

Review of compliance

Meeraraj Limited Copper Beech Care Home	
Region:	South East
Location address:	154 Barnhorn Road Bexhill-on-Sea East Sussex TN39 4QL
Type of service:	Care home service with nursing
Date of Publication:	November 2011
Overview of the service:	<p>Copper Beech Care Home is registered to provide personal and nursing care for up to 42 older people with a dementia type illness. It is situated in a residential area on the main road into Little Common, which is on the outskirts of Bexhill-on-Sea.</p> <p>The home provides single accommodation with en suite facilities on two floors; the first floor can be accessed via a passenger lift.</p>

	Parking for a number of cars is provided to the side and rear of the home.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Copper Beech Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Copper Beech Care Home had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 11 - Safety, availability and suitability of equipment
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

People using this service were not able to comment due to their dementia type illness. We spoke with two visitors to the home who were pleased with the care, treatment and support their relatives were receiving. They told us the home kept them informed of any changes in their relative's care. When they visited the home they found the staff to be welcoming and supportive. They told us that they had visited during mealtimes and that the food was always well presented and people always seemed to enjoy the food they were eating. During visits to the home the visitors had found their relative's bedrooms to be clean and tidy, that the home was kept in a satisfactory state of decoration and repair.

What we found about the standards we reviewed and how well Copper

Beech Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People and their relatives/representatives were able to make choices in relation to their individual care, treatment and support. Staff treated people using the service with dignity and respect but maintenance, confidential notices and file issues need to be addressed to ensure that people have their privacy and dignity protected at all times.

Overall, we found that improvements were needed for this essential standard.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People using the service lack capacity to provide consent to their care, treatment and support. Consent to care, treatment and support was sought from people's relatives/representatives.

Overall, we found that Copper Beech Care Home was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using the service had their physical and mental health care needs met. Their care plans had been reviewed. There was evidence that Copper Beech encouraged relatives to be involved in people's care, treatment and support. Further improvements were needed in some records to ensure that people's care, treatment and support needs were met and they were not being placed at risk through lack of important recorded information. Not all residents had ready access to a call bell.

Overall, we found that improvements were needed for this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

Staff were knowledgeable about people's hydration and nutrition, but further improvements in the format of menus and food choices could improve the quality of life for people using the service.

Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Staff had received training and were knowledgeable about safeguarding people who use the service, which helps to protect people from abuse.

Overall, we found that Copper Beech Care Home was meeting this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Infection control procedures were generally well managed, but further improvements would ensure that people using the service were not placed at risk of cross infection. Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Generally medicines were well managed in the home but further improvements would ensure that people using the service were not placed at risk.

Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Further improvements were needed to ensure that all people using the service were able to locate a nurse call bell from their bed. The external grounds of the home were not safe for people to use because of tripping and falling hazards.

Overall, we found that improvements were needed for this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Equipment used in the home is maintained at appropriate intervals to ensure that people using the service are not placed at risk. People should be able to easily locate call bells to call for assistance.

Overall, we found that improvements were needed for this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

New staff had the appropriate checks carried out prior to taking up employment to ensure that people using the service were not placed at risk.

Overall, we found that Copper Beech Care Home, was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing levels need to be reviewed at peak times to ensure that people receive the care, treatment and support they have been assessed for.

Overall, we found that improvements were needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The majority of staff working in the home had received mandatory training in all subjects with exception of Fire Safety the lack of this training does leave people using the service at risk should there be a fire in the home. Staff received support through regular supervision.

Overall, we found that improvements were needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Improvements had been made to quality monitoring procedures but further work needed to be done to ensure that people using the service received care that is of quality and safe.

Overall, we found that improvements were needed for this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Improvements have been made regarding confidentiality of information kept in the home but further improvements are needed to ensure that all information about people using the service is kept securely and confidentially in the home.

Overall, we found that improvements were needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are moderate concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People using this service were not able to comment on the outcomes reviewed due to the dementia type illnesses.

Other evidence

We walked around both Copper and Beech unit and observed staff talking to people in a kindly, friendly and professional manner. In the main lounge in Copper unit we observed a member of staff sitting with individual people having one to one conversations. Another person in this unit received one to one care during the whole time of this inspection. On Beech unit we observed staff giving people choices in regard to activities they wished to participate in. Preferences in regard to individual people's activities were recorded in their care plans. We observed evidence that people were encouraged to join in group activities. On the morning of our visit on Copper unit a member of staff was playing a card game with four people at a dining room table.

We viewed four care plans and found they reflected people's personal wishes, likes and dislikes. Care plans evidenced that people were given choices of activities.

On Beech unit we observed that a communal toilet door was left ajar while people were receiving personal care. On further inspection we noted that this door was not closing properly and needed some maintenance.

We also observed on Beech unit that a person was sleeping in the armchair in their bedroom with the door wide open. We looked at this person's care plan and found that the person's relative had requested that bedroom door is left open when the person takes naps during the day in the armchair.

In the main lounge/dining room on Copper unit we noticed people's daily summary reports, two detailed risk assessments and the bath rota, were left on a table in the dining area, this compromised people's privacy, dignity and confidentiality.

In Copper unit we noticed a bedroom door with a notice on the outside saying 'please keep shut', but the door was wide open.

Our judgement

People and their relatives/representatives were able to make choices in relation to their individual care, treatment and support. Staff treated people using the service with dignity and respect but maintenance, confidential notices and file issues need to be addressed to ensure that people have their privacy and dignity protected at all times.

Overall, we found that improvements were needed for this essential standard.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We spoke to two visitors to the home who were able to confirm that they had been consulted and signed consent in regard to their relatives, care, treatment and support. One visitor said, "The staff here are very good at informing me of any changes relating to my relative's health."

Other evidence

We looked at four care plans and found in three care plans that relatives/representatives had signed consent to people's care, treatment and support. In one care plan we found no consent to care, treatment and support. We talked to staff and the manager who confirmed that, the relative of this person would no longer be visiting the home. The manager told us that she had been in touch with East Sussex Social Services who were arranging a best interest meeting for this person.

Our judgement

People using the service lack capacity to provide consent to their care, treatment and support. Consent to care, treatment and support was sought from people's relatives/representatives.

Overall, we found that Copper Beech Care Home was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on their care, treatment and support due to their dementia type illnesses. We spoke with one person who told us she was not feeling well because she had an itchy nose. A member staff came into the person's bedroom and she told the member of staff she had a stomach ache. The member of staff indicated that she would keep an eye on her and call the doctor if the stomach ache persisted.

We spoke to four visitors to the home and their comments were, "I am very satisfied with the care my mother receives here." "This home has been very welcoming and supportive to my wife." "This home is like a four star hotel, staff cannot do enough for my relatives, they always keep me informed of everything that is going on. This has certainly put my mind at rest and I know that I do not have to worry about her." "It is a pity that my father-in-law has been separated from his wife who also has dementia. His wife is in another care home and I am concerned about them being deliberately separated."

Other evidence

We looked at four care plans and this showed that people had their needs for care, treatment and support assessed and gave detailed information relating to their daily living, health and support needs. All care plans contained a contact sheet that gave details of how to contact, relatives, general practitioners and other external health care professionals. The care plan for each person was based upon the initial assessment. We noted in one care plan a contradictory statement where the assessment had identified the person needed support from one carer, but in the care plan said the

person needed to be observed by staff.

We noticed that people had been weighed on a regular basis and that weight charts were kept in each care plan.

Risk assessments for each person were individualised and took into account the person's physical and mental health needs but did not identify to staff the steps they needed to take to reduce or keep to a minimum the level of risk.

We noted that one person had diabetes that was insulin controlled. There was a blood sugar chart in front of the person's medication administration records. The blood sugar monitoring chart showed that blood sugars were taken daily by nursing staff. We noted that blood sugar levels on this chart fluctuated. We asked two nursing staff about this, and they said that they were aware the person's blood sugar levels varied from day to day. They explained that if their blood sugars dropped to a certain level the person began to feel ill and they would then encourage them to eat a biscuit or small piece of cake. Staff said that if the person continued to feel unwell they would then call the person's general practitioner. Both staff had a good understanding of this resident's needs in respect of her diabetes but recording in care plan was not clear and did not give staff clear guidelines.

We noted that people had access to a variety of external health care professionals and that visits from these professionals were recorded in the people's care plans.

While walking around the home we observed that some people had life story books in their bedrooms that had been written and illustrated by the person's relatives. One member of staff told us, "We find these life stories very good where relatives have produced them. I use them when giving one to one time with these residents. They have so many interesting stories to tell us."

Throughout the home we noticed that many of the bedroom doors had art work that had been produced by people so that they could identify their own bedroom.

We noted in all care plans that they had been reviewed during the month of July 2011.

We noted in Copper unit that none of the bedside call bells had leads attached and this would have made it difficult for people to call for assistance.

Whilst significant improvements had been made in recent months we remain concerned about its sustainability. Further work is required to both improve and embed these changes in practice into every day working.

Our judgement

People using the service had their physical and mental health care needs met. Their care plans had been reviewed. There was evidence that Copper Beech encouraged relatives to be involved in peoples care, treatment and support. Further improvements were needed in some records to ensure that people's care, treatment and support needs were met and they were not being placed at risk through lack of important recorded information. Not all residents had ready access to a call bell.

Overall, we found that improvements were needed for this essential standard.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Most people we spoke to were not able to comment due to their dementia type illnesses.

Two relatives spoken to during the visit told us that they had visited during mealtimes and that food was always well presented and the people always seemed to be enjoying their meal.

Other evidence

The menu was only produced in a small type format and was not easy for people with dementia type illnesses to relate to. We noted that no choice was given on the menu. Staff told us that people were given choices if they did not like the main meal on the menu. Staff said that choices were salads with ham, cheese or egg or a baked potato with filling of the person's choice. Staff told us that some people just preferred a sandwich at lunch time. We saw no evidence during the lunch time meal that people were given choices of finger foods. The home was able to cater for specialised diets when required. At the time of the visit the home was only catering for diabetic diets. We noted that some people had specialised eating equipment that gave them some assistance to eat their meal independently. Many people in Copper unit needed staff support or encouragement to eat their meal. We observed some people wearing bibs to protect their clothing.

We observed visitors to the home during the lunch time meal. They had brought their mother in law into the home to visit her husband and had purchased fish and chips for them both. The daughter-in-law told us that they both loved fish and chips and it was nice to see them eating a meal together.

One care plan viewed identified that a person who had not been feeling well was at risk of de-hydration and malnutrition. A food and fluid intake chart had been placed in the person's care plan and staff had recorded all food and fluid intake on a regular basis. We spoke to staff about hydration and nutrition and they were knowledgeable about offering people drinks at frequent intervals and ensuring that people eat regularly. Staff spoke about how they weighed people regularly and reported any concerns to a senior member of staff.

Our judgement

Staff were knowledgeable about people's hydration and nutrition, but further improvements in the format of menus and food choices could improve the quality of life for people using the service.

Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

We noted that the home had up to date policies and procedures in place for safeguarding vulnerable adults as well as the Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk. We looked at the staff training matrix and found that 97% of staff had received up to date training in safeguarding vulnerable adults. Staff we spoke to were able to confirm that they had received this training. Staff were able to talk to us about their knowledge of institutional and subtle abuse. However staff did tell us that very occasionally, acts of violence do occur between resident to resident. They told us that when this does occur they use diversionary tactics and persuade one of the resident's to move to a different vicinity in the home to make sure that both residents are safe. Staff told us that they always complete an incident form and report to the person in charge. A recent incident between people using the service had been reported to Social Care Direct as a safeguarding alert.

The manager showed us confirmation of forthcoming training booked for staff to undertake Mental Capacity Act and Deprivation of Liberty Safeguarding training in November 2011.

We evidenced through talking to staff and looking at the training matrix that most staff had completed mandatory training. This will be reported on further under outcome 14.

We looked at five staff personnel files and found them to be well ordered. The newly recruited manager had all relevant checks carried out prior to being employed in the home, together with two references, one from her last employer. This will be reported on further under outcome 12.

Our judgement

Staff had received training and were knowledgeable about safeguarding people who use the service, which helps to protect people from abuse.

Overall, we found that Copper Beech Care Home was meeting this essential standard.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People using the service were not able to comment about this outcome due to their dementia type illnesses.

We spoke with two visitors to the home who told us that they had always found the home to be odour free and clean. One visitor said, "My mothers bedroom is always clean and tidy and there were never any unpleasant odours."

Other evidence

We walked around the home and found that all communal toilets, bathrooms and equipment were clean. We did note an odour in some en suites, communal toilets and shower rooms in Copper unit. However we noted that electric fans were not working in these areas. We discussed this with the manager and member of maintenance staff. The maintenance staff said that this had been reported and he was waiting for an electrician to attend to sort the problem out. We observed that two communal bathrooms had waste bins with no lids. We noticed that whilst the laundry was clean and tidy, the roll of paper hand towel was balanced on the edge of the wash basin because there was no holder to place it in. We noted that while people's private en suites had liquid soap available in dispensers, there were no paper hand towels. We talked to the manager and registered provider who told us that if paper hand towels were put in private en suites, people put these down the toilet and this resulted in blocked drains. We discussed how staff dry their hands and the manager said that this would be revised so that staff had some method of drying their hands appropriately.

We looked at the training matrix and found that all staff had received infection control training. We talked to staff on duty who confirmed that they had received up to date infection control training.

Our judgement

Infection control procedures were generally well managed, but further improvements would ensure that people using the service were not placed at risk of cross infection. Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

Copper Beech had up to date medicine ordering, receipt, recording, administration, storage and return policies and procedures in place. We looked at medication administration records and found that these had been completed appropriately with no gaps. At the front of the medication administration records file we found an up to date list of trained nurses who administer medicines in the home, together with their signatures and initials.

Only trained nurses administered medicines to people using the service. None of the people using the service were self medicating.

Walking around the building we found a prescribed topical cream in one person's en suite. We also observed that a Pulmostar inhaler had been left open on top of a chest of drawers out in the corridor of Copper unit.

A member of staff told us that most people's medicines had been reviewed by their general practitioner.

The medicines trolleys were clean and tidy and well ordered.

The clinical room was clean and tidy. The medicines fridge was locked and we found it to be clean and tidy with regular recorded temperature checks taking place.

Any drugs that needed to be disposed of were recorded appropriately and returned to clinical waste contractor on a regular basis. Sharps boxes were dated and returned to clinical waste contractor on a regular basis.

Our judgement

Generally medicines were well managed in the home but further improvements would ensure that people using the service were not placed at risk.

Overall, we found that Copper Beech Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

We spoke with two visitors to the home who told us that they found the home to be kept in a good state of repair. One visitor said, "I have never found any issues with this home since building works have been completed, I think it is entirely safe for residents."

Other evidence

We walked around the home through both Copper and Beech units.

We also observed that a room that had been de personalised for a person due to their behaviour, at the previous inspection in May 2011, had been personalised with large picture frames with family photographs. The manager confirmed that Perspex had been used to maintain safety. We noted the person's furniture was still in the corridor, but found when looking at the care plan that this had been agreed at a best interest meeting to protect the person from injuring themselves on the furniture.

We viewed the external gardens of the home and found that the grass outside Beech Unit had been cut, but we noted that a drain cover was raised about four inches above the lawn area and could be a tripping hazard to people using the garden. We also noted a build up of leaf compost on one side of the ramp area.

We noticed on entering the drive to the home that a ramp area was being built from Copper unit sun lounge. We observed that this ramp unit was some four inches above ground level and could place people at risk of falling.

Our judgement

Further improvements were needed to ensure that all people using the service were able to locate a nurse call bell from their bed. The external grounds of the home were not safe for people to use because of tripping and falling hazards.

Overall, we found that improvements were needed for this essential standard.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are moderate concerns with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

We evidenced that all equipment used in the home had up to date maintenance checks, this included hoists, bath hoists, fire fighting equipment and wheelchairs. On the day of our inspection an electrician was carrying out portable appliance testing throughout the home.

It was noted that multiple call bells in the Copper unit did not have leads attached to them and this would have made it difficult for people to summons assistance.

We observed in the main lounge that a person receiving one to one care, had posters placed around her day bed. A member of staff giving one to one care for this person told us that they had been trying to find some special effect lighting to put around the day bed. The member of staff said that she had had contact with social services and they may have been able to source a specialised chair for this person so that she would not need to spend all day on the day bed. It is unacceptable for a person to remain in bed for lack of suitable equipment.

Our judgement

Equipment used in the home is maintained at appropriate intervals to ensure that

people using the service are not placed at risk. People should be able to easily locate call bells to call for assistance.

Overall, we found that improvements were needed for this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

Only one member of staff had been recruited since Care Quality Commission last visited the home in May 2011. This file showed evidence of appropriate recruiting with a completed application form, Independent Safeguarding Authority check, Criminal Records Bureau check and two references one from previous employer all received prior to member of staff starting employment in the home. On this file there were three forms of identification.

We looked at five staff personnel files and found that on three of them that had not had references at the previous inspection in May 2011, the registered provider had obtained references in respect of these members of staff, although some were colleague references from the last place of work. None of the files had recent photographs of staff. Personnel files had been up dated following Care Quality Commission inspection in May 2011, and were more ordered and accessible.

Our judgement

New staff had the appropriate checks carried out prior to taking up employment to ensure that people using the service were not placed at risk.

Overall, we found that Copper Beech Care Home, was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Two visitors to the home commented that there were always sufficient staff around when they visited. One visitor told us, "Staff did not appear to be rushed and had time to spend with residents."

Other evidence

We looked at staff rotas and found that sufficient ancillary staff were employed in the home for administration, cooking, cleaning, laundry and maintenance.

We evidenced from staff rotas that the newly appointed manager was on duty five days a week. On Copper unit the higher dependency unit we evidenced that there was one nurse on duty with five care staff during day time shifts. On Beech unit that had lower dependency people there was one nurse on duty and three care staff during day time shift. The waking night shift for the whole home was one nurse and three care staff for both units.

We spoke to staff who told us that there were certain times of the day when they felt pressurised due to the work load. These times were early morning and at lunch time when so many people needed assistance. We spoke to the manager who said that she would risk assess and review staffing levels at these times.

Staffing levels were inadequate at peak times of need.

Our judgement

Staffing levels need to be reviewed at peak times to ensure that people receive the care, treatment and support they have been assessed for.

Overall, we found that improvements were needed for this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

We looked at the training matrix and found that the following percentages of staff working in the home had received training in the following:-

Fire safety 52%

Food hygiene 95.2%

First Aid 94.7%

Infection Control 100%

Safeguarding Vulnerable Adults 97.8%

Moving and Handling 95.6%

Medicines - Only qualified nurses administered medicines.

All nurses had up to date pin no's.

Dementia training 94.4%

Health and Safety 95/6%

With exception of fire training, all staff who working in the home had received mandatory training. Where numbers are below 100% this was due to staff being on long term sick leave or maternity leave.

The manager was able to provide us with written confirmation evidence that further training had been booked for moving and handling in August 2011, malnutrition

universal screening tool training in November 2011 and Mental Capacity Act and Deprivation of Liberty Safeguards training November 2011. We were not shown evidence that fire safety training had been booked

We were also shown confirmation of training booked for, End of life care for dementia, grief and loss and spiritual care at end of life.

We spoke with five members of staff all were able mandatory training and has received regular supervision. Two staff told us, "We have done a lot of mandatory training in the last few months." to confirm that they had recently received mandatory training and had received regular supervision. Two staff told us, "We have done a lot of mandatory training in the last few months."

Our judgement

The majority of staff working in the home had received mandatory training in all subjects with exception of Fire Safety the lack of this training does leave people using the service at risk should there be a fire in the home. Staff received support through regular supervision.

Overall, we found that improvements were needed for this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

At our visit we found Copper Beech care home was in the process of developing its monitoring of quality service provision.

We were shown evidence that the registered provider had developed a quality monitoring tool, for his visits to the home where he monitored many of the systems used in the home. He was able to show us a completed copy of this tool carried out in July 2011. We found that further development of this tool was required to monitor on the quality of food and its nutritional value, keeping personal documentation confidential, monitoring of accident/incident forms and falls monitoring.

Staffing levels had not been assessed according to the level of individual needs of residents in the home particularly at busy times such as meal times and early mornings.

Quality monitoring of care plans remains a concern.

The registered provider told us that he had not sent out quality questionnaires to relative/representatives because they had only recently been questioned by the social services team. Professional visitors to the home had not been asked their opinion on the home and the care provided for people using the service.

Our judgement

Improvements had been made to quality monitoring procedures but further work needed to be done to ensure that people using the service received care that is of quality and safe.

Overall, we found that improvements were needed for this essential standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People using the service were not able to comment on this outcome due to their dementia type illnesses.

Other evidence

We observed while walking around the building that not all information pertaining to people using the service is kept confidentially and under lock and key. We evidenced in Copper unit that files containing information about people was left on a table in the main communal lounge/dining room.

The files we evidenced were open to view of all people entering this communal room. They were daily summary reports, detailed risk assessment for two people using the service and the bath rota. A notice was placed on a bedroom wall stating the person had been assessed by an occupational therapist who had said that the person did not need to use bed rails, this notice could have been available to all this person's visitors.

We observed a staff criminal records bureau check on the manager's desk, although we noted that the manager's office door was kept locked throughout our visit. The key cupboard in the manager's office was locked. The filing cabinet used to store staff personnel files was also locked.

While walking around the building we noted that a cupboard used for storing confidential archived files had a door that could be locked and was locked during our inspection at the home.

The clinical room was kept locked and care plans were kept under lock and key in this room.

Our judgement

Improvements have been made regarding confidentiality of information kept in the home but further improvements are needed to ensure that all information about people using the service is kept securely and confidentially in the home.

Overall, we found that improvements were needed for this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: Staff were knowledgeable about people's hydration and nutrition, but further improvements in the format of menus and food choices could improve the quality of life for people using the service.	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: Infection control procedures were generally well managed, but further improvements would ensure that people using the service were not placed at risk of cross infection.	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: Generally medicines were well managed in the home but further improvements would ensure that people using the service were not placed at risk.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People and their relatives/representatives were able to make choices in relation to their individual care, treatment and support. Staff treated people using the service with dignity and respect but maintenance, confidential notices and file issues need to be addressed to ensure that people have their privacy and dignity protected at all times.</p>	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People using the service had their physical and mental health care needs met. Their care plans had been reviewed. There was evidence that Copper Beech encouraged relatives to be involved in peoples care, treatment and support. Further improvements were needed in some records to ensure that people's care, treatment and support needs were met and they were not being placed at risk through lack of important recorded information. Not all residents had ready access to a call bell.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met:</p>	

	Further improvements were needed to ensure that all people using the service were able to locate a nurse call bell from their bed. The external grounds of the home were not safe for people to use because of tripping and falling hazards.	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	How the regulation is not being met: Equipment used in the home is maintained at appropriate intervals to ensure that people using the service are not placed at risk. People should be able to easily locate call bells to call for assistance.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: Staffing levels need to be reviewed at peak times to ensure that people receive the care, treatment and support they have been assessed for.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: The majority of staff working in the home had received mandatory training in all subjects with exception of Fire Safety the lack of this training does leave people using the service at risk should there be a fire in the home. Staff received support through regular supervision.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities)	Outcome 16: Assessing and monitoring the quality of service provision

	Regulations 2010	
	<p>How the regulation is not being met: Improvements had been made to quality monitoring procedures but further work needed to be done to ensure that people using the service received care that is of quality and safe.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: Improvements have been made regarding confidentiality of information kept in the home but further improvements are needed to ensure that all information about people using the service is kept securely and confidentially in the home.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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