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# Copper Beeches Lodge

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Copper Beeches Lodge on 12 September 2017. At the previous inspection the service was rated good.

Copper Beeches Lodge provides accommodation and personal care for up to thirteen people who have a learning disability. During this inspection thirteen people were living at the service.

The service is situated close to the centre of St Austell. Most people living at Copper Beeches Lodge were mobile but some required mobility aids to support them. Some people using the service were supported to use community facilities.

There were two managers registered with the Care Quality Commission (CQC). On the day of the inspection one of those managers was on duty. The service had experienced staff recruitment issues prior to this inspection. This meant the registered managers were supporting staff members in the delivery of care to people. This had affected some of the management systems including training of new staff members. The service was fully staffed at this inspection and the registered managers had put training dates in place so staff would receive the necessary support to carry out their roles effectively. We have made a recommendation about this issue.

The service was clean, spacious and generally suitable for the people who used the service. However one window did not have a restrictor in place. This was being acted upon once the registered manager was informed. There was limited access to the garden area where people who required mobility aids due to uneven paths. Other health and safety checks had been carried out by the registered managers.

People's safety and well-being had been assessed by the registered manager and risk assessments were in place to minimise any risks and keep them safe. These had been kept under review and were relevant to the care and support people required. Visiting professionals told us the service was very responsive to any changes. They said, "If staff have any doubts or concerns they let us know so we can respond to the changes."

Accidents and incidents were appropriately recorded and acted upon if required. The registered managers understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

There had been problems in recruiting staff during the early part of the year. This had led to registered managers supporting staff on duty. Recent recruitment had increased staffing levels. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered managers had an effective recruitment and selection procedure in place and carried out relevant checks

when they employed staff.

People had their healthcare needs met and there were examples of how people's health needs had been effectively responded to. People were treated with dignity and respect and independence was promoted wherever possible.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People were able to do things they enjoyed and keep in touch with those people who were important to them.

People and relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

Checks were undertaken on the quality of the care by the registered manager through regular communication and by seeking the views of people using the service and their relatives.

## 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 remains good.

### Is the service effective?

Requires Improvement ●

The service was not completely effective. Some staff had not received sufficient training in order to carry out their roles. We have made a recommendation about this.

Not all people living at the service could access the garden area.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Copper Beeches Lodge

## **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 was planned to check 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.

This inspection took place on 12 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with one of the registered managers on duty and four staff members. Most people had limited ability to verbally communicate. We made general observations throughout the inspection. We received feedback from a local authority commissioner. We spoke with two visiting professionals.

We looked at care records of two people living at Copper Beeches Lodge as well as medicine records and records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved a walk around the premises.

## Is the service safe?

### Our findings

Observations made confirmed people were being respected and supported in a safe and caring environment. For example, one person was discreetly observed as they moved around the service as they had been identified as being at risk of falls. We observed that where people required support from staff they were assisted to walk and move around the building safely, with the appropriate level of help to promote their independence. During the morning the fire alarm was activated. It was quickly identified this was not a test alarm. The registered manager on duty followed the service fire procedures. A staff member stayed with a person to calm them and explain what was happening. This showed there were systems in place to protect people in potential emergency situations.

During this inspection we observed staffing levels were sufficient to meet people's needs. The registered manager told us staff recruitment had been difficult during the year, but that there was now a full complement of staff working at the service. In order to fill previous gaps the registered managers were supporting staff. The service was not using agency staff to support people.

Staff on duty told us they had received training in how to safeguard people from abuse and they were aware of the signs that could alert them someone was being abused. They understood the reporting process and told us they would tell the manager or raise their concerns with the local authority if necessary. The registered managers recorded and dealt with safeguarding issues, including notifying us of concerns.

Accidents and incidents were appropriately recorded and risk assessment were in place for people living at Copper Beeches Lodge. Staff told us of the risks people faced and the action they took to support them. One member of staff said, "Risk assessments are different for everyone living here. It could be moving around the home, going out into the community and activities. We (staff) risk assess to make sure they are safe and what action to take if there is an incident." Another member of staff told us that people were safe as people's risk assessments and needs were known by the staff team. It was evidence staff understood people's specific risk factors as they were involved in the planning assessment and review.

Only staff who had received medicine training were responsible for administering medicines to people. Medicines were stored safely and only staff responsible had access to keys. Where people required medicines administered as they required them (PRN), there were clear records to show how often they had received them. Clear instructions were in place for staff to ensure these medicines were administered safely. The registered manager undertook regular audits to ensure medicines were being managed safely.

Electrical testing and gas servicing records were all up to date. Risks to people's safety in the event of a fire had been assessed for. On the day of the inspection the fire alarm activated. The registered manager on duty followed the services protocol by identifying the area affected. During this time people remained where they were until instructed otherwise. As no fire was identified the contractor was contacted and visited the service shortly after to address the situation. Records showed fire alarm and fire equipment service checks were up to date. The registered provider had an emergency plan in place called a Personal Emergency Evacuation Plans (PEEPs). This was to ensure in an emergency people could be evacuated safely and their

individual evacuation needs were clear.

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records were in place to show receipts of purchases. There were accurate records and tallied when checked on inspection.

## Is the service effective?

### Our findings

People received care and support from the registered managers and staff who knew them well and knew how to meet their needs. Staff on duty demonstrated they clearly knew the needs of people they were supporting. Comments included, "(Person's name) likes to have a routine to follow. We (staff) know just what sort of things (Person's name) likes and doesn't like. The records help us to assess each day" and "(Person's name) hasn't been too well so we (staff) are working with the GP to support them."

Some staff had received a limited level of training since they commenced working at the service. For example two staff had attended first aid training but no other courses were evident. We spoke with the registered manager on duty about this who showed us a range of training courses which had recently occurred or were due to occur. This meant staff now had access to a range of training events which were relevant to their role. The registered manager told us the reason for the disruption in training was due to the need to support staff when there had been constraints in recruiting staff to vacancies.

Staff told us they received regular support and had access to managers or senior staff if they needed additional support in a less formal way. Staff told us, "I feel very supported by the manager and other senior staff." Formal supervision was taking place, however some time had elapsed for some staff members. For example, one record showed supervision took place in April 2017 and the next recorded date to occur was June 2017. This had not happened. The registered manager on duty told us there had been some slippage but that new dates were now in place for all staff.

It was clear that Copper Beeches Lodge management were aware of the issues regarding staff training and supervision. There was no evidence of immediate impact of these temporary difficulties and the service was taking action to address these issues.

It is recommended the service develop a consistent approach to training and supervision, so that it is continuous to ensure staff have the necessary support, knowledge and skills to carry out their roles.

Staff who had no previous experience in the care sector had access to the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete. There were no staff currently completing the care certificate.

People had access to a range of healthcare professionals including doctors', district nurses, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a really good relationship with all the health professionals". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Visiting health professionals told us the service worked well with them and acted on any issues or instructions. They said they felt staff were competent in their roles.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered managers clearly understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager on duty confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

There were two weekly menu cycles which alternate and they are displayed in the kitchen. There is a choice of various foods for breakfast. For lunch and dinner residents have a choice of two options. We were told "If someone doesn't like either choice we can find something else for them."

People were supported to be involved in the preparation of meals. We observed three people helping to make the lunch. This was with cheerful and good natured support from staff. Lunch was taken by people and staff in the dining room. One person needed support with their meal and this was carried out by the member of staff supporting them. They spoke with the person and took time supporting the person in their own time. Where necessary plate guards were being used to help support people to eat independently. There was fresh fruit available to people in the kitchen whenever they wanted it. Where people required dietary supplements they were prescribed by the GP and stored safely with other medicines so they were used for the person.

People were helped to move around the service supported where necessary with a range of aids and adaptations. This included a stair lift to the first floor and was currently needed by one person. It was easy to move around the service and there was no clutter in corridors. Rooms were personalised. The registered manager on duty told us some rooms were ready for decoration and this was currently being addressed. For example one person liked 'rainbows' so staff were looking into how this could be incorporated into the decoration.

There was a garden area at the front of the property. It was overgrown and a greenhouse had the remains of plants which were no longer growing. The registered manager told us bar-b-ques took place in summer. They acknowledged access for people with mobility needs was restricted and needed to improve. They told us there were plans in place to make access suitable to all people using the service.

We recommend the service makes external areas of the service accessible for people with mobility aids so they can participate in external events.

## Is the service caring?

### Our findings

There was a positive relationship between the registered manager on duty and staff members with people using the service. Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner. They were assisted by staff in a patient and respectful way. A staff member told us, "We know everybody really well and there are many personalities. I just love doing my job it's very rewarding." One person had been upset by the fire alarm going off earlier in the morning. Staff were very understanding and gave (the person) reassurance and space to calm down. When they became upset again during lunch staff supported the person to their room to help them calm down. It was explained that lunch would be there when they returned. This demonstrated an empathic and caring approach.

Staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, a person became upset over lunch and told us their relative had had a fall. A staff member explained to us that the fall had happened a long time ago, and then reassured the person that their relative was ok. They told the person, "I'll look in the comms book to check, but I think (the relative) rang last week." This showed the registered managers understood the care and support people needed.

Most staff had worked at the service for a long time which meant people were supported by a stable and consistent workforce who knew them well. We found that staff used their knowledge and experience to make sure that people felt happy and settled. Staff recognised that people were unique individuals and what worked for one person would not necessarily be right for another. For example, a staff member told us some people responded to physical reassurance if they were upset. They said, "Like holding a residents hand or a hug, but that's not for everyone, it's about knowing what works for each individual."

The routines within the service were very flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time wherever they chose including their own rooms. People were going about their own routines without any restrictions throughout the inspection. For example, being supported in crafts, spending time in their room or watching television. We observed that the TV was on all the time with the sound turned down. However, of the three people in the room none of them seemed to be really watching it. When asked staff told us when they turned the TV off people asked for it to be turned back on again. There were also a range of DVD's which staff said they often put on if people wanted a change.

Staff told us they respected people's privacy and dignity and were mindful they were delivering personal care. A staff member told us they took nothing for granted and always closed doors and gave people space when they needed it. They ensured people dressed appropriately and knew people's individual needs. Another member of staff said, "Respecting resident's privacy and protecting their dignity is so important, because some behaviour can be challenging and it's about protecting them." This demonstrated staff understood how to protect people's right to privacy and retain their dignity.

Bedrooms were individualised, some with people's own furniture and personal possessions. There were

photographs of relatives and social occasions which people had taken part in.

Independence was supported and promoted as staff verbally prompted and encouraged people to do things for themselves if they could. A staff member told us, "We (staff) try to encourage independence wherever we can. We are there to reassure residents but to try and encourage them to take part in activities outside the home which helps residents keep a level of independence."

## Is the service responsive?

### Our findings

Care plans contained information about people's backgrounds, preferences, and support needs. Care plans were regularly reviewed and showed they had been updated where changes had occurred. For example where health appointments had identified the need for regular checks and observations by staff. Each person's care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs. Visiting health professionals told us staff were, "Very responsive" to people changing needs. They said, "If staff notice a change or are concerned they let us know very quickly" and "We have confidence in the staff team."

The registered manager told us that people's experience of their care was monitored on a daily basis and was recorded through daily notes which were then reviewed by staff. Documentation was shared about people's needs should they visit, for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided.

Staff demonstrated a good awareness of the information held in people's care plans and they used this to provide person-centred care. Person-centred care means care and support is delivered to a person in a very specific way which meets that person individual needs. Staff were able to tell us in detail people's likes, dislikes, interests and hobbies and preferred routines. For example, a member of staff told us, "(Person's name) likes listening to music in their room. We (staff) are always popping in asking what they would like to be played. We observed staff doing this throughout the inspection. Another person expressed their like of the computer. A person was sitting at the computer desk, but the computer was not switched on. When a member of staff was asked if they could switch it on, they said, "I'm not technical. I don't know if it works." By not having staff with the skills to use equipment when people wanted to use it, meant they were restricted in activities of their choice. We fed this information back to the registered manager on duty who agreed to ensure all staff had the knowledge to use the equipment available to people.

There was an activity and craft room which staff said was used daily. A staff member told us, "If residents don't want to use the room we take activities and crafts into the lounge or dining areas. We observed this was the case at the inspection. In addition to activities in the service people used community events. For example, people attended evening groups. One was being attended that night. Staff were speaking with people about it and what they might like to wear that evening. A member of staff spent some time talking with a person about their friends at the club. This generated a lot of laughter and the person was visibly excited about going. One person lived in an annexe to the service. They were supported by their own staff team. This meant the person experienced living in an environment which supported them to live as independently as possible and to use community facilities with the support of staff. This showed the registered provider took account of people's choices and supported them to engage in activities of their choice.

There was space in shared areas of the service so people could spend time on their own or with others as they chose.

There was a complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. An easy read version was also available for people which used pictorial symbols alongside simple and limited text.

## Is the service well-led?

### Our findings

There were two registered managers running the care service Copper Beeches Lodge. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered managers provided clear lines of accountability and supported the staff team. Together they were responsible for the governance and oversight of the service including monitoring the safety and effectiveness of the service, overseeing care plans and systems. Supervising, observing and appraising members of staff.

Staff told us the management team were visible and provided support. This meant staff always had access to a manager who they could turn to for help or guidance. Staff told us they felt well supported as the management team were approachable, accessible and listened to them.

Staff members described the service they provided to people as 'homely' and "We (staff) are supported by the managers to carry out our job and give residents a good quality of life." This was evident throughout the inspection with people engaging well with others including staff members.

Relatives were in regular communication with the service. The registered manager on duty told us they thought it was very important for families to be involved with the service. For example, supporting people to visit their relatives. A survey carried out in 2016 had positive comments including, "A very friendly caring atmosphere," "Always seems a happy place when we visit," "Staff always promote independence" and "The home is run brilliantly." There was a survey due to be carried out to seek the views of relative and representatives of people using the service. The registered manager told us this was currently being planned. However they said in addition to formal surveys communication with families was on-going with updates provided whenever they spoke with relatives. A survey of people using the service to seek their views was held in August 2016. It used pictorial and easy read communication to get a better understanding of their views. People were supported by staff to complete the responses. Topics covered areas of the environment, activities and health. The outcomes were reviewed and recorded by the registered manager. In general people were satisfied with the service they were receiving. Surveys are an important way of engaging with people and gaining their views of the service.

The registered managers took responsibility for monitoring the safety and effectiveness of the service. Policies and procedures were reviewed annually or if guidance changed. There were quality assurance systems in place to monitor the quality of service being delivered and the running of the service. There were regular audits taking place of health and safety, infection control and medicine management. Action had been taken to review and make changes to ensure peoples health and safety were protected following a safeguarding issue. This meant the service took action to improve the service or put right any issues found.

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.