Friends of the Elderly

New Copford Place Residential Care Home

Inspection report

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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

Summary of findings

Overall summary

New Copford Place is a purpose built residential care home with rooms at ground level providing personal care for up to 27 older people, some of whom are living with dementia. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were 25 people living in the service.

At the last inspection in February 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The people who lived in New Copford Place were provided with high quality; caring support which was person centred and met their individual needs. Comments from people who lived in New Copford Place included; "This is truly a wonderful place. The food is good, it is clean and the gardens are well maintained" and "The staff are genuinely caring, they cannot do enough for you. We are like family."

Since our last inspection the registered manager has retired and a new manager had been in post for three months. The new manager had applied to be registered and was shortly due to attend their fit persons interview.

People said they were safe and had no concerns about the care and treatment they received. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Effective recruitment processes in place to reduced the risk of unsuitable staff being employed. There were enough staff available to provide care and support. Training and supervision systems provided staff with the knowledge and skills they needed to meet people's needs.

People's nutritional needs were met and people were supported to have enough to eat and drink. A range of external health and social care professionals worked with the staff team to support people to maintain their health and well-being.

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

Care plans were personalised and gave staff guidance on the care each person needed. People and their relatives were involved in planning their care. People were encouraged to participate in a range of varied

group and personalised activities and interests of their choice with good links to the local community.

People and relatives spoke positively about the leadership skills of the new manager and told us it was well led. A number of audits and checks were used to ensure the effectiveness, safety and quality of the service.

People and their relatives were given opportunities, such as meetings and annual satisfaction surveys to give their views about the service and comment on how it could be improved. However, we recommended that senior management quality audits also include in assessing the views of people, their family, friends and staff.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 comprehensive inspection was carried out on the 19 and 20 June 2018 and was unannounced.

The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events that the provider is required to tell us about by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who lived at the service, three volunteers, five relatives and one visitor. We spoke with the manager, the admin support, the quality manager, five care and domestic staff. We spent time observing the care and support that people received during the time of the inspection.

Good

Is the service safe?

Our findings

All the people and their relatives we spoke with were complimentary about the care and support they received. They said they were safe and felt secure. One person told us, "I am safe here. The staff are kind and lovely. The food is good and we have plenty of entertainment and things to do if you choose to get involved." One relative commented, "This place is just fantastic, you would not believe the change in [relative], they have blossomed since coming here. I no longer worry, I know they are safe and contented."

There were systems in place for the ordering, storage, administration and disposal of medicines including controlled drugs. Information about what people's medicines were for and how they liked to take them was comprehensive and made very clear to staff. Protocols were in place for as and when required (PRN) medicines. PRN medicines are given only occasionally and not on a consistent basis, such as pain relief medicines.

We carried out an audit of stock against medicines administration records (MAR). We found a number of discrepancies whereby medicines in stock did not tally with the MAR records. We discussed these shortfalls with the manager who investigated this and found that these discrepancies were due to errors in carry forward totals during the monthly booking-in of medicines received the day before. This did not impact on people receiving their medicines as prescribed. However, in response to our findings the manager took immediate action to contact the provider's clinical lead to set up refresher training for all senior staff to include competency assessment. Weekly rather than monthly audits were instigated and extra supernumerary hours allocated to the shift leaders to provide two shift leaders to check in the medicines to provide a system of double checking and reduce the risk of errors.

Staff demonstrated a good awareness of safeguarding procedures to follow should they have concerns, including a knowledge of who to report to if they witnessed or heard any allegation of abuse. The manager had demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents well reporting appropriately and carrying out investigations when required.
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Risks to people's safety had been assessed and their safety monitored. Window restrictors and heat sensitive radiators were in place. Fire equipment, lifting equipment and call bells were tested regularly and serviced appropriately. Water tests were carried out to ensure the water temperature did not pose a risk to people. The risk of legionella bacteria had been assessed and actions taken to reduce the risk. Health and safety audits were carried out and action plans produced with follow up recommendations where shortfalls were identified.

We saw that risks, such as those related to moving and handling, prevention of pressure sores, and the risk of choking had been assessed. Actions to reduce these risks were well documented in care plans. Risk assessments reflected people's current needs and were subject to regular review. Staff also discussed incidents and concerns at supervision and at daily handover meetings.

Falls were analysed each month to detect any patterns or trends to see if any further measures were needed

to reduce the number of falls. However, we noted one person who had regular falls, no action had been taken to refer them to the falls prevention team for specialist advice and support. We also found that the use of equipment to alert staff that the person had got out of bed such as a sensor mat or motion detector alarm had not been considered. We discussed this with the manager who immediately made a referral to the falls prevention team and installed a sensor mat. The person's care plan was updated and information communicated to staff to ensure they had up to date guidance with the steps they should take to mitigate the risk of harm.

People's needs were met by a stable staff team. Staff and people who used the service told us that apart from occasional agency usage to cover for staff absences there was sufficient staff available to meet their needs. One person told us, "They come promptly when you call for help. Of course, there are those times of day when they are busy and more people need their attention but I am never left waiting long." Another told us, "They have time to chat with you and always come along with a smile."

Staff employed at the service had been through a robust recruitment process before they started work. Permanent staff, agency staff and volunteers had checks in place from the Disclosure and Barring Service (DBS) to establish if they had any criminal record which would exclude unsuitable staff from working in this setting. Interviews took place to establish if staff had the skills and qualities needed to carry out the role safely and effectively.

People were protected by the prevention and control of infection. People spoke highly about the standard of cleanliness in the service and the high standards of the domestic staff. Measures were in place to reduce the risk and spread of infection and ensure the regular cleaning and deep cleaning of the service. Staff, including domestic staff, were knowledgeable about infection control and received training with regard to COSHH (Control of Substances Hazardous to Health) regulations.

Good

Is the service effective?

Our findings

Everyone we spoke with expressed confidence in the skills and knowledge of staff and said they knew their needs well. One person told us, "They are marvellous. They know just what you need and are all so nice and friendly." Another told us, "You would not find better than the staff who work here. People are genuinely caring and helpful, nothing is too much trouble."

Care staff received a wide range of relevant and person-centred training to develop their skills and knowledge and understanding of people's specific needs. Training provided included a mixture of face to face and e-learning in subjects such as nutrition, moving and handling, fire safety, infection control safeguarding, first aid and food hygiene.

The new manager told us they were passionate about promoting the development of staff. One staff member told they had been supported to access mentorship training to develop leadership potential within the staff team. The manager also told us of their plans to develop and promote the use of champions. This would provide a system whereby staff who had shown an interest in particular areas such as good practice in dementia care, infection control, malnutrition screening and infection control would be responsible for the development of and sharing their skills and knowledge within the staff team to promote best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place to lawfully deprive people of their liberty when assessed as in their best interest to keep them safe. The manager demonstrated a good understanding of their roles and responsibilities and how the Mental Capacity Act 2005 should be applied. They had developed a DoLS tracker to ensure there was effective monitoring of applications and action taken where reviews were required.

Staff had been provided with training in MCA and DoLS and were clear about people's right to make decisions, including decisions which might be viewed as poor decisions. We saw that Best Interest decisions had been appropriately taken on behalf of people who had been assessed as being unable to decide for themselves. We also saw that, where required, applications had been made to the local safeguarding authority when it was deemed that someone needed to be deprived of their liberty to keep them safe.

Staff asked people's consent before providing them with care and treatment. People's capacity to consent to aspects of their care and treatment was documented in their care plans and signed by them or their relatives, if appropriate. For example, support with personal care and the management of their medicines. Care plans made people's wishes clear with regard to whether they wished to be resuscitated should they suffer a cardiac arrest. Appropriate DNACPR orders (do not attempt cardio pulmonary resuscitation) were in place for people who wanted this and staff were aware of who had these in place. A DNACPR is a legal order which tells medical professionals of the person's wish not to have cardiopulmonary resuscitation performed on them.

People continued to be supported to have access to a balanced, nutritious diet. People were complimentary about the quality and variety of food provided. Comments included, "The food is very good. Plenty of it and you can choose where you eat either in your room or in the dining room with others." And "The cook asks your opinion. I was never one for breakfast before I came here but they make me a lovely scrambled egg in the morning which I look forward to."

We observed and people told us mealtimes were an enjoyable experience. Care and attention to detail was evident in the laying of tables with tablecloths, fresh flowers and accessible menus. People could enjoy a glass of wine or beer with their meal if they chose. Staff were attentive and supported people where required with the cutting up of their food, carried out in a discreet, dignified manner.

Those people who had been assessed as being at risk of not eating or drinking enough were sensitively supported with their diet. Extra milk shakes and cream shots were given to people and their weights were regularly monitored. If people continued to lose weight or at risk of choking they were referred to specialists such as the dietician or speech and language therapist for further advice. We saw that staff followed the recommendations for specific textured diets and had a good knowledge of people's dietary needs and preferences.

Staff were knowledgeable about people's healthcare needs and current health conditions. Records showed that people had access to a variety of healthcare services including GPs, district nurses, falls team, continence service, opticians, occupational therapists, dieticians and chiropodists. People told us staff responded quickly if they became unwell. One person said, "If you need the doctor they sort this for you and they come pretty soon after." A relative told us, "[Relative] is very well looked after here. We have no worries, we know that if they need to see the GP they will arrange this and keep us informed of the outcome."

People's rooms were personalised according their preference and taste. Each room was at ground level with access to a small patio area with a patch of garden where some people had pots planted up with flowers. Communal gardens were attractive and had been well maintained. With the support of staff and volunteers' vegetables were being grown and people told us how much they appreciated these spaces. One person told us, "The gardens are a delight, there are plenty of trees and wildlife to look at. The volunteers fill up my bird feeders, they know how much I enjoy watching the birds." Another told us, "I have one of the best rooms with lovely views. I enjoy sitting in the garden which are well maintained and bring me joy." We observed people made good use of the communal gardens and saw in the afternoon of our visit staff offered people ice-creams to enjoy.

Good

Is the service caring?

Our findings

All of the people and their relatives who we spoke with were positive about the standard of care provided and the kind and caring manner of the staff. Comments included, "It's just so lovely, it's calm and relaxed. The staff are always kind, not one of them is unkind", "I'm pleased I'm in a good home. It's very nice here. Everyone is very pleasant", and "The carers couldn't do more for you, I think we' are very lucky to be here. Everyone is so thoughtful and kind.

We observed positive interactions between staff and the people they supported. We saw that people were comfortable in the presence of staff as people were treated with genuine warmth and there was lots of laughter. Staff and the manager were highly motivated and passionate about the care they provided. Staff told us, "We listen to residents, how they wish to live and treat them as we would want to be treated.

People told us they valued their relationships with staff and the volunteers. One person told us, "When I moved here from hospital I was not myself, I did not want to eat and lost interest in life. They [staff] were so kind and patient with me. They encouraged me to get my appetite back and get more involved." One visitor told us, "This is truly a remarkable place. You are always welcomed with a smile and offered a cup of tea."

People were encouraged to be involved in the choices around all aspects of their care such as what they had to eat, what time they got out of bed, what they wear and the gender of care staff supporting them. We saw that those choices were recorded in people's care plans and were in line with the care that people and their relatives told us they received.

People told us family and friends were able to visit without restriction, "There is a real sense of community here. You can visit when you want. You don't have to ask permission."

People's dignity and privacy were respected. We spent time observing the care practices in the communal areas and saw that people's privacy and dignity were maintained. Staff knocked on people's doors before entering and made sure they were happy for them to enter the room. Staff were not rushed and respected people's choices and to how they spent their day. One person told us, "They know I like to stay in my room and have my meals here. I've never really been one to socialise and they respect that. They come and chat which I like so I never feel alone."

Good

Is the service responsive?

Our findings

People told us that staff and the management of the service involved them in all aspects of their care and treatment. We received only positive reviews from people, their relatives and representatives. Comments included, "This place is amazing. I have stayed in other homes for respite care but this is the best place I could have ended up living in. I am so lucky to be here. They know what I need and when I need it", "Look at this place, the gardens are beautiful and well maintained, my room is just perfect with views of lovely trees, squirrels and birds. I wanted to come here because this place has such a good reputation. The care is second to none, you would not find better anywhere I am sure." And "My life is all the better for living here. I am safe and well cared for. The food is good and the place is clean and well maintained." A visitor told us, "I work in care so know what a good home should look like. I am incredibly impressed, I've looked but I cannot find anything negative about the place. The staff cannot do enough for people. The staff and manager are all so approachable."

Staff provided care and support in a personalised way. Care plans were personalised and contained comprehensive information to guide staff in meeting people's needs. Where able, care plans were signed by the person in receipt of care following each review. We saw people had been involved in the planning and review of their care. Daily notes and care plans provided comprehensive information about care which was responsive to individual needs. For example, 'What people like about me', 'My mental health', which described for staff how to provide comfort and reassurance to the person. Night time needs described people's choice as to their preferred time of going to bed, how many pillows they liked and the level of support they may need during the night time hours. Care plans were complemented with information about people's life history, their likes and dislikes.

The manager and staff told us they were striving to improve the way in which care plans reflected people's preferences and life goals. The provider had implemented a new streamlined format for care planning. The manager had also re-instated the keyworker system and worked with care staff to encourage their involvement in the writing and review of care plans. Staff told us and we saw that care plans were working documents which reflected people's needs, wishes and preferences in how their care was delivered.

People told us they were provided with the care and support they needed to stay independent. We saw staff supporting people with daily exercises as prescribed by their physiotherapist to maintain their mobility. One person told us, "They encourage you to keep going, to continue doing things for yourself and not give up. They encourage you to keep independent."

Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were able to do so. People had been consulted about what would be important for staff to know about their needs, wishes and preferences. At the time of our inspection no one was receiving end of life care. However, we saw people's last wishes in relation to their end of life care had been well documented. Care plans contained information about their preferred place to receive care and any religious or spiritual needs. They also recorded discussions with people where they had been given the opportunity to talk about any concerns or fears about dying. Daily handover records provided a quick reference for staff

should they need to know in an emergency who had a DNACPR in place.

People had access to a wide range of personalised activities. The activities coordinator was extremely enthusiastic and, along with all the staff, was focussed on creating a vibrant community. They told us they were guided by people's wishes and aspirations when organising activities. People told us they had access to lots of enjoyable, meaningful activities. Staff and volunteers made personal contributions to help ensure activities were a success.

The activity coordinator explored the potential benefits of each activity and then evaluated them with suggestions for improvement. People's feedback was used to help with future planning.
We saw photographs of people on outings and engaged in interesting pastimes.

People were encouraged to participate in a range of daily activities such as yoga, cooking, arts and crafts, bingo, exercise classes and quizzes. A weekly plan of organised events was printed and delivered to each person to view. The plan was changed weekly to avoid repetition and provide a variety of choice.

We observed a group of people enjoying a croissant and quiz event taking place in the morning and later another group making hats for an Ascot event in the afternoon. Staff were observant, and identified if people were not taking part, always checking if they wanted to, and providing support and gentle encouragement if required. Staff did not make assumptions, and always asked people who usually preferred to sit quietly if they would like to join in. People clearly enjoyed the activities provided and were actively involved in the planning of events. The activities coordinator researched and arranged regular community and one to one activities which people told us they enjoyed greatly. For example, trips out to the cinema, pantomimes, a local farm, local ladies fellowship events, local churches and visiting gardens.

One on one activities were organised to meet the needs of individuals who may not wish to attend group events and would otherwise remain isolated in their rooms. For example, for one person trips to a local tennis club followed by a pint of beer in a local pub. Another person reluctant to be involved in group activities but who expressed a love of books was supported to regularly visit a local library. For another person who had expressed a wish to visit places where they used to live and worked, a tour had been arranged which enabled them to reminisce.

People were supported to maintain links to the local community. For example, a local playgroup, local schools, including a choir visited, entertained and spent time chatting with people. A horticultural specialist ran a gardening group. A group from a local farm visited regularly and people told us how much they had enjoyed being able to pet pygmy goats, kittens and miniature horses.

Links had been forged with Essex university who attended the service to provide origami classes and discussion groups on subjects such as world events and politics. Knit and natter groups had been formed where people were encouraged to socialise and share their skills with others. One person who told us they loved to knit and made toys which were raffled to create funds for events said, "I have always loved to knit and knitting for the raffles helps me to still feel useful."

People told us they were encouraged to air their views at residents' meetings, reviews and raise any concerns directly with staff and the manager. None of the people we spoke with had raised any concerns or complaints. We saw there was a system in place to respond to any concerns and complaints and we were assured from discussions with staff and the manager that any complaints would be taken seriously. A review of the complaints folder showed us that three formal complaints had been received since the last inspection. These had been fully investigated and a full response provided to the complainant.

A number of volunteers supported the service on a daily basis with tasks such as serving drinks, group activities, trips out and tending the well-maintained gardens. One volunteer told us, "This is an amazing place. They looked after my [relative] so well and I wanted to continue visiting and give something back." Another told us, "They are marvellous here. This is a truly wonderful place to live. They are so kind and caring. The place is alive and buzzing. I have my name down for when I need it. I would not want to live anywhere else. It's just perfect."

A visitor told us, "You would not believe [friend] was the same person. The staff here are amazing. They have spent so much time talking with them to encourage them to keep their independence and not lose their personality."

Staff and people, we spoke with told us that the service encouraged visitors, and that the staff supported people to maintain important relationships.

The service held regular meetings to gain people's feedback. They also carried out annual satisfaction surveys. We saw from the last review that 100% of people said they were 'Happy living here' and 'Satisfied with the standard of care'. 94% said the service was 'Good at keeping family and friends informed of changes to people's health and wellbeing'.

Good

Is the service well-led?

Our findings

There had been a change in the management of the service since our last inspection. The previous registered manager had retired and the new manager had been in post for three months. The new manager had applied to be registered and was shortly due to attend their fit persons interview. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new manager and staff continued to demonstrate a shared responsibility for promoting people's health, wellbeing and safety. There continued to be a positive, enabling culture that was centred on enhancing the lives of people who lived there. Despite the recent changes in the management morale amongst staff remained high.

Staff told us the service continued to be a good place to work. They told us they were supported, received regular supervision and had access to plenty of training opportunities. Comments included, "The new manager is a breath of fresh air. They are making changes but not too many", "We were very nervous about the change in manager but they are proving to be very popular" And "They have encouraged me to develop and I feel more empowered to do my job well."

A relative told us, "The new manager is absolutely hands on, very caring, they have improved the atmosphere. They know everything about everyone and I have found them very approachable. "One agency staff member told us, "This is the best home I have been to and I have been to a lot. They are genuinely caring here. There is such a good atmosphere, it is a pleasure to work in such an environment."

The manager worked in partnership with other organisations and had taken part in some good practice initiatives. For example, 'The red bag scheme', a new initiative to improve the quality of care for people who may become acutely unwell and need to go to hospital. Care staff fill the red bag with the persons' personal belongings such as medication, clothes for discharge, glasses, hearing aids, dentures, etc, as well as an assessment of the persons' health, existing medical conditions, highlighting the current health concern. The red bag is passed to the ambulance crew to take to hospital with the person. This simple process ensures hospital staff have all the relevant information to assess the persons needs and provide the most appropriate treatment plan, and involve the care home in discussions so they can support the person appropriately when they are discharged.

The manager and staff considered the volunteers who regularly attended the service to be an integral part of the wider support network for the people and a bridge to the local community. People were supported to be well integrated into their local community and events were held which were open to local people such as local churches, schools, university and farming community.

There were systems in place to continuously assess and monitor the quality and safety of the service. During

our visit we spoke with the provider's quality manager who was carrying out their quarterly, quality monitoring visit. We viewed their previous management monitoring reports and those of the regional manager. We saw audits undertaken included monitoring the cleanliness and maintenance of the environment, care plans, daily notes, infection control and medicines management. Where audits had identified issues, we saw that corrective actions were promptly put in place. However, we noted that these audits did not include a record of any discussions with people who used the service, family, friends or staff. Whilst we acknowledge the provider carried out annual satisfaction surveys, we recommend that senior management quality audits include assessing the views of people, their family, friends and staff.

Shortly after starting work at the service the manager had developed a 'home improvement plan'. Within this plan they had identified areas of the service for development with actions described and timescales for implementation. For example, they had identified the need to ensure mental capacity assessments had been completed and develop the keyworker role to empower and skill staff to be more involved in the development, monitoring and review of people's care plans. Training in record keeping had supported staff to enhance their skill in daily note taking and care planning to ensure care planned and provided was clearly documented.

The manager told us, "The vibrancy of the staff and residents is something really special to see, and quite rare within the sector today. The community spirit is so strong within the home, between people and staff. We are committed to motivate people to be involved, promoting their wellbeing tremendously. The volunteers bring community and value to people's lives each day. Although I have only been here three months, I have great plans for the environment of the home (re-decoration) which you have seen today has already commenced, and I will take this home from good to outstanding."

The management team were aware of their responsibility to report significant events to the CQC. This information is used to monitor the service and ensure they respond appropriately to keep people safe. Where referrals had been made to the local safeguarding team we saw that thorough investigations had been carried out by the service and they had kept CQC well informed throughout.