Friends of the Elderly

New Copford Place Residential Care Home

Inspection report

London Road
Copford
Colchester
Essex
CO6 1YR
Tel: 01206 210397
Website: www.example.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 10 February 2016 and was unannounced.

The service is a residential care home for older people which provides accommodation and personal care support for up to 27 people. There were 27 people living at the service on the day of our inspection.

There was no registered manager. A manager had recently been employed who was in the process of submitting their application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt included in the planning of their care and listened to by staff. They told us staff were responsive to their needs at all times of the day and night. People's decisions were respected and their dignity promoted.

There were safe systems in place in the management of people's medicines. This included regular audits to ensure people received their medicines as prescribed.

Staff knew how to keep people safe from the risk of abuse as they had been trained and knew what to do if they had concerns. They could identify when people were at risk of abuse and what action to take to protect people from the risk of harm.

Staff were kind, caring and promoted people's privacy. People's dignity was respected when staff supported them with personal care. Systems were in place to support people in the planning of meals and menus. The service routinely listened and learnt from people's experiences. Concerns and complaints were responded to in a timely manner.

Care support was assessed according to individual needs in the planning of opportunities to pursue people's social interests. Opportunities had been provided for people to access the local community. The planning of group activities were varied according to expressed need, wishes and choices.

The service demonstrated a positive culture that was person centred, open, inclusive and empowering of people. The atmosphere was friendly with evidence of positive team working. There were good relationships between staff, the people they supported and visiting relatives and friends. Morale amongst staff had been low with the changes in management but was improving since the recent employment of a new manager. Everyone was complimentary regarding the leadership style of the new manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. People received their medicines as prescribed and medicines were stored safely. Staff knew how to keep people safe from abuse. They could identify when people were at risk of abuse and what action to take to protect people from the risk of harm. There was enough staff to care and support people in meeting their needs in a timely manner.	**Good**
Is the service effective? The service was effective. Staff were skilled, experienced and knowledgeable in their roles. Staff received training relevant to their roles and responsibilities. Staff were provided with appropriate management support. People's dietary needs were met and they were supported to access healthcare support promptly when this was required.	**Good**
Is the service caring? The service was caring. People's privacy and dignity was respected. People were treated with kindness and compassion. People and their relatives were involved in the planning of their care and people were supported to make decisions about how they lived their daily lives. Care was focused on individual needs, wishes and preferences.	**Good**
Is the service responsive? The service was responsive. People's care had been planned following an initial assessment of their needs. People's ongoing care needs were reviewed and care plans updated to reflect their current care needs. People pursued their social interests in the local community and were involved in the planning of social activities provided within the service. The service routinely listened and learnt from people's experiences. Concerns and complaints were acknowledged and used in planning for continuous improvement of the service.	**Good**
Is the service well-led? The service was well led. There was an open, inclusive culture where staff morale was high. The team worked well together and providing people with quality care was a high priority.	**Good**

Summary of findings

People were happy with the service they received and were involved in developing the service.

Staff understood their roles and responsibilities. They were well supported by the management team with supervision and opportunities to plan their training and development.

Regular quality and safety audits were carried out by the manager. Budgetary resources and support were readily available to support the manager in working towards continuous improvement of the service.

New Copford Place Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 February 2016 and was unannounced.

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of providing care and support for an older person.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with one health care professional. We also reviewed information available to us about the service, such as statutory notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with ten people who were able to verbally express their views about the quality of the service they received. We also spoke with six relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection. We also used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of care staff, one shift leader, the cook, one domestic staff, the activities coordinator, office manager and the manager.

We reviewed care records for four people and examined daily care records for a further four people. We also reviewed records in relation to medicines management, staff training, staff recruitment, menus and other records related to the quality and safety management monitoring of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they did not have any concerns about their safety. One person told us, “This is a truly wonderful place to live. I came here for respite care several times and could not wait to get in here permanently.” Another told us, “I feel safe and well cared for. We are very lucky, I am in the best place here.” One relative told us, “This place is a fabulous place. The care is second to none. We are very pleased we know that [relative] is safe and well cared for since coming here.”

Staff were aware and confident in how to escalate any concerns they might have in relation to protecting the safety of people and aware of how to identify those at risk of abuse. Staff had been provided with guidance in risk assessments and training in awareness of how to protect people from the possible risk of harm or abuse. Staff told us they were aware of their responsibilities to report any allegations or safeguarding concerns to the manager and were aware of local safeguarding protocols and how to report any concerns for investigation.

People told us that staff had discussed with them any identified risks to their health and safety. For example, in managing their medicines. Staff had been provided with guidance in how to manage and mitigate risks identified. For example, when using moving and handling equipment, the risk of developing pressure ulcers, dietary intake and risks associated with their daily living activities such as bathing and the likelihood of their falling whilst mobilising. Staff confirmed that risk assessments had been reviewed regularly and they would report any changes and act upon them to ensure that people were safe.

The premises and equipment used were clean, secure and properly maintained. There were systems in place to protect people from the risk of infection. The environment was clean and well maintained. There were adequate numbers of hoists for the number of people who required support from staff to mobilise. Health and safety monitoring audits were carried out on a regular basis.

People told us that there had been shortages of staff with a high use of agency but that this was improving as new staff had been recruited. One person said, “The home has been short of staff at times but it is getting better. One of the agency staff told me this is the best home in the area and they like coming here.” Another told us, “Staff always respond quickly when you call. I was very poorly and needed to go to hospital as an emergency and the staff responded quickly and probably saved my life.” A relative told us, “They always appear to have enough staff when I visit. The call bell is answered quickly from what I’ve observed.

We observed during our inspection there was sufficient staff available to meet people’s needs in a timely manner. Staff supported people with individual and planned group activities. Staff did not appear rushed and spent time throughout the day talking to people on a one to one basis.

The manager told us there had been a need to use agency staff recently to cover for staff vacancies and absences but this was improving as new staff had been recruited.

Staff told us that there was enough staff available to meet people’s needs. One staff member told us, “We have had to use agency and this is not ideal but we try to use those familiar to people. You could always use an extra pair of hands but on the whole the staffing levels are quite good I suppose. We manage quite well. The mornings are always busier and there have been recent changes in starting times for senior which has helped.”

The service recruited staff in a way that protected people. A review of staff recruitment files showed us that application forms had been completed which identified any gaps in applicants previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks had been confirmed before staff started working at the service.

People told us that they received their medicines regularly and on time. One person said, “They usually watch you take your tablets and they keep me supplied.” Another said, “They help you take your medicine if you need them to. They are always prompt with medicines and ask you discreetly if you need pain medicine without telling the world around you about it across a room.”

People’s medicines, including controlled medicines, were stored safely and there was a system in place for the ordering, receipt and disposal of medicines. Staff told us they received training in the safe administration of medicines and safe storage and completion of records. Staff competency for administering medicines was assessed on a regular basis.

Good

Is the service safe?

We carried out a check of stock against medicines administration records (MAR). There were no errors identified. There were clear records with regular audit of stocks. The shift leader carried out a daily stock check of medicines and recorded this on the MAR record. Where previous errors had been identified there was a clear system for logging, reporting and actions described in responding to errors in a timely manner.

Where people were prescribed transdermal patches applied to the body on a weekly basis for pain relief. NICE guidelines state that the same area of the body should not be used when a new patch is applied to the body. There was currently no body map system in place to evidence where on the body these had been applied and to evidence alternative sites used at each administration. We discussed this with the manager and shift leader who told us they would rectify this immediately by contacting the supplying pharmacy to access appropriate documentation for this purpose.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and were supported by staff who had received adequate training. Staff were skilled, experienced and knowledgeable in the roles they were employed to perform. People and their relatives were all complimentary of the staff who supported them. One person said, "All the staff here are truly wonderful. There is not one I don't feel safe with and would not be happy to care for me. They know just what they need to do and I would say they are well trained." Another told us, "I think the staff are well trained and know what they are doing. They cannot do enough for you." One relative told us, "The staff appear to be trained to know people well. Not always so with agency staff. The atmosphere here is always good. They are wonderful, all of the staff. This is always a happy place."

Staff told us they received a variety of training to support them in the roles. They told us the majority of training provided was DVD based followed by completion of a workbook. One staff member told us, "We get lots of training. It would be nice to have more face to face training as I think you learn more and can talk things through with others." Another told us, They make sure you are well trained. It would be good to have more training in caring for people with dementia and other condition's. I think the new manager has been talking about providing more training for us." On the day of our inspection some staff were attending training in understanding their roles and responsibilities as shift leaders and others were scheduled to attend shortly.

Newly employed staff told us about their induction which included a period of shadowing more experienced member of staff. The staff training records confirmed that training for staff was planned. However, the manager acknowledged that due to a period of time the service had been without a manager the training for staff had not been updated as required. They said this was a priority for them and they were working on this to improve access for staff to appropriate training for the roles they were employed to perform.

Staff confirmed that they had received regular opportunities for staff and supervision meetings. We reviewed staff meeting minutes and noted that the new manager had informed staff that these would now take place on a monthly basis. A variety of issues were discussed including opportunity to discuss staff team performance, planning for improvement of the service and development opportunities.

Staff confirmed that some had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Other staff were shortly scheduled to receive this training. Staff were clear that people's capacity to consent could fluctuate and that each person was assessed individually. We observed throughout the day that people's consent was sought before any care and treatment was provided. We observed staff supporting people to mobilise and saw that they explained what they were doing at each stage and reassured people when they became anxious.

People were supported to have enough to eat and drink and maintain a balanced, nutritious diet. People told us they could ask for drinks and snacks whenever they wanted. People were complimentary about the food provided and said they enjoyed mealtimes and did not feel rushed. People told us they were asked for their feedback during residents meetings and consulted as to suggestions for further improvement. We also noted that the catering organisation with staff not directly employed by the service had carried out a recent review of people's views as to the quality of the food provided and in planning future menus. One person told us, "The food is very good and I have no complaints. You have plenty of choice and there is always lots of it. Another told us, "You can't please everyone but they do give plenty of choice. The food is homely, If you suggest something they get it for you."

People's weights were regularly monitored. Staff described to us how they would fortify foods to provide additional calories where people had been assessed as at risk of malnutrition. We saw that the service responded promptly if a person began to lose weight and show signs of malnutrition. Food and fluid charts were in place to monitor people who had been assessed as at risk of inadequate nutrition and hydration intake. However, from the records we reviewed we saw that the total amount of fluid consumed within a 24 hour period had not been totalled. The shift leader told us this had recently been discussed with staff as an area for improvement. Referrals had been made to obtain specialist advice from dieticians and speech and language specialists when required.

Good

Is the service effective?

People and staff told us there were good links with local GPs to ensure people's medical needs were met. People and family members told us they were supported to be in control of medical decisions that related to them. People were supported with the planning of their end of life care, wishes and preferences. Relatives told us that they were kept informed of any changes to their relative's health and wellbeing.

A review of records showed us that people had access to a variety of healthcare services including GP's, community nurses, opticians and chiropodists. One visiting health professional told us, "They are really good here, the care is excellent. People are well cared for. They are prompt in alerting us to anyone who needs medical attention. They know what they are doing. We have no concerns." People told us staff responded promptly to support hem with access to health care services when required. One person told us, "If I need a doctor they get one for you. They don't hang about." Another person said, "The doctor visits regularly. I just ask to see the doctor and they arrange this for me. They check on you regularly if you are unwell." This enabled people to have access to healthcare services and receive the on-going healthcare support they needed.

Good

Is the service caring?

Our findings

All of the people we spoke and their relative's with told us they were happy and satisfied with the service they received. One person told us, "Staff are friendly and helpful." Another said, "Staff show affection when you need. Staff will come and sit and talk with you and help if you don't feel well." And another said, "You will not find a more caring place than this. The staff are all wonderful and so kind."

We observed people were treated with warmth and kindness. Staff had time to sit with people and chat to them. There were positive interactions and people were relaxed and comfortable in the presence of staff. One relative said, "The care is second to none. [My relative] is comfortable here. They are treated with dignity and staff always respectful when they speak with people." Another relative said, "Nothing is ever too much trouble. They are always patient, pleasant and kind."

People were cared for and supported by staff who knew them well and understood their likes, dislikes, wishes and preferences. Support plans described people's needs and how they wished to be cared for in a personalised way. People's personal histories and life stories were well known by staff and documented in their care plans. Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner.

We noted that people and their relatives had been provided with information in discussion with them when planning their care. Staff told us that information they obtained to plan people's care had helped them to provide care and support in a way that was preferred by the person.

Care and support plans showed us that people were involved and supported in planning how their care was to be delivered. This included asking people their opinions in the planning of meals, menus and activities and their daily routines where possible. People and their relative's told us that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care and support.

People told us that they were supported to maintain contact with their relatives and friends. One person said, "There are no restrictions on visiting. My family can come and see me whenever they like. Staff treat you as an adult. If I want to be on my own this is respected. If I want to get involved in group games and outings I can do so. They are sensitive to your needs and that's how I like it."

People's privacy and dignity was maintained in supporting people with their personal care.

One person said, "The staff are discreet and sensitive. I have been treated with respect and dignity without ever having cause for concern."

We observed staff treating people with dignity and respect and staff were discreet when supporting people with their personal care needs. For example, we saw staff knocked on people's doors and waited for a response before entering. Staff were sensitive to people's needs, not rushed and supported people in a dignified manner. Staff described how they supported people to maintain their independence with their personal care needs and described how this promoted people's self-esteem.

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People and their relative's told us that a thorough assessment of their needs had been carried out before they came to stay at the service. Senior staff described how they would visit people in their home or hospital to introduce themselves and carried out pre-admission assessments to ensure they could meet individual's care and treatment needs. The information obtained from these visits would be used to develop their care plan and included discussions with relatives and other health and social care professionals.

Care plans were devised according to individual needs, wishes and preferences. These documented the support people needed and how they wished it to be provided. Details such as how people chose to spend their time, food likes and dislikes and how their night time care and support needs were to be met. Care plans were promptly updated to reflect people's changing care needs. For example, where people's health care needs had changed significantly this was communicated to staff and the care plan altered to reflect this.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care when this was the wish of their relative who used the service. People told us they were regularly consulted about how they lived their daily lives. One person told us, "How I spend my day is my choice. No one tells you what time you should get up and what time you go to bed, it is my choice as it should be." Another told us, "There are no restrictions here."

People's social and emotional needs had been assessed and people were supported to pursue their choice in leisure activities and hobbies according their personal wishes and preferences. People told us that staff respected their wishes when they wanted to be alone and encouraged those who enjoyed the company of others to participate in group activities. One person told us, "There is always something to do if you want to get involved. We have the hairdresser visit on a Tuesday and Wednesday. The chiropodist visits too."

The service employed an activities organiser who supported people with group and one to one activities which included supporting people to access the local community. We observed two reminiscence activities which took place in the morning and the afternoon of our visit. People living with dementia were supported sensitively to reminisce to music and games. It was evident that people enjoyed this opportunity to interact with others.

One relative told us, "The activities organiser has been good for residents who need stimulating. There are now a lot more activities provided and the quality of what they do is good and people enjoy them."

People said that they were supported to voice any concerns they might have and the new manager had been supportive in listening to suggestions they had made to improve the service. One person said, "You do feel like they listen to you. Whenever I have complained about the laundry this is dealt with quickly. They ask you your opinions about the food but you can't; please everyone, but they do their best to try. You can't ask for more than that can you?"

The provider took people's concerns and complaints seriously and used these to inform their planning for improvement of the service. We looked at the provider's concerns, suggestions and complaints log. We noted that there were various formats for people to raise concerns such as regular meetings. We noted that where people had raised concerns in meetings these issues had been addressed and informed continuous improvement of the service. Recent surveys had been carried out in relation to the quality of the food provided and in the planning of menus. Complaints and comments books were located where people had easy access to record their views. However, further work was needed to provide a clear audit trail when logging any formal concerns which would evidence the action taken, by whom and the timing of any responses with outcomes evidenced. The manager told us this was a priority for them.

Good

Is the service well-led?

Our findings

There was no manager currently registered with the Care Quality Commission (CQC). However, a new manager had recently been employed within the last month and told us they were in the process of submitting their application to register with CQC.

Everyone we spoke with was positive about the manager and welcomed the recent change in management. One person said, “The new manager is very nice; he’s not bossy, but always around.” Another said, “The new manager seems to be a very nice chap. He takes time to chat and he listens intently to what you tell him.”

People were supported to share their views collated through regular resident meetings and care reviews. This enabled people to be involved in the planning of their care and discuss issues and feedback on the quality of the service they received. Minutes of these meetings evidenced actions taken in response to people’s concerns and follow up on suggestions. For example, where people had expressed concern with the quality of the food, surveys were organised in response and changes to menus implemented. People were able to express their views about how they were cared for and what they needed to promote and protect their quality of life. The shift leader told us that people’s care was reviewed with them and their relatives and that when people had any concerns or were not happy, they listened to them and the homes management tried to work with them to solve the problem.

We observed during our inspection that people and their relatives could go to the office and chat to the senior staff who were easily accessible and available to answer any queries or support they required. One person told us, “We are free to say if we think something is wrong and believe me many do as they feel safe to do so. They are all kind and helpful.”

Staff had clearly defined roles and they understood their roles and responsibilities in ensuring the service met the desired goals for people. There had been recent changes to the leadership structure of the team with the loss of a deputy manager post and a new manager in post. Staff were complimentary about the support they received. Staff told us the current management team which now included an office manager, were all supportive and provided them with clear direction and a sense of value. Staff told us the manager was visible and was responsive to any concerns staff raised with them. One member of staff told us, “The new manager listens and they appear to genuinely care about people. I think they will fit in well here. Already the atmosphere has changed for the better.” Another told us, “The manager has already started to make a positive mark on the home. They are very nice and it feels like things are becoming more stable again.”

One staff member said, “The manager is supportive and we all work well as a team. We are one big happy family.” Staff told us that they were supported with regular supervision and staff meetings. Staff meeting’s had been recorded and evidenced a wide range of subjects discussed. These included discussions in relation to; performance management, safeguarding people from risk and planning for improvement of the service. Staff were encouraged to suggest ideas for improvement. Minutes were available to staff who were unable to attend and staff signed to say when they had read them.

The senior team including the manager carried out a number of audits such as monitoring the quality of care provided, audit of medicines stocks and errors, infection control, care plan and environmental safety audits. The manager and staff told us that whenever they needed new equipment in response to safety concerns or replacement of furniture or furnishings the provider was supportive and resources were promptly made available. This enabled people to live in a safe, well maintained environment with action taken by the provider to ensure continuous improvement of the service.