Care Worldwide (Oldham) Limited

Coppice Nursing Home

Inspection report

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Date of inspection visit:
06 September 2016
07 September 2016

Date of publication:
20 December 2016

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

Summary of findings

Overall summary

This inspection took place on the 6 and 7 September 2016. Our visit on the 6 September was unannounced.

We last inspected the home in June 2013. At that inspection we found that the service was meeting all the regulations we assessed.

The Coppice is a privately owned care home situated approximately one mile from Oldham Town Centre. It is a large detached property set within a walled garden, which has been extended and modernised to provide accommodation for 42 people and provides both long and short-term residential and nursing care. All but two of its bedrooms are en-suite and the accommodation is on two floors with a passenger lift providing access to the top floor. Each floor has its own dining room and there are several lounges. The property is surrounded by a large garden containing shrubs, trees and lawn. There is a patio area with garden furniture, which is easily accessible to wheelchair users.

When we visited the service a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

Staff had a good understanding of safeguarding matters and people we spoke with felt those living at the home were safe and that they were supported by sufficient numbers of staff to meet their needs. Recruitment checks had been carried out to ensure that all staff were suitable to work in a care setting with vulnerable people.

Medicines were safely administered by staff who had received appropriate training.

The home was well-maintained and decorated and was clean and free from unpleasant odours. Systems were in place for the prevention and control of infections. Environmental and equipment checks were up-to-date.

Staff had undertaken a variety of training to ensure they had the skills and knowledge required for their roles. Staff supervision was undertaken regularly.

People had their nutritional needs monitored and there were sufficient staff to help those people who needed support with eating. The home was working within the principles of the Mental Capacity Act (MCA) and where people were deprived of their liberty to receive care and treatment the appropriate deprivation of liberty safeguards (DoLS) were in place.

People we spoke with were very complimentary about the staff and we saw kind and positive interactions

between staff and people who used the service. A range of activities were available for people to take part in.

Care records contained appropriate information to guide staff on the care and support of people who lived at the home. These were reviewed regularly to ensure the information was up-to-date. People were supported to maintain good health and where needed, were referred to specialist healthcare professionals.

Quality assurance processes such as audits were in place to ensure that the service delivered good quality care.

From our observations during the inspection we saw that the home was well-managed and that the registered manager was knowledgeable about all aspects of the management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Arrangements were in place to safeguard people from harm and abuse.

Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

The home was well-maintained and clean and there were systems in place for the prevention and control of infection.

Medicines were stored and administered safely.

Staffing levels were sufficient to meet the needs of people using the service.

Is the service effective?

Good

The service was effective.

Appropriate training was provided to help staff carry out their roles effectively and safely. New staff received an induction and all staff received regular supervision.

People's nutritional needs were monitored and there was a choice of food available.

People's health and wellbeing was monitored and they were supported to access other healthcare services when required.

Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) authorisations were, where appropriate, in place.

Is the service caring?

Good

The service was caring.

People we spoke with were complimentary about the staff and about the care and support provided at the home.

Staff understood how to respect people's privacy and dignity and how to put this into practice.

Staff spoke to people in a manner that was kind and patient.

Care had been made to the décor of the home to make it look homely and welcoming.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments were detailed and 'person-centred' and were reviewed regularly to ensure the information remained relevant and up-to-date.

People had opportunities to participate in a range of appropriate activities.

There were systems in place to enable people to make a complaint about the service.

Is the service well-led?

Good

The home was well-led.

There were systems in place for assessing and monitoring the quality and standard of service provided.

People spoke positively about the home and the way it was managed, and staff worked well together as a team.

People were given the opportunity to speak to the manager about any concerns and to provide feedback about the quality of the service being provided.

Coppice Nursing 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 was an unannounced inspection which took place on 6 and 7 September 2016.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed information we held about the service, including the notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. We also reviewed the inspection report from the previous inspection. We contacted the Local Authority (LA), the Clinical Commissioning Group (CCG) and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. We also reviewed information submitted to us by the provider in the 'provider information return' (PIR). This document asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received. Therefore we examined people's care records and observed the care and support provided to them in the communal areas to capture their experiences.

During our inspection we spoke with three people who used the service, four relatives, the registered manager, two care staff, the cook and two visiting healthcare professionals.

We looked around the building, reviewed records and looked at other information which helped us assess how people's care needs were met. We observed a lunchtime meal and watched the administration of medicines to check that this was done safely.

As part of the inspection we reviewed the care records of four people living at the home. The records included their care plans and risk assessments. We looked at three staff files to check that the recruitment

process had been carried our correctly. We also reviewed a range of other information about the service, such as its training programme, quality assurance processes, complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with felt the home was a safe place in which to live. One relative told us ''I've no worries about them living here''. All staff had received recent training in 'safeguarding vulnerable adults' and those we spoke with demonstrated a good understanding of the subject and could give examples of how they would recognise abuse and the correct procedure for reporting it. Staff we spoke with felt comfortable to approach the registered manager if they had any concerns. One carer told us ''I've got a good relationship with her''.

Staff employed at the home had been through a thorough recruitment process. We inspected three staff personnel files and found that they contained all the necessary documentation, including an application form, two references and confirmation of identification. All staff had Disclosure and Barring (DBS) criminal record checks in place. These help the service provider make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. We saw that the registered manager kept a list of Nursing and Midwifery PIN numbers of the registered nurses and when they were due to expire: we saw that these were all up-to-date. The NMC is the regulator for all nurses and midwives in the United Kingdom. When nurses register with the NMC they are given a personal identification number (PIN), which are renewed every three years.

We inspected the premises and saw that it was well-maintained and decorated to a good standard. The home employed a full-time maintenance person and any maintenance problems identified by staff were recorded in a 'maintenance log' and dealt with in order of priority. The home had a large enclosed garden containing trees, shrubs, garden furniture and a paved area which was wheelchair accessible.

We looked around all areas of the home and saw the bedrooms, toilets and bathrooms, communal areas and kitchen were clean and free from unpleasant odours. Cleaning schedules had been completed. One relative we spoke with commented ''It's always clean and there's no smell''. Food was stored safely and the kitchen fridge and freezer temperatures monitored three times a day to minimise the risk of food contamination. A 'Food Standards Agency' inspection had been carried out in February 2016 and the home had been awarded the highest rating of 5.

The home had a treatment room which was clean and tidy and contained hand washing facilities, wound dressings, drugs fridge and the controlled drugs cupboard. Some prescription medicines are controlled under the Misuse of Drugs legislation, which means that stricter controls need to be applied to prevent them from being misused or obtained illegally. We saw records to show that the contents of the controlled drugs cupboard were checked twice daily to ensure the correct number of items were present.

We observed the lunchtime administration of medicine, which was carried out safely by a registered nurse. The training records we reviewed showed that all staff who administered medicines had been appropriately trained. The nurse giving out medicines wore a red tabard to indicate that they were giving out medication and should not be disturbed. This helped to minimise the risk of medication errors. Medicines were stored in individual locked cupboards in each person's room. We looked at the medication file, which contained a

variety of information needed for the safe administration of medicines, including medication administration record sheets (MARs), the medicines policy, a list of signatures of all staff who administered medicines and a medication profile for each person who used the service, which included their photograph and any allergies they had. We saw that MAR sheets had been completed correctly. The administration of topical medicines, such as creams was recorded on a separate sheet which contained a body map. This helped staff to correctly record which area of the body the cream had been applied.

Each floor of the home had an 'emergency box and 'first aid kit' which contained equipment such as dressings, airways and thermometers. These helped staff to respond to a minor emergency.

Arrangements were in place for the prevention and control of infection. Toilets and bathrooms displayed posters detailing the correct handwashing procedure and there were adequate supplies of paper towels and soap. Foot operated bins ensured people could dispose of soiled items without contaminating their hands. Staff had undertaken infection prevention and control training and those we spoke with could describe ways to help prevent the spread of infection. Information about good infection control practice was displayed in the entrance hall and provided information about effective hand washing, infection control policies and dates for link meetings where infection control issues were discussed. Alcohol hand gel was provided at the front door for the use of visitors. All these measures helped to ensure that people using the service were protected from the spread of infection.

We looked at the home's maintenance records and safety certificates and saw that they were up-to-date. Regular maintenance safety checks were made on all equipment, such as hoists, pressure relieving mattresses, suction machines, the nurse call system and the emergency lighting. In addition there was a monthly maintenance check of all the rooms to ensure that the floor coverings, lighting, furniture, windows and décor were in good condition.

There were systems in place to protect staff and people who used the service from the risk of fire. Fire equipment, such as extinguishers and the alarm system were regularly checked and all staff had received recent fire safety training.

A personal evacuation escape plan (PEEP) had been written for all the people using the service. These plans explain how a person is to be evacuated from a building in the event of an emergency, such as a fire and take into consideration a person's individual mobility and support needs. The PEEPs were located in each person's individual file and also in a 'fire safety documents' bag by the front door so that they were easily accessible.

Risks to people's health and safety, such as poor nutrition, manual handling and the potential to develop pressure sores had been assessed and information to support staff in managing the identified risks was written in their care plans. We saw that these were reviewed monthly. Accidents and incidents were recorded and analysis of these events was carried out by the providers.

People we spoke with felt there were enough appropriately trained staff to meet the needs of people living at Coppice Nursing Home and our observations during the inspection confirmed this. There was always a registered nurse on duty working alongside carers and 24 hour management cover was provided either in person during the day or by phone during the night. This ensured that staff were always supported by a senior member of staff. One relative we spoke with said ''Yes, there appear to be enough staff''.

Good

Is the service effective?

Our findings

All newly recruited staff completed an induction before they were allowed to care for people unsupervised. We looked at the induction programme and saw that it was comprehensive and covered a number of areas, such information about the home and its policies and procedures, staff roles, record keeping, health and safety, principles of care, interpersonal skills and infection control. This gave staff good basic knowledge and training to enable them to start their employment at the home and care for people safely and confidently.

We asked the registered manager about what training staff had undertaken and she provided us with an up-to-date training matrix which showed that staff had received training in a variety of topics, such as infection control, moving and handling, fire safety and food hygiene, dementia awareness and the Mental Capacity Act (MCA). Training was provided face-to-face and through computer based e-learning packages. Three staff had done additional dementia training to enable them to become 'dementia champions' and promote dementia awareness throughout the home. We saw that this had been put into practice through the use of dementia 'signage' on room doors, and by displays in corridors, such as one we saw which showed poems about living with dementia.

Staff were encouraged to undertake other additional training. For example, one person had attended the local Clinical Commissioning Group (CCG) course on pressure sore prevention 'React to Red' and had become the homes 'pressure sore champion' to promote good pressure area care throughout the home. At the time of our inspection there was only one person at the home who had a pressure sore, and this had been acquired while they were a hospital inpatient. The registered manager had attended an infection control meeting for residential and nursing home managers in July 2016 where the NHS 'Essential Steps to Safe and Clean Care' had been promoted, and she was in the processes of cascading this information and training to care staff. 'Essential Steps to safe and Clean Care' is a framework for providing good infection control practice in non-acute health and social care settings. We saw that information about a variety of training courses was displayed in the staff room. This showed that the registered manager understood the value and importance of a having a highly skilled workforce.

Staff were supported to improve the quality of care they delivered to people through face-to-face supervision sessions and an annual appraisal. All staff we spoke with felt that supervision was beneficial, as it enabled them to discuss their performance and identify any learning and development needs.

The Mental Capacity Act (MCA) (2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. Through our observations during the inspection we saw that staff sought consent before any support was given and that people were offered the opportunity to make choices. One carer told us how she showed a person a choice of clothes when she was helping them to get dressed. Another carer told us she used picture cards to help a person with communication problems choose a drink.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people's rights are protected. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). The registered manager told us that two people living at the home had a DoLS in place and that she had applied to the local authority for authorisation for a further ten.

People's care records included an assessment of their nutritional status and we saw that people had their weight monitored either monthly, or weekly according to their level of need and a Malnutrition Universal Screen Tool (MUST) score recorded. The MUST score helps to identify adults who are malnourished, at risk of malnutrition or obese. Where someone was found to be at risk of poor nutrition steps were taken to fortify their food to provide them with extra calories, and where appropriate they were referred to a dietician.

We observed a lunchtime meal and saw that the food looked appetising and hot. Tables were attractively laid with table cloths and condiments and there were sufficient staff available to assist with serving the meal and helping those who required support with eating. People were offered a choice of meal, and where they did not like the food on the menu staff provided them with an alternative. Hot drinks and snacks were provided between meals. We saw that the menus were displayed in the dining rooms and these showed pictures of the food on offer, for those people who might struggle to understand the written word. People we spoke with were happy with the quality of food.

People who lived at the home had access to a range of healthcare professionals, such district nurses and dieticians. One visiting healthcare professional we spoke with told us that if their assistance was required they were contacted promptly by the registered manager, 'They call us out immediately and they always follow our advice''. A visitor told us that when her relative had developed a cough they were referred immediately to their general practitioner (GP). Relatives we spoke with told us that the registered manager told them promptly about changes to a person's health. One person said ''I am always kept informed''.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care given by staff at the home. One person, whose relative had lived at the home for many years commented ''The care they have been given has been superb, I can't fault them whatsoever'' and another person said ''Everyone here is dead friendly''.

We read two letters which had been written by relatives of people who had recently passed away at the home. Both letters expressed how grateful they were for the kindness shown to them during the time their loved ones had lived there and for the love and support the carers had shown. One comment made was ''I am grateful to you all for your care, concern and compassion''.

We looked at the January 2016 residents and family survey and saw many positive comments, which included ''The home is warm and welcoming and the carers helpful and kind'', ''Friendly and caring staff'' and ''The care and attention I get are first class''.

People in the home looked clean, well presented and groomed. Their clothes were well kept and clean. One person we spoke with told us how their relative, who had dementia and was unable to communicate fully, always looked well-dressed and had their hair done and nails painted, as they would have wished if they had been able to express themselves. She commented ''The staff go the extra mile''. Another person commented ''Whenever I want anything they are there''.

We observed how staff interacted with people and saw that they were patient and spoke kindly and politely to people. For example, we watched a carer walking along a corridor with someone, supporting them gently with their arm on their back. We heard them comment to the person ''Your hair looks nice''. During the lunchtime meal we watched as a member of staff supported a person with eating their meal. We heard them ask ''Are you enjoying it?'' and when they were called away for a few moments we heard them apologise to the person saying ''Excuse me, I won't be a minute''.

People told us they were treated with dignity and respect and were given choices, such as what clothes they would like to wear and what meals they would like to eat. During our observation of the medication round we heard the member of staff who was giving out medicines ask a person if they were ready to take their tablets, rather than just handing them to them. We saw that information about a person's continence products and the help they needed in relation to their mobility was displayed discreetly on the inside of their wardrobe door. This meant that private information about the person was kept out of sight. One relative, commenting about staff said ''They're good on dignity''.

We saw 'thank you cards' praising the home for its 'end of life' care. The home was taking part in a European-wide research project run by the University of Lancaster, which was looking into how end of life care could be improved for people living in a residential care setting. The registered nurses had recently received refresher training in syringe driver management to ensure they were all competent in using this equipment. A syringe driver is a small, portable, battery powered infusion device that is used to administer a continuous subcutaneous infusion of drugs, such as pain killers. Registered nurses need to be trained and

assessed in the use of a syringe driver to ensure that their practice is safe.

During our tour of the building we saw that care had been taken to make the corridors and rooms look attractive by the use of wall displays, photographs of events and activities, and pictures. This helped to create a homely atmosphere for people living there. One visiting health care professional told us ''I always feel that coming in here is a nice experience''.

Good

Is the service responsive?

Our findings

Prior to moving into the home a pre-admission assessment was carried out by the registered manager. This assessment usually took place at the person's home, or if the person was in hospital they were assessed there. Relatives and people interested in moving to the home were encouraged to visit prior to accepting a place. A review of the person's support plans was carried out three to four weeks after their admission, to ensure that everything was satisfactory and they were receiving the support they needed.

We reviewed the care documentation of four people living at the home and saw that it contained a variety of information necessary to plan person-centred care. This included 'This is me' information, which records details about a person's life and their likes and dislikes, and risk assessments, such as for mobility, falls and pressure areas. Support plans had been devised using this information and we saw that these were reviewed monthly. One visiting health care professional told us 'The paperwork is excellent and everything I need is up-to-date''. Records we reviewed showed that people's weights were recorded monthly or more frequently if needed and appropriate action taken if they were deemed to be at risk of poor nutrition. One person told us that their relative had been losing weight before they came to live at the home, but since moving there they had gained weight.

Handover meetings were held for all the staff at the start of each shift. This enabled information about changes to the health or care needs of people who lived at the home to be discussed and ensured that any alterations in their care were promptly communicated.

The home employed an activities coordinator who worked five days a week and supported people with a variety of activities, such as crafts, armchair exercises, board games and reminiscence. In addition, special occasions, such as birthdays were celebrated. Activities boards displayed the week's activities. During the second day of our inspection we saw that some people took part in an organised games session outside in the garden, where they were supported by staff and the activities coordinator.

The registered manager told us that several people had been referred to the Age UK 'Life Story' project, which works with older people to record their life histories in books of words and photographs. On completion of the book the home organised a party at which the person's "Life Story" book was presented to them and their family by Age UK staff. This showed that staff recognised the importance of valuing the individual lives of people who lived at the home.

The complaints procedure was displayed in a prominent place in the entrance hall and was included in the service user guide. There was a copy of the service user guide in each bedroom. One person told us 'If there's anything wrong I go and speak to the manager, she's very good'', and another said ''I have never had to make a complaint''. The registered manager told us that there had not been any recent complaints, which she felt was due to her 'open door' policy which meant issues could be resolved informally as and when they occurred and before they became serious.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post, who had registered with the CQC in April 2014. She had a National Vocational Qualification level 5 in leadership and business management. People we spoke with were complimentary about the way the home was managed and about the open and approachable attitude of the registered manager. Comments we heard from relatives included ''She's very approachable, there have been positive changes since she came'' and ''She's on the ball''. Staff we spoke with felt that there was a good team spirit at the home and that people worked well together. One person commented ''We've got a pretty good team at the minute". From our observations during the inspection and through talking with the registered manager we saw that the home was well managed. The registered manager told us ''I run a tight ship''.

The registered manager told us that they did not hold regular meetings with people who used the service and relatives as she held a monthly ''surgery'' where she set aside time specifically to talk to people about any concerns they had. Information about this was displayed in the entrance hall. In addition, people were free to approach her at other times if they wanted to raise any concerns or ask questions, as she had an open door policy. She told us '' Families are always in and out of the office''. A health care professional we spoke with told us feedback she had received from people about the home had been good.

People who used the service had the opportunity to comment on the standard of care provided through surveys. The last survey had been held in January 2016. Feedback from this survey was positive and included comments such as ''I am very happy with how (name) is being looked after here by the manager and her excellent team of workers''.

The home had a 'Facebook' page where photographs of events at the home and 'Thank you' comments were posted. Information about the 'Facebook' page was displayed in the entrance hall, along with a statement asking people to inform the registered manager if they objected to their loved ones photograph being posted on 'Facebook'. The service produced a newsletter every few months, which kept people informed of birthdays and events.

We saw evidence that staff meetings were held twice a year, which enabled important information about the service and issues around care to be discussed with staff. We looked at the minutes for the meeting held in April 2016 and saw that one of the topics for discussion was the importance of encouraging a good fluid intake among people who used the service and how this could be achieved.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular audits/checks were undertaken on all aspects of the service, such as infection control and medication, and we saw evidence that these were being carried out.

The registered manager reviewed incidents and accidents to make sure risks to people were minimised and notifications of incidents occurring at the home had been made to the CQC in line with their registration

requirements. All falls were monitored closely and analysed on a monthly basis to assess for trends.

In the entrance hall we saw that a lot of useful information was provided for people who used the service and visitors. This included information about the home's values and philosophy of care, the service user guide, CQC report, safeguarding and infection control procedures, and information about preventing pressure sores.