

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

Copperdown Residential Care Home

30 Church Street, Rugeley, WS15 2AH

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Date of Inspection: 11 December 2012

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Stoneleigh Care Homes Limited
Registered Manager	Mr. Sanjiv Jain
Overview of the service	Copperdown Residential Care Home provides accommodation with personal care to 29 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 11 December 2012, 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 people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited Copperdown Care Home on a planned unannounced inspection which meant the service did not know we were coming.

We were supported throughout the day by the deputy manager and the senior carer.

People who used the service told us they liked living at Copperdown Care Home. One person told us, "It's lovely here. They are very kind to me". People spoke very highly of the deputy manager and senior carer.

We observed that people seemed happy and relaxed and encouraged to be as independent as possible. One person had chosen to stay in their room for lunch and staff respected this choice. Care needs were met appropriately and discreetly.

Staff we spoke with spoke respectfully about the people that used the service. They told us they were happy working at Copperdown and felt supported and had received training to complete their role.

The service had a comprehensive safeguarding policy and we saw evidence of the appropriate use of the policy.

Quality monitoring was ongoing and took the form of several audits and questionnaires. We saw that people that used the service were continually being involved in having their say about the quality of service they received.

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

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 who use the service could express their views, so far as they were able to do so and were involved in making decisions about their care, treatment and support.

Reasons for our judgement

Before admission to Copperdown Residential Care Home people were able to visit the home to see if they liked it. One person who used the service told us, "I came for lunch before I said I would come in". We saw that a full assessment of each persons needs was completed before admission to ensure that the service was able to provide the care they required.

During our inspection we observed staff treating people who used the service with dignity and respect. Staff spoke to people in a kind and caring manner and supported people with their care needs at a level and pace suitable to the individual person. A relative of a person who used the service told us, "Staff take the time to find out what makes my relative tick". A member of staff told us, "I like listening to their stories".

We looked at two care plans for people who used the service and saw that they were written with involvement of the person and their relatives. Information within the plans highlighted peoples likes and dislikes and gave a snapshot of people's history. This meant that staff could deliver a personalised service.

Residents' meetings took place monthly and we saw the minutes of these. We saw that in one meeting people had been asked if they were happy with everything within the service. They were also informed of any forthcoming changes to staff and how to make a complaint.

We saw that once a month the deputy manager sat with everyone who used the service and completed a form about the service they were receiving and whether people were happy with it. These forms were filed on people's individual care plans. This meant that people were being involved in their care planning.

We saw a menu on a large chalk board in the foyer with the day's menu choices available. A person who used the service told us that the cook went around to everyone in the morning to ask them their choice of meal.

One person who used the service told us, "Staff are very kind to me, they give me my medication nice and slowly so I can manage to help myself". Another person told us, "I have no grumbles, no one tells us when to go to bed and we wear what we want to wear".

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

Our judgement

The provider was meeting this standard.

People who use the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care plans we looked at were clear and comprehensive and the deputy manager had introduced an annual review of the care plans on the day of our inspection. Risk assessments were in place to support people with individual needs and to ensure risks were minimised. A full assessment of peoples needs had been completed prior to people being admitted and this formed the basis of the care plans. The assessment covered all aspects of people's lives including cultural preferences and a snap shot of their history.

We saw that throughout the service it was identified which people needed support to evacuate in the event of a fire or other emergency. This information made it clear to staff who could safely leave the building alone and who would need staff support.

We spoke to people who used the service who told us they felt well looked after. One person told us, "When I had a fall the staff were very kind to me and called an ambulance, they looked after me well". Some people who used the service had specific health care needs and we saw visits from district nurses and other professionals had taken place. This meant that the appropriate health care professionals were being involved in peoples care.

On the day of our inspection the hairdresser was present and we saw that people were having their hair done. Staff told us that activities took place throughout the week and included gentle exercise and bingo. One person who used the service told us they chose not to join in as they were happy sitting watching the TV.

The deputy manager told us that two people who had used the service had recently had to leave the service as they required nursing care. The service had contacted the appropriate agencies to support them in the assessment process and other placements had been quickly identified to meet the needs of the individuals. This meant that inappropriate care would not be delivered and people were being supported to find a service that would best meet their needs.

We spoke to a relative of a person who used the service who told us, "We are delighted with my relative's care, we couldn't ask for anything better, my relative needed a lot of emotional support when they first came here and the staff gave it them".

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from abuse of the risk of abuse, and their human rights were respected and upheld.

Reasons for our judgement

We saw that all staff had received training in safeguarding procedures and this was up to date. Staff we spoke with all demonstrated knowledge of the safeguarding procedure and told us they would report any sign of abuse to a manager. Within the office we saw the contact numbers for the local authority safeguarding team. Within staff files we saw that staff had signed to say they had read and understood the safeguarding policy. We spoke to a senior member of staff who could not tell us how to make a safeguarding referral although they did say they would contact us (CQC). The manager may wish to consider that they ensure all senior members of staff are equipped with the skills to make a safeguarding referral in the absence of the manager and their deputy.

We saw that the service had made safeguarding referrals but had not always notified us (CQC). The manager may wish to note that CQC should be informed of any safeguarding referrals made by them or a third party. All this information is available on the CQC website which currently the service does not have access to.

We looked at how the service safeguarded people's monies. We checked the accounts of two people who used the service and found the balances to be correct and there were receipts accounting for the purchases. The money was kept in a locked safe and the deputy and senior carer had a key. We discussed with the deputy the possibility of both the deputy and senior being off at the same time and people not having access to their money. The deputy informed us that they will arrange for a key to be left with one responsible person on each shift. This meant the service was following the correct procedure to safeguard people from financial abuse.

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

Our judgement

The provider was meeting this standard.

People who used the service were safe and their health and welfare needs were met by competent staff.

Reasons for our judgement

We looked at staff training records and saw that these were up to date and relevant to the role of the staff. Records included safeguarding, first aid, dementia awareness, moving and handling and National Vocational Awards in care. (NVQ's). Senior staff were trained to administer medication and a senior was present on every shift.

Staff we spoke with told us they felt supported by their deputy manager and senior care staff. One member of staff told us, "We work as a team here".

We spoke with new staff who told us they had a period of induction which covered all mandatory training. This included working through an induction pack and being given an employee handbook which highlighted the aims and objectives of Copperdown Residential Care Home. New staff worked alongside more experienced members of staff until competent to work alone.

We saw that staff had regular appraisals and that staff were being supported in their own personal development. The manager may wish to consider delegating supervisions to the senior staff and ensuring the deputy manager also has a regular formal appraisal.

Regular staff meetings took place and we saw the meeting minutes. These meetings gave staff opportunities to discuss as a team matters arising that affected their everyday work.

All the staff we spoke with told us they enjoyed working at Copperdown Residential Care Home. One member of staff told us, "I love it here; it is so homely for the residents".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service benefited from safe quality care, treatment and support, due to effective decision making and the management of risks to their health and safety.

Reasons for our judgement

We saw that the service had a company policy on quality management and had an annual development plan. This included a continual improvement summary and report.

We saw annual questionnaires for people who used the service, their relatives and stakeholders that asked them questions on the quality of the service from each person's perspective. The manager had analysed the information from these identifying areas of strengths and weakness. We saw people had commented on how happy they were with the service. One person had commented that they would like to see more activities.

We saw an accident and falls audit which was being used to identify any trends in falls or accidents and action taken to minimise the risk of the incident happening again.

We saw that the service had a business continuity plan. This is a plan that is put in place to support the service to continue to run in the event of an unplanned disaster. This meant that the service was planning for what action to take in an emergency.

The service had a complaints procedure and we saw that people who used the service were encouraged to use it during residents meetings. The Service had received a complaint and we saw that it had been dealt with accordingly.

Within the staff meeting minutes we saw that the deputy manager had discussed with the staff the service's plan to continue to meet CQC's essential standards of quality and safety. This meant that all staff were aware of the objectives to maintain a quality service.

We saw the statement of purpose which clearly set out the aims and objectives of the service although the name of the registered person was incorrect. The manager may wish to note it is their responsibility to ensure the information on the statement of purpose is correct.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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