

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 Inspection: 03 September 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✗	Action needed
Complaints	✓	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

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'.

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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 3 September 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 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 inspected Copperdown residential home on a planned unannounced inspection which meant the service did not know we were coming.

We looked to see if people who used the service consented to their care, treatment and support. We found that the service had systems in place to show that people or their representatives had been involved in consenting to their care.

We looked at care records, spoke to people who used the service and observed their care being delivered. We had concerns that the service was not able to meet some people's assessed needs.

We found that the equipment used to support people in Copperdown was properly maintained and suitable for its purpose.

We found that the service was following the correct recruitment procedures when they employed new staff.

We had concerns that there was insufficient staffing to meet people's individual needs at night.

The service had a complaints procedure for people who used the service or their relatives to use if they felt the need to complain about the service.

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 05 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service where they were able gave valid consent to the examination, care, treatment and support they received.

Reasons for our judgement

We looked at the care records for four people who used the service. We saw that there was space identified within the care plans for people to sign to say they agreed with the plan. We saw that the care plans were reviewed regularly. We saw that some people had signed themselves and others had a representative sign. Not all care plans we looked at had a signature. The manager may wish to consider ensuring all people's care plans are signed by a relevant person.

We saw that people who used the service had a contract with Copperdown called a 'Long Stay Agreement'. We saw that the contract included terms and conditions of what people could expect to receive during their stay at the service. We saw that the contracts had been signed by the person themselves or a representative of the person.

We saw that some people had an assessment for the use of bed rails. We saw that these had been signed by the person's GP and by the person or their representative. This meant that the service had systems in place to explain the risks and benefits of care options to people.

The service held regular resident's meetings. We saw minutes of these. We saw that it was recorded that the manager invited comments and suggestions from the residents at the meetings about the care, menus and planned activities within the home.

We spoke with a visiting relative and they told us; "They keep me up to date with how my relative is, they are very open and honest".

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

Our judgement

The provider was not meeting this standard.

People who used the service did not always experience, safe and appropriate care, treatment and support that met their needs and protected their rights.

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 saw that prior to admission to Copperdown a member of staff from the service completed a full assessment of the person's needs. This meant that the service was ensuring they could meet the person's individual care needs before agreeing to provide a service to them.

We looked at the care records for four people who used the service at Copperdown. We saw that the care plans were clear and comprehensive. The care plans we looked at had been regularly reviewed. We saw that it was recorded when people had seen a health professional and the outcome of the visit. Food and fluid intake was recorded and people were weighed regularly.

On the day of our inspection, one person told the staff they felt unwell. We saw that staff ensured that the appropriate care, treatment and support was offered to the person.

We observed people's care throughout the day. We saw that people appeared well cared for and dressed appropriately dependent on their age and gender. We spoke with people who used the service and they told us they were happy at Copperdown. One person told us; "It's absolutely wonderful here, I wouldn't want to go anywhere else".

We observed staff interaction with people. Staff spoke kindly to people and treated people with dignity and respect. We saw and people told us they were free to do what they liked and go where they wanted around the home. Some people chose to stay in their rooms and others went into the communal areas.

We saw there was a resident's notice board. We saw the weeks planned activities and a schedule of monthly 'Holy Communion'. Staff told us that when there was enough staff on duty they would take people to the local park or to the local shops. This meant that the service was meeting people's needs in reference to their social and religious preferences.

During our observations we saw staff support one person in sitting up straight in their

wheelchair by lifting them from behind. This is not a recognised moving and handling technique. We later saw staff support a person mobilising from their chair to a wheelchair to go to the dining area for lunch. The person was not cooperating with staff. Staff spoke kindly to the person and reassured them. We saw that staff lifted the person out of their chair by using an under arm drag lift which is no longer appropriate for use. We looked at the most recent care plan for this person; we saw that the care plan stated that a 'stand aid' should be used when moving this person. We saw it was also recorded that this person often refused to use the 'stand aid'. We did not see staff attempt to use the 'stand aid'. This meant that staff were not following the person's agreed plan of care and used inappropriate moving and handling techniques with this person. We spoke to staff and they told us that this person's care needs had changed and they had become more difficult to care for over the last two years. Staff told us they had received training in moving and handling but didn't know how to support the person in mobilising as they usually refused to use the 'stand aid'. This meant that the service was not reducing the risk to people of receiving unsafe or inappropriate care, treatment and support by seeking support and a full assessment of their current care needs.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People who used the service benefited from equipment that was suitable for its purpose and properly maintained.

Reasons for our judgement

We looked to see if the service had the appropriate equipment to meet people's individual needs and that it was well maintained. We checked through the building and saw that most equipment was of a good standard and regularly serviced. However we did see the bath on the ground floor looked poorly maintained and the room itself was not pleasantly decorated. We were told that this bath was used by all of the people who used the service. The provider may wish to consider improving the bathing facilities for people.

We saw certificates of services. We saw fire equipment, hoist, gas safety and a lift engineer's report. We saw that the certificates were in date. This meant that most equipment was regularly serviced and safe to use.

Portable appliance testing (PAT) is an important part of any health & safety policy. We looked to see if the electrical equipment had been tested and found that the testing was up to date. This meant that electrical equipment used to support people's daily life was safe to use.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service had their health and welfare needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Reasons for our judgement

We looked to see if appropriate checks were made before recruiting new staff to the service. We looked at two staff files. We saw that staff had completed an application form, attended an interview and that there were documents on file to provide evidence of the person's address, other personal information and relevant qualifications.

We found that in the two staff files we looked at that references had been gained from previous employers. We saw that new prospective staff had been asked to complete a medical declaration form to declare they were medically fit to fulfil their role.

We saw that both staff had either a Criminal Records Bureau (CRB) check or the newer Disclosure and Barring Service (DBS) check. We saw that there was a CRB risk assessment form on each staff file. The risk assessment identified any previous convictions and how the service would minimise the risk to people who used the service from inappropriate care. This meant that the service had systems in place to ensure that people who used the service had their health and welfare needs met safely by staff who were fit and qualified to do their job.

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

Our judgement

The provider was not meeting this standard.

People who used the service were not safe and their health and welfare needs were not met by sufficient numbers of appropriate staff.

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 had previously received information of concern that there were insufficient staff to meet the needs of people during the night. We had asked the manager to investigate which they had and responded back. The manager had concluded that there were enough staff to meet people's needs at night with 2 waking night staff between the hours of 9.00pm and 7.00am.

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 we looked at the accident reports. We saw that in 2012 there had been 12 accidents and 8 of these had happened between the hours of 9.00pm and 7.00am. We saw that in 2013 so far there had been 8 accidents and 7 of these had occurred between the hours of 9.00pm and 7.00am. Many of the accidents had resulted in serious injuries including broken bones and people having to be taken to hospital. Staff told us that when it was required for a person to go to hospital a relative or a member of staff would have to go with them for support. We saw records that showed that people had been found following a fall. There was no evidence of how long the person had fallen before being found. This meant that the service had insufficient staffing to minimise the risk of harm to people who used the service.

Copperdown residential home is spread over three floors and its floors are uneven in places. A visiting relative told us that their relative had fallen at night when they had wandered out of their room and down the corridor onto the uneven flooring. We saw that it was recorded in the fire evacuation plan the assistance people would need to safely evacuate the building in the event of an unplanned emergency. We saw that it was recorded 12 people would need the support of two people to evacuate the building and 17 people would need the support of 1 staff member to evacuate the building. This meant that 12 people had been assessed as needing the support of 2 staff to support them in mobilising but only 2 staff were available during the hours of 9.00pm and 7.00am.

We saw in the night care records that some people were supported in the night with their continence needs. We saw that this care task took 2 staff for some people. This meant that whilst the 2 staff were supporting 1 person with their care needs there was no one available to answer the call bells or complete the routine checks for the other people who used the service. We could not see that the manager had assessed the needs of the people who used the service and ascertained the required level of staffing hours needed to meet the needs of people who used the service. This meant that the service had insufficient staff to meet the individual care needs of people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People who used the service or others acting on their behalf were sure that their comments and complaints were listened to and acted on effectively.

Reasons for our judgement

We saw that the service had a complaints procedure. Information about the procedure was recorded within the service user contract. This meant that people were aware at the time of their admission of how to complain about the service they received if they needed to. We saw that a copy of the complaints procedure was available on the resident's notice board. The manager may wish to consider implementing an easy read version of the procedure for people who had communication difficulties.

We saw that it was recorded in the minutes of the most recent residents meeting that the manager had reinforced the complaints procedure and reminded people of their right to contact us (CQC).

A visiting relative told us that they had raised concerns in the past and that they had been dealt with appropriately and the matter was now resolved. They told us they had confidence in the deputy manager and staff to deal with things if issues were raised with them.

We had previously received information of concern which we had asked the manager to investigate. The manager had investigated the complaint appropriately and fed back their findings to ourselves.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>The registered person is not taking proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of - the planning and delivery of care in such a way as to - meet the service user's individual needs ensure the welfare and safety of the service user Regulation 9 (1) (b) (i) (ii)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Staffing</p>
	<p>How the regulation was not being met:</p> <p>The registered person is not safeguarding the health, welfare and safety of service users by taking the appropriate steps to ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22</p>

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

This section is primarily information for the provider

The provider's report should be sent to us by 05 November 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.

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