Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Copper Beech

Ravenswood Village, Nine Mile Ride, Crowthorne, RG45 6BQ

Tel: 01344755645

Date of Inspection: 19 July 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Norwood
Registered Manager	Miss Nadine Hodge
Overview of the service	Copper Beech is registered to provide care to up to 16 people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We were unable to gain verbal feedback about the quality of services from the six people who live at the home, as they had limited verbal skills. However, we spent time observing how staff were interacting with people who live there. It was clear from talking with staff that they knew the needs of each individual well and were mindful of their particular preferences and wishes. Self-care was prompted with sensitivity and patience.

We saw person-centred care plans had been developed to reflect the particular needs, wishes and interests of people at the home. They contained information about how people wished to spend their time and how they wanted to be supported.

We found the home was generally in a poor state of repair. Paint was missing from some of the woodwork in the communal areas. Walls were badly marked and had chipped plaster. We were told of plans to redevelop the existing home into three self-contained flats for three of the current residents. The other three people will be moving to alternative accommodation outside of Ravenswood village.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. We observed staff interacting with people who live at the home. Although people were in the main non-verbal, the staff were able to interpret people's non-verbal language and gestures effectively. Several people who live at the home used signs as a method of communication. Staff told us they had received training in sign language to help them understand people's needs. We saw training records for the home evidenced this training had taken place.

Staff were courteous and treated people with dignity and respect. We saw staff knock on people's bedroom doors, before they entered. Staff were familiar with people's particular preferences, wishes, likes and dislikes and understood their daily routines. We observed staff offering appropriate choices to people, enabling them to take responsible risks. People moved about the home and garden freely, choosing when to be alone or in company. People at the home were enabled to follow their faith and several people attended services at the local synagogue. The home routinely observed cultural and religious practices, customs and festivals.

We saw from care plans that the home practiced person-centred care. A process that was focused on the person's life from their view point. People were supported to set realistic goals for themselves and were supported and enabled to achieve these. The care plans had been developed to reflect the particular needs and interests of people at the home. They were reviewed at regular monthly intervals and were signed and dated. There was evidence that the individual, family members and advocates had been involved in the reviews.

We spoke with three staff who told us they had received training in person-centred care as part of their induction. They said they had received sufficient training to feel confident in carrying out their roles. They understood the importance of treating people as individuals, promoting choice and respecting their right to independence. The staff said that they had

received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and understood the legislations impact on people they cared for.

We saw records of the involvement of Independent Mental Capacity Advocates (IMCA). They had been involved in making complex decisions about people's move to supported living. We saw examples of 'best interest' meetings in care files. 'Best interest' meetings were held when a person using the service was unable to make a complex decision for themselves. The recent 'best interest' meetings involved relatives, advocates and social and health care professionals who decided if people should move to alternative accommodation.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care plans for four people who live at the home. The plans provided staff with the information they needed to enable them to provide care to meet people's needs. They were person centred and included information about all areas of the person's life including their health, personal and social care needs. The plans provided staff with information about the person's preferences and lifestyle choices. Staff told us they were easy to understand and were in daily use. Parts of the plans, such as reviews, were produced in formats that gave people who live at the home, the best opportunity of understanding them. They included photographs, symbols and easy read formats.

The care plans contained detailed behaviour management guidelines and comprehensive risk assessments. Where there were limitations or restrictions on people's freedom the reason was documented and had been agreed with the person, their family and/or advocate. We saw that people's personal diaries provided additional information about how the person had spent their day.

We spoke with three staff who were knowledgeable about the needs of people at the home. They understood the importance of involving people in their care and helping them to take responsible risks. Staff told us they were keyworker's to individuals in the home. They said they had a good relationship with them. Staff said they knew when to alert senior staff to changes in a person's health or welfare.

People's health records showed that access to routine and specialist health services was provided when necessary. People regularly saw doctors, dentists, opticians and chiropodists. Several people at the home had health issues and were regularly seen by consultants at local hospitals.

The home had procedures in place to respond to a variety of major incidents and emergency situations. There were plans to deal with a pandemic flu outbreak and outbreak of other infectious disease. Emergency evacuation plans were in place, in case the premises became uninhabitable for any reason. We saw emergency plans relating to the loss of mains gas, electricity and water supply and what to do in the event of fire. The

emergency plans included what type of information needed to be shared with other agencies to ensure that people were looked after safely.

At the time of our inspection the weather was extremely hot and staff were ensuring people had access to fluids. However, there was no information available to staff regarding the Department of Health heat wave plan, to ensure all required precautions were being implemented.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw from records the service worked closely with other agencies to provide an effective and continuous service to people who live at the home. There was a policy on information sharing which detailed who could access people's personal and health information and staff were aware of its content.

We looked at a four care plans. The care plans included a correspondence section containing information from other social care and healthcare professionals about the individuals care and treatment. We saw letters from consultants, psychiatrists and psychologists detailing changes in treatment, medication and/or behavioural guidelines. We saw that the home had acted on information received and amended the care plans and risk assessments where necessary to reflect the changes.

We saw letters on file from staff who work at the home to the GP. The letters advocated on behalf of people who use the service. There were letters requesting people were referred to occupational therapists, physiotherapists, speech and language specialists, dieticians and other health professionals for specialist advice and support. We saw that care plans had been updated when changes were made to care or treatment plans.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. We saw the home had involved social workers, healthcare professionals, relatives and independent advocates in the proposed redevelopment of the home. There was evidence that appropriate professionals had been involved in the plans for some people to move to new accommodation. There were copies of completed assessments and detailed transition plans on file relating to the move. 'Best interest' meetings had been held for each of the people concerned and there were records of the outcome of meetings in their care plan. An Independent Mental Capacity Advocate (IMCA) had been involved in the decisions made on behalf of a person, who had no relatives.

Safety and suitability of premises ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises because the premises were generally in poor state of repair. Equipment and loose wiring accessible to people who live at the home, posed a risk to their health and safety.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were told by the deputy manager about the providers plans to renovate the property to become three self-contained flats. When completed three of the current residents would continue to live there. The three other people would be supported to live outside the village in a shared bungalow. We were told the building work was due to start in September 2013.

We looked around the building and found that only six bedrooms were occupied at the time of our inspection. The bedrooms were personalised to reflect the interests of the occupants. The remaining bedrooms were being used as meeting rooms, or for general storage.

We found the home was generally in a poor state of repair. Paint was missing from some of the woodwork in the communal areas. Walls were badly marked and had chipped plaster.

One of the bedrooms in use at the home (as identified during inspection) had monitoring equipment. The wiring for the equipment was loose and accessible to the occupant of the room. The light switch in the room had gaps around it, where plaster had chipped away.

In another bedroom that was in use (as identified during inspection) we saw a music centre had been placed on a high shelf above the head of the bed. The cable leading to the machine were loose and dangling over the bed space. We saw the cable was accessible to the occupant of the room and could pose a risk to their health and safety.

The dining room was cluttered as the room was being used to store archived paperwork at the time of inspection. The walls were unsightly in this area as sticky tape had been applied to the walls and had only been partly removed after use.

One of the smaller rooms was congested with defunct equipment but was not locked to stop residents from entering.

The lounge suite covers were torn on three of the seats. The net curtains in the lounge were torn. The fabric curtains were poorly hung making the room seem dilapidated and unsightly.

We observed there were sufficient bathrooms and toilets for people to use but they were generally in a poor state of repair. One of the over bath showers was broken.

We saw that the fire exit of the flat was fitted with a 'Yale' type lock which was not suitable in line with fire recommendations.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw care records and associated risk assessments were stored in the manager's office. The room was kept locked when not in use. The records in the office were kept securely in locked filing cabinets and staff we spoke to, were aware of the requirements of the Data Protection Act 1998 and understood the need to keep records safe and secure. The provider may wish to note however, that some archived files were unsecured in the dining room at the time of inspection.

Staff understood people could access their own care and treatment records and contribute to them. Changes to care plans were made when needed. There was a formal care plan review held yearly to which the person, their relatives and social care professionals were invited. The report of the outcome of the annual review was made available to people who use the service, in an accessible format. The care plans were clearly organised and information about people's needs was easily located.

We looked at four care records and found that people's personal records including health records were accurate and fit for purpose. People's care records reflected their needs and protected their rights. Care records included detailed information for staff about how people liked to be supported. Staff maintained daily diaries of people's care, habits and behaviours to monitor people's progress and well-being.

The care records were regularly reviewed and updated. This meant that people's care reflected their most up to date needs.

We saw that maintenance of equipment and health and safety records were maintained in the home. However, the provider may wish to note there were some gaps in the weekly fire alarm test record for 2013. There was no record of a fire drill since 2009 although staff told us they had taken place regularly. There were also minor gaps in the weekly test record that maintained hot water at a safe temperature for bathing/showering.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: The provider had not ensured that people were protected against the risks associated with unsafe or unsuitable premises. The premises were generally in a poor state of repair. Paint was missing from some of the woodwork in the communal areas. Walls were badly marked and there was chipped plaster. There was loose wiring and inappropriate storage of equipment. Regulation 15.c (i)

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 by 18 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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