the PIR was provided to us at the time of our inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People were unable to tell us about their experience of the care and support they received. During our inspection we observed the care and support each person received throughout the day to inform our views of the home. We spoke with relatives of each of the people living at Copper Beech to gather their views of the home. We also spoke with the manager, business manager and recruitment administrator, as well as two care workers and an agency care worker.

We reviewed three people's care plans and daily care records and two medicines administration records (MAR). We looked at four of the twelve staff recruitment files, and five staff training and supervision logs. We looked at the working staff roster for four weeks from 23 February to 22 March 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how people's, relatives' and staff's comments, as well as quality assurance audits, were used to drive improvements in the service.

# Is the service safe?

## Our findings

The provider had taken actions to address the concerns regarding the safety and suitability of the premises identified at our previous inspection in July 2013. The provider had originally told us actions would be completed by October 2013. The period for completion had since been extended, as the provider had taken the decision to re-design the home into self contained flats. At the time of our inspection, final snagging issues were still awaiting resolution, but the premises were safe and suitable for the people living there.

Relatives and staff told us people had been impacted by the building work, as it had caused them anxiety. The decision had been made to keep people in the home to reduce the stress of moving home, but this had caused other stresses due to noise and disruption of routines. However, relatives told us this disruption had been well managed. One relative explained “He gets upset with too much disturbance, and it escalated his behaviours. But staff managed this as well as they possibly could. He’s become much calmer now he has his own space. It’s made a huge difference”. Relatives and staff were unanimously complimentary about the accommodation people now experienced. Staff told us all people were settled and happy in their flats, and enjoyed the independence this provided. We observed people were calm and relaxed throughout the day.

Staff experienced frustrations with the provider’s maintenance contractor. One care worker told us “Requests for maintenance repairs can take months to sort out”, and the manager said “I have to spend a lot of time chasing for work to be done”. Delayed actions were mostly cosmetic, such as painting, but an area of one person’s bathroom had not been fully sealed following removal of pipes to install their new bath. This had the potential to harbour bacteria. Care workers told us they steam cleaned this floor daily to reduce the risk of contamination. We were informed the bathroom floor had been fully sealed on 23 March 2015.

Medicines were securely stored in locked cabinets in people’s rooms or in the staff office. The pharmacist supporting Copper Beech told us they had no concerns about people’s medicines’ administration. We observed staff followed guidelines in people’s support plans to ensure they administered their medicines safely. However, during the morning medicines round, due to be completed

at 8am, medicines administration had not been signed off at 9.45am. Incomplete records meant staff could not be assured that people had received their prescribed medicines, and so there was a risk that staff could administer another dose. The staff member responsible for administering the morning medicines assured us that medicines had been administered, but they had not yet signed the Medicines Administration Records (MARs). They were the only person on duty competent to administer medicines at the time, and so there was not a risk of overdosing people. We noted these records were signed off later the same morning. We looked at people’s MARs and did not identify any further gaps, but we could not be assured that MARs were always signed promptly following medicines administration. There was a potential risk that people may receive additional prescribed medicines because safe signing procedures had not been followed.

Although there were sufficient medicines available to meet people’s prescribed needs, there were discrepancies in the medicines stock records. We compared people’s prescribed medicine dose against stock records, and found that records did not match people’s prescribed medicine. For example, whilst people had been prescribed medicines to be taken either once or twice daily, the stock record indicated that these had not been given, or that less medicines were in stock than would be accounted for if people had received their medicines as directed. There was a risk that people’s required medicines had not been administered in accordance with their prescription.

The assistant manager in charge of medicine management was not able to account for the discrepancies we found. They explained the protocol for checking medicines delivered against people’s prescriptions to ensure their required medicines were available. They told us they checked stock levels regularly. However, they had not identified the discrepancies we found.

Medicines had not always been administered or managed safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safety checks had been completed to ensure people were protected from the risks of faulty equipment. Water temperatures were monitored weekly to ensure people were not at risk of scalding. Flushing of water outlets meant

## Is the service safe?

the risk of legionella was reduced. Legionnaire's disease is a water-borne bacterial infection that can adversely affect people's health. Appropriate checks and servicing were completed by professional contractors. Certificates evidenced satisfactory legionella, fire extinguisher and gas safety tests had all been completed in accordance with the manufacturers' guidance.

Each flat contained a fire evacuation folder, and a 'grab bag' in the entrance lobby contained emergency supplies required to support people's safe evacuation. Staff roles included a trained fire marshall and first aid person on each shift. These measures promoted people's safety in the event of an emergency.

Relatives told us they had no concerns about people's safety or potential abuse. One relative told us "Staff do everything they should and more, they look after him well". Staff were trained to identify signs of abuse, and understood the measures they should take to protect people and report concerns. Contact details for the local authority safeguarding team and the provider's whistle blowing help line were displayed in the staff office. Staff understood and followed the provider's procedures to report safeguarding concerns. Visitors and contractors were required to read a safety document to ensure they did not place people at risk whilst in their home, and signed in and

out of the home. This ensured people were not placed at risk from unsuitable or uninformed visitors, and that visitors could be identified and located in the event of an emergency.

People were supported with one to one care during the day, and a fourth member of staff provided additional support with outings, cleaning and cooking. Staff told us, and the rota confirmed, that agency staff were regularly used to ensure sufficient staff to meet people's needs and wishes. However, the use of regular agency staff promoted consistency of care for people. We observed that an agency care worker on duty during our inspection knew the people they supported well. They explained that the consistency of agency staff used meant that people soon settled into their usual routine with them. All staff, including agency, followed guidance in people's care plans to promote their safety.

The manager explained that they were recruiting additional staff to reduce the reliance on agency staff. Recruitment files evidenced legal checks required, such as criminal record declaration, verification of identity and medical fitness for the role, had been completed. Appropriate checks ensured applicants were of suitable character, and had the required skills, to support people safely.

# Is the service effective?

## Our findings

Staff told us they were well supported in their roles, and attended training that informed them how to meet people's health and emotional needs effectively. One care worker said "The amount of training provided is amazing, we are constantly learning". Staff were confident that this training meant they understood, and could competently deliver, people's planned support. Where risks had been identified that placed the person at risk of ill health or harm, specific training had been provided for staff by a qualified practitioner. This included the provision of training in monitoring blood glucose levels and administering insulin by a diabetic nurse specialist. We observed staff were skilled at managing people's health issues and behaviours that may place the person, staff or others at risk of harm.

The manager told us that after reviewing staff training records they had identified a requirement to refresh staff training. They had arranged dates in April 2015 for staff to complete this. Although training records indicated that training had not been refreshed in accordance with the provider's policy, staff knowledge and one to one support for people meant that the risks from this had been safely managed whilst the manager made arrangements to ensure training was updated.

The manager told us they aimed to conduct regular supervision and staff meetings to ensure care staff were supported in their role, had the opportunity to voice any concerns, and understood their responsibilities. Individual supervisory meetings for each care worker were allocated between the manager and two assistant managers. Care workers described the home as having "A good team". They told us they were comfortable approaching any of the senior staff for guidance or support. We observed an open door policy that meant staff could readily access guidance or raise issues, and managers responded promptly to these. Minutes from supervision and staff meetings indicated that staff had the opportunity to discuss issues openly. They had been supported to develop skills or receive additional training or support when it had been identified that these were required. Although supervision records indicated that these had not been completed in accordance with the provider's schedule, staff were supported to provide safe and effective care for people.

Daily charts and records demonstrated staff usually followed nutritional guidance. However, one person's care plan noted that they were at risk of rapid weight loss, and as a consequence they required weighing weekly. The provider's policy was for all the people at Copper Beech to be weighed weekly. However, records did not demonstrate that this had been completed. No weights had been recorded since 7 February 2015. The manager reminded staff that this should be completed weekly when we pointed this out to them. Records of people's dietary intake demonstrated that no one had been placed at risk of malnutrition since the last weights were recorded.

People were supported to eat healthy meals sufficient to meet their dietary needs. Staff understood people's preferences and needs, and planned menus with people to ensure they enjoyed their meals. They explained how people usually dined on the same menu, but that textures and thickness were adapted to suit each person's needs. In addition to the communal kitchen, which each person could access as they wished, each flat had a self-contained kitchen. People stored snacks and drinks they particularly enjoyed or required here, and were supported to make drinks and snacks as they wished. Staff understood risks affecting each person, such as choking hazards, and when people may be at risk of weight loss due to health issues. We observed people were supported to eat and drink in accordance with their planned care. People were not placed at risk of malnutrition or dehydration.

Throughout our inspection we observed staff asking for permission before they supported people, entered their rooms or otherwise cared for them. Staff understood and implemented the principles of the Mental Capacity Act 2005 (MCA). They ensured people were focused when they asked them questions, to ensure people were able to give informed consent to actions proposed where they had the mental capacity to do so. Where people lacked mental capacity for making specific decisions, such as maintaining a healthy and sufficient diet, documents recorded best interest meetings held to ensure the person's needs were met. The person was included in these discussions, in addition to those who knew and cared about them, such as family, health professionals and care staff. This ensured that the home acted in accordance with MCA 2005 legislation.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), and to report on

## Is the service effective?

what we find. DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty where this is a necessity to promote their safety. Because of the needs of each person living at Copper Beech, a mental capacity assessment had been completed for all three people to review whether a DoLS application should be made, and the decision made that DoLS applications were not required. People's rights were protected as the registered manager understood and followed legal requirements in relation to DoLS. People were supported to enjoy their lives in the home, local village and community outside as they wished. Each flat had access directly into communal areas, their own garden and into the Village. One to one support meant people could access these areas as they wished.

People were supported to attend health appointments as required. One care worker stated "We have good liaison with the GP. Referrals are made quickly, and we can usually get an appointment the same day, or a phone consultation". Specialist support ensured people's specific health needs were managed effectively. For example, some people were supported by a diabetic nurse specialist and psychologist to monitor and treat known health issues. People's care plans reflected the advice provided by health professionals, and staff understood and provided the care people required to maintain good health.

# Is the service caring?

## Our findings

Relatives described staff as “Amazing”, “Fantastic” and “Loving”. One relative told us “Staff are absolutely wonderful, so kind and caring, and respectful, they are like family. We are very happy he is there”.

Throughout our inspection we observed staff interacted with people in a kind and friendly manner. One care worker explained “We help them to live as comfortably as possible. If they are happy, we are happy”. Care workers continually chatted with people, and ensured they had eye contact with people before conversing with them. They understood people’s vocalisations and methods of communication, and allowed people sufficient time to inform staff of their wishes and preferences. Relatives confirmed that staff were aware of people’s choices, and accommodated these. One relative said “Staff listen to and respond to his choices. He knows what he likes. They go where he wants”.

When supporting one person to attend a planned activity, the care worker explained how they allowed extra time for the walk to the venue, so that the person could wander and interact with the environment as they wished. They chatted with the person during the walk, and greeted other people in the Village by name and with a smile as they passed them. Staff knew and respected people as individuals.

Staff held hands with the people they supported, or provided other appropriate physical comfort, such as patting their arm, to ensure they were reassured when they appeared anxious. When supporting one person in the swimming pool, the care worker was aware of the risks involved, and stayed within touching distance of the person to ensure they remained safe. However, they promoted the

person’s independence by encouraging them to swim alone, and praised them when they did so. They valued this person’s achievements, and increased the person’s sense of self-worth through the encouragement provided.

When a person squeezed a member of staff’s hand too tightly, the care worker explained to them the impact this had, and gently demonstrated how to hold hands without causing pain. This demonstrated respect for the person as an individual whilst ensuring safety of the individual and others. The person appeared happy to adapt their hand-holding method in line with the guidance provided, and was not deterred from interacting from the staff member. This indicated that they listened to the member of staff and were content to follow their guidance.

Staff told us that the allocation of a self-contained flat for each person had made a positive impact on people’s wellbeing. They told us “People appear much happier in their own flats”. Staff explained that vocalisations indicating people’s displeasure, and behaviours triggered by frustrations and anxieties, had decreased. People appeared to enjoy the increased control they had over their environment. Staff told us how they supported people to be involved in decision-making and choices in their care and support. For example, for one person they ran a bath and the shower each morning, and the person chose which they preferred on a daily basis.

Although each person was supported by a dedicated care worker throughout the day, people were able to indicate when they wished to be alone. We observed that staff respected this wish. They left people alone in their flats when people requested privacy, but remained close by to support the person when this was required, for example to prepare a drink. People sought company again when they wished, and staff were prompt to support them.

# Is the service responsive?

## Our findings

Relatives told us people were supported to live full and contented lives. One relative told us “They know him so well, and meet his needs. He goes where he wants. They are improving his outlook and taking him into the community. He has a happy life”. During our inspection people appeared content, relaxed and happy. They were supported to go in and out of their flats and the home as they wished, and appeared to enjoy the activities they attended. They went willingly when staff explained where they were headed, and returned to the home with big smiles following the planned activity.

Staff knew each person’s preferences. For example, they explained to us how one person enjoyed “people watching”. The furniture in their flat had been positioned to accommodate this, so that they could watch people passing by outside. Each person’s room had been decorated to meet their personal needs and wishes, for example to provide sensory stimulation and support their mobility through the provision of individual hoists.

People’s preferences and choices were respected. One person did not want male staff supporting them, and the male agency care worker on duty at the time of our inspection confirmed that they did not support this person. People shopped for their own toiletries and clothes, and staff spoke with confidence of each person’s preference. Wardrobes and cupboards demonstrated that each person had an individual range of clothing and accessories reflecting their personal choice.

People’s dignity and safety were promoted through the use of technology, such as sensors to alert staff if people rose or were otherwise disturbed during the night. Staff understood that this could indicate that their bedding required changing. The sensors allowed them to respond to people’s needs promptly.

A relative told us staff managed their loved one’s “Needs incredibly well, they know him very well, and understand and handle mood swings and triggers”. They praised staff support during a recent health incident, explaining staff “Were beyond wonderful in their support, they worked long hours to manage his anxieties”.

People’s care plans provided guidance to staff to meet people’s identified health needs. Guidance included monitoring blood glucose levels or supporting behaviours

that challenged staff consistently to ensure people’s safety. People’s care plans had been reviewed and updated within the last three months. Risks affecting people’s individual safety had been identified, and daily records demonstrated that actions taken to reduce the impact of identified risks had been effective. For example, one person’s care plan identified triggers that increased their level of anxiety. Behavioural charts indicated that staff had effectively implemented planned actions to reduce these triggers, and so had reduced the level of this person’s anxieties.

Care plans were personalised, and prompted staff to promote people’s choices and dignity. They included staff guidance that was specific to each person’s needs and wishes, such as how to understand each person’s method of communication, and their spiritual and cultural preferences.

Staff were aware of the activities people enjoyed, and told us how they followed people’s indications to judge whether they wished to continue with planned activities or not. Social activities within the home, such as music sessions, were arranged in the communal lounge, to support people to maintain social bonds with others in the household. People were supported to maintain a wide variety of activities in the home, within the Village community and outside into the wider community. Staff supported people to maintain their faith through following festivals and traditions “As much as they wished”.

Relatives confirmed that staff involved them in discussions about people’s care and activity plans, listened to their comments and welcomed them into the home. One relative stated “I feel part of a team with the staff”. They described how staff did not always go along with their suggestions, but ensured they understood the reasons why they were not able to implement their suggestions when this occurred. Staff explained how they always put people’s needs and wishes first, but aimed to include relatives in discussions and plans as much as possible. They kept in touch with people’s relatives on a weekly basis, and invited them to six monthly care reviews. Staff described their relationship with relatives as “good”, and we heard positive interactions between staff and relatives over the telephone during our inspection.

No complaints had been made by people or relatives at the time of our inspection. Relatives told us they had no reason for complaint, as the care their loved ones received was exemplary. They felt able to discuss ideas and concerns

## Is the service responsive?

directly with staff. They knew the process to raise concerns, but had not had need to do so. A written compliment from a relative had been shared with staff, noting their praise of the consistency of care provided to one person during a period of illness.

# Is the service well-led?

## Our findings

A pharmacist described the home as “Well run”, and told us the manager was “Very good, on the ball, knows what she’s talking about”. They stated good communication ensured concerns were promptly raised with the GP or pharmacist.

However, we found that records did not always document that actions required, such as weekly weight recordings, had been completed. These gaps in the records had not been identified by the manager and provider through rigorous checks and audits.

Medicine stock records were not accurate, as amounts recorded did not correlate with the prescribed medicines that should be administered in accordance with people’s MARs. The manager and provider did not complete audits on medicines that may have identified these discrepancies. People may be placed at risk of harm, because the quality of the care they received had not been effectively monitored or reviewed. Internal and provider checks and audits had not identified or addressed the gaps in records that we found.

The provider’s values, such as providing people with person-centred care, and developing staff potential, were reflected in the culture of the home. All staff supported people in accordance with their individual needs and wishes, and relatives told us how staff sought their input to inform and improve the quality of care people experienced. However, not all of the provider’s aims were demonstrated, as accurate information was not always available to inform the care people experienced. Although we did not find this had caused harm to people, there was a potential risk that vital information, such as rapid weight loss, may not be identified promptly. This could place people at risk of malnutrition.

Staff recorded accidents and incidents, and the manager and provider reviewed these monthly to ensure appropriate actions had been taken to reduce the risk of repetition, and identify trends. The manager explained how this had led to changes to people’s planned support, effectively reducing the number of incidents recorded.

The manager reviewed and rated the quality of the service monthly. They considered topics such as training completed, health and safety records and feedback from

people and their relatives. Actions to address identified shortfalls had been discussed at staff meetings, and ratings on the quality audit indicated an improvement in the quality score from January to February 2015.

The home’s manager and the provider’s business manager told us of audits completed by the provider’s quality assurance team, including the health and safety officer, but records of these were not available at the time of our inspection. The business manager informed us that a quality and compliance manager had been appointed by the provider, and would be routinely monitoring and supporting homes in the Village to drive improvements to the quality of the service people experienced.

Monthly manager meetings enabled managers from homes across the Village to discuss initiatives, concerns and issues, as well as receive information and guidance from the business manager regarding the organisation’s values and objectives. The manager told us this provided a forum to discuss common themes and reach a consensus on actions necessary to address these.

Minutes from staff meetings recorded discussion of topics including managing rosters to accommodate people’s needs, maintaining cleanliness in the home, and reminding staff to follow the provider’s policies and procedures. Staff told us communication within the home was effective, and ensured all staff understood people’s needs, moods and activity plans. The communications book documented items such as planned health appointments, staff training dates, and maintenance issues. It was used effectively by staff and managers to share information and highlight actions required.

The manager told us “I have been very well supported and trained” to perform the role of manager for the home, but noted that the demands of the refurbishment had at times impacted on their ability to effectively monitor how effectively systems operated to support people. Staff spoke highly of the manager and assistant managers, describing them as open and available. The management team at Copper Beech were all new to their posts, and undergoing or about to embark on training to support them in their management roles. Promoting staff from within the home provided a consistency of care and understanding of the people they supported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against risks associated with the unsafe management of medicines.