

Care Worldwide (Oldham) Limited

Coppice Nursing Home

Inspection report

84 Windsor Road
Oldham
Lancashire
OL8 1RQ

Tel: 01616268522
Website: www.careww.co.uk/coppice

Date of inspection visit:
20 June 2019
21 June 2019

Date of publication:
16 July 2019

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

About the service

Coppice Nursing Home is a residential care home providing personal and nursing care to 38 adults at the time of the inspection. The service can support up to 44 people. The home is a large converted residential building and accommodates people on two floors which are accessible by lift or stairs.

People's experience of using this service and what we found

People were kept safe. Staffing levels meant people did not have to wait long when they needed support. People received their medicines as they were prescribed. Risks to people were assessed and regular checks were done to ensure the safety of equipment and premises.

People spoke highly of the food and a variety of culturally appropriate meals were available. People were supported to attend appointments with visiting dentists and opticians to the home. The home was decorated and adapted to suit the needs of the people living there.

We observed staff treating people in friendly, respectful ways. Staff engaged people in conversation and people living in the home clearly had a good rapport with staff. Relatives of people told us they were made to feel welcome.

People told us the activities arranged by the home were very enjoyable and suited people's interests. The home was responsive to people's changing needs and worked hard to accommodate them. When people neared the end of their life they were treated with dignity.

The registered manager was experienced and had encouraged an open culture in the home. Staff and relatives told us the registered manager was available if they wanted to discuss anything. The management team was keen to ensure the home continued to meet the needs of the people living there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Coppice Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Coppice Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service, two relatives of people using the service, an advocate for people in the home, and a GP. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke

with seven members of staff including the registered manager, the regional quality auditor, the home's administrator and nursing, care and domestic staff.

We reviewed a range of records. This included four people's care records and multiple daily records and medicine administration records. A variety of records relating to the management of the service, including safety certificates, health and safety checks and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure concerns about people being at risk of abuse could be investigated and appropriate action taken.
- Staff underwent training in safeguarding people which enabled them to identify and report signs of abuse. Staff told us they felt confident in raising any concerns they had.

Assessing risk, safety monitoring and management

- Risks to people were assessed and the staff identified ways in which the person could be supported in the way they chose in as safe a way as possible.
- Regular checks were made on equipment in the home to ensure it remained safe.
- People's records were stored securely but were available for staff to access.

Staffing and recruitment

- Sufficient staff were on duty to support people safely.
- People told us staff were available when they needed them. Throughout the inspection, we observed people being supported patiently and saw staff had time to spend with people. A relative commented, "There's always plenty of staff."
- Checks were done on the background and character of staff before they were offered employment. These included checks with the Disclosure and Barring Service (DBS). The DBS informs potential employers of any convictions or cautions a person has allowing employers to make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored securely and clearly labelled to identify who had been prescribed the medicine.
- People's records clearly identified which medicines had been prescribed to be taken as and when required (PRN). Protocols were in place to guide staff to understand when these medicines should be given if people were not able to ask for them.
- The registered manager told us, "If someone is having PRN medicines all the time or not needing it at all it's a sign we need to discuss it with their GP and review their prescription." Records confirmed people's medicines were kept under regular review to ensure they remained appropriate.

Preventing and controlling infection

- The home was clean and in a good state of repair.
- We saw bedrooms where old carpet was in the process of being replaced with easier to clean flooring.

- Supplies of disposable gloves and aprons were available for staff to use and during the inspection we observed staff following good infection control practices.

Learning lessons when things go wrong

- Investigations into accidents and incidents identified actions that could be taken to try and prevent the incident happening again.
- Learning from incidents was shared in regular meetings with managers from other homes owned by the same people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and recorded clearly in their care records.
- People's choices were included in their records to indicate how they wanted to be supported.
- An internal review of the people's records had identified improvements to the layout of records to keep related information together.

Staff support: induction, training, skills and experience

- Staff told us they were well trained and had the skills they needed to support people safely.
- One member of staff we spoke with told us, "I've worked in different homes and the training here is second to none."
- We observed staff supporting people with their moving and handling needs appropriately and patiently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported to eat and drink.
- People told us they enjoyed the food in the home. People needing assistance to eat and drink were supported patiently and allowed to eat at their own pace.
- People were offered meal choices that met their cultural needs and choices.
- Drinks were widely available throughout the home with a choice of squash in all lounges and a cold water dispenser in the hallway.
- Food supplements were kept in secure fridges in dining rooms. The registered manager explained, "People told us they didn't like the supplements warm so we got fridges for them and people are enjoying them more."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with other agencies to enable people to access other healthcare and services.
- A dentist and an optician visited the home regularly. During the inspection, we observed staff liaising with people's GPs to arrange visits.
- We spoke with a GP who informed us that staff in the home were good at reporting concerns and tried to promote the health of people living there.
- Other care professionals were able to make notes in people's care records and any advice they gave was incorporated into people's support plans.

Adapting service, design, decoration to meet people's needs

- The building was significantly adapted to suit people's needs.
- We saw how access to the building had been changed to meet people's needs.
- A dementia-friendly indoor garden had been created so people could experience the feel of being outside if their health prevented them from going outside.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Appropriate applications were made to authorising bodies for DoLS and applications and authorisations were monitored to ensure they remained current and appropriate.
- We observed people being asked for their consent before they were supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout our inspection we saw people being treated in friendly, supportive ways.
- One person we spoke with told us, "I've never had a cross word, they're very friendly." Another person told us, "Everything is very good, the staff are very kind."
- A relative we spoke with told us, "I'm really happy that [my relative] is safe and very well looked after."
- People's cultures were respected and people were supported in ways that met their cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in deciding how they were supported.
- We saw how people had been involved in developing support plans for themselves or relatives. The registered manager explained, "We build [the support plan] up over six or seven weeks with the person and their family. We give the person a copy and, if they choose, a copy to their family."
- Staffing levels had been changed to suit the preferences of the people in the home. The registered manager told us, "We've changed [the rota] so we have extra staff in the afternoon. People were telling us they wanted a bath in the afternoon rather than the morning, so we have extra staff now in the afternoon."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected.
- People were supported to do the things they could for themselves. When people needed support, staff assisted them respectfully and patiently.
- Relatives of people living in the home told us they were made to feel welcome and could visit at any time. One relative told us, "When we were choosing a home I came here without an appointment and they showed me round so I knew that's how the home usually was."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and choices.
- We observed staff understanding people's needs and supporting people according to their choices. A person we spoke with told us, "It's marvellous how they can look after people who have to stay in bed."
- Relatives gave us examples of how the service had adapted people's support to meet their changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded as part of the initial assessment of the person's needs.
- Where people required information in other languages the service worked with translation services provided by other organisations such as the local authority or clinical commissioning group (CCG).
- The registered manager told us, "We have staff who share languages with all our residents. When we needed a translator to go with a person for hospital appointments we liaised with the CCG."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of relevant activities were arranged both within and outside the home. Staff informed people in communal areas and visited people in their rooms to inform them what activities were taking place. Where required, people were assisted to where the activity was taking place.
- Where people chose to remain in their rooms and not participate in a communal activity, the person's key worker would spend time doing an activity of the person's choice.
- During our inspection people appeared engaged in and enjoying the activities. A person we spoke with told us, "The singer is good. He comes here a lot. There's always something going on." A relative confirmed, "The activities are very good. They get everyone involved."

Improving care quality in response to complaints or concerns

- Complaints were analysed to try to identify learning and improve the service.
- People felt able to complain and information about how to complain was widely available in the home and in people's care records.

- People we spoke with told us, "We can just say if we're not happy. They always listen and do something."

End of life care and support

- The home provided compassionate support for people at the end of their lives.
- Staff in the home liaised with other professionals involved in the person's care to ensure they received the support they needed.
- We saw medicines prescribed for people at the end of their life were stored securely until they were needed.
- We observed the registered manager respond sensitively to people's needs as they neared the end of their life. The registered manager took steps to ensure people were in comfortable and calm surroundings by moving noisy activities to other parts of the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team in the home promoted a culture that was friendly and welcoming.
- Staff we spoke with confirmed the culture was open. One member of staff told us, "We are encouraged to ask questions. If we want to know anything we can go to the [registered manager's] office or ask one of the nurses."
- Relatives we spoke with confirmed they felt the culture of the home was transparent. One relative commented, "The [registered] manager's door is always open and if they aren't in there they will be around the home somewhere. They will always speak to you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and regulatory requirements.
- Relatives told us they felt staff in the home were honest and kept families well informed when incidents involving their relatives happened.
- When incidents happened in the home, other organisations such as CQC and the local authority were informed promptly.
- A variety of quality assurance checks and audits were performed to ensure the service in the home was safe and of a high standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service tried to involve people, relatives and other organisations in developing the service.
- Regular self-managed resident and relatives' meetings were held and issues were fed back to the management team. The registered manager explained, "It was an idea from some of the relatives. We just provide the room and tea and they let me know anything that people want raising. It works well."
- The service had built good links with community groups and local schools. Volunteers from a local school visited the home to assist with gardening.

Continuous learning and improving care

- The management team were keen to continue to improve the service.

- The registered manager participated in groups arranged by the local authority and clinical commissioning group to share good practice and learning. They also attended meetings with other registered managers of homes owned by the same people. The registered manager told us, "They are very helpful. We can openly discuss any issues we have and what is working and not working in the homes and get ideas of things we can try."