

**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

Tel: 01889586874

Date of Publication: October 2013

We followed up on our inspection of 03 September 2013 to check that action had been taken to meet the following standard(s). We have not revisited Copperdown Residential Care Home as part of this review because Copperdown Residential Care Home were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

|  |   |                   |
|--|---|-------------------|
| <b>Care and welfare of people who use services</b> | ✓ | Met this standard |
| <b>Staffing</b>                                    | ✓ | 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 follow up review

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### Why we carried out this review

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We carried out an inspection on 03 September 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Copperdown Residential Care Home as part of this review because Copperdown Residential Care Home were able to demonstrate that they were meeting the standards without the need for a visit.

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### How we carried out this review

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We looked at the personal care or treatment records of people who use the service.

Spoke to Staff

We have not revisited Copperdown Residential Care Home as part of this review.

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### What we found about the standards we followed up

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At our previous inspection we had concerns that people's needs were not being met due to the service not responding appropriately to changes in people's needs. We also had concerns that there was insufficient staff to ensure that people were safe during the night time hours.

Following the inspection in September 2013 the manager sent us evidence of what they had done to ensure that the concerns we had raised had been dealt with. The manager had completed this in a timely manner to ensure that people's immediate needs were met. We spoke with staff and they told us that it was now easier to meet people's needs as they had the equipment and staffing they required.

We have conducted a desk top review and found that people's care and welfare needs were being met through an increase in staffing and up to date assessments of people's needs being completed.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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 reviewed

### 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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At our previous inspection in September 2013 we had observed staff using inappropriate moving and handling techniques with two people that used the service. Staff were trained in moving and handling but they told us that one of the people who used the service refused to use the prescribed equipment to support them to stand and they did not know how else to support them. We asked the manager to ensure that people's assessed needs were met.

Following our inspection the manager had arranged for all the people who used the service to have an occupational health assessment to identify what support each individual needed in reference to their mobility. The manager sent us evidence of the report. We saw that the one person we had been concerned about had been identified as needing a hoist to support them with transfers and their personal care needs. We spoke with staff at the service and we saw a receipt for the purchase of a hoist and appropriate slings. Staff we spoke with told us that the person was responding well to the use of the hoist. This meant that the service was planning and delivering care, treatment and support so that people were safe, their welfare protected and their needs met.

The manager informed us that all care plans and risk assessments had been up dated and reviewed to reflect the findings of the occupational therapist report. We will check to see these are in place at our next inspection.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were safe and their health and welfare needs were met by sufficient numbers of appropriate staff.

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## **Reasons for our judgement**

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Prior to our previous inspection in September 2013 we had gathered information from the service and our analysis of the information showed us that there was a 'much worse than expected' amount of accidents resulting in serious injuries to people who used the service at Copperdown. During the inspection in September 2013 we looked at the accident reports and found that the majority of accidents had occurred during the hours of 9.00pm and 7.00am when only two staff were available to support people.

We had concerns that people's needs would not be met in a timely manner due to the level of support people required throughout the night. We also had concerns that people would not be safely supported to evacuate in the event of a unplanned emergency during the night time hours.

Following our inspection the manager informed us that they had recruited extra care staff which would ensure that there would be three staff available to people at night. We rang and spoke to the night staff and the senior carer and they confirmed this had been done.

The manager told us that the service was currently analysing the amount of support people required throughout the night. People who had been at high risk of falls were having more frequent checks throughout the night. This had been agreed with the person or a relative.

To support people who used the service and staff the manager had purchased sensors to alert staff as to when people were moving so that staff could support them in a timely manner. The night staff we spoke with told us that the extra staff and the sensors were; "Much better". This meant that people who used the service benefited from sufficient staff to meet their needs.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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