

Four Seasons 2000 Limited

Copper Beeches

Inspection report

5 Sylewood Close
Borstal
Rochester
Kent
ME1 3LL

Tel: 01634817858
Website: www.fshc.co.uk

Date of inspection visit:
24 February 2022

Date of publication:
04 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Copper Beeches is a nursing home, providing accommodation, nursing and personal care for up to 36 people in one adapted building. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 31 people using the service.

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

Relatives were happy with the care and support provided to their loved ones. One relative told us, "I would know if mum wasn't happy and she's happy here, there have been other homes and mum wasn't so happy there. Without hesitation I would recommend this place to others".

The management had a clear understanding of their roles and responsibilities. The registered and deputy manager conducted audits to assess, monitor and improve the quality and safety of the service.

Risks to people were mitigated. Risk assessments were completed and contained all the information needed to ensure risks were kept to a minimum and detailed action/s staff needed to take, if risk did occur. These were regularly reviewed.

Medicines were safely managed and administered. Medicines were stored correctly and safely. Medicine administration records were correct, staff were trained, and their competencies checked, and audits took place to highlight any errors.

Staff were recruited safely. Recruitment checks had been carried out to ensure that staff were of good character and have the skills and experience necessary to provide care.

People were safeguarded from abuse. Staff understood how to recognise signs of abuse and actions needed if abuse was suspected. Staff had received safeguarding training and were confident to raise concerns with management. There were enough staff to provide safe care.

The registered manager and staff knew people well and were observed interacting with people in a supportive manner. Staff quickly identified when people's needs changed. People who were unwell or needed extra support, were referred to health care professionals and other external agencies appropriately.

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.

People's care plans were up-to date and accessible. This enabled staff to safely support people and understand how people wished to be supported.

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least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and we were assured that the service had controls in place to minimise the risks posed by COVID-19.

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 08 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Copper Beeches on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Copper Beeches

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Copper Beeches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Copper Beeches is a care home with nursing care. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection

We observed the support given to people, spoke to two relatives and five members of staff. This included the registered manager, a nurse, an assistant practitioner and a care assistant. We reviewed a range of records including two people's care plans, medicine records, risk assessments, incident reports, recruitment files and health and safety checks.

After the inspection

We reviewed further records including staff rotas and the homes Infection Prevention Control (IPC) policy and procedure.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for 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

- Staff had received training in safeguarding adults. This provided staff with an understanding of the different types of abuse and what to do if they suspect abuse.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. They were assured that allegations of abuse would be dealt with appropriately.
- The registered manager knew how to report any concerns to local authority safeguarding and statutory authorities and the service had protocols in place to keep people safe.
- Relatives said their loved ones were safe. One relative told us, "I can honestly go away and happy to leave mum."

Assessing risk, safety monitoring and management

- People's risk and safety was assessed and regularly reviewed. Care plans were in place which detailed these risks and what staff should do to mitigate the risk and support the person. These plans were reviewed on a monthly basis or sooner if an incident occurred. One relative told us, "They are on the ball with risks".
- Referrals had been made to relevant health care professionals, where people were at risk. People's risk assessments and care plans had been updated with the guidance provided and followed by staff.
- Equipment checks were performed regularly to ensure safety. This included call point alarm, firefighting equipment, legionnaires, gas safety and electrical checks.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people who received care services.
- Recruitment records were correctly maintained. Application forms had been completed by new staff with any gaps in employment explored. Applicant identification and references were checked, and records kept.
- There were enough staff to meet people's needs. The service used a dependency tool to assess staffing needs, a dependency tool can help a service collate information about the needs (or dependency) of people who need care and support, how many hours of support was needed. The registered and deputy manager ensured that safe identified staffing levels were maintained.

Using medicines safely

- The provider had a protocol to administer medicines which was being followed. Only trained staff gave medicines and their competencies were checked. We looked at specific medicines, and all medicines tallied with medicine records.
- The deputy manager performed medicines audits to ensure that medicines were correct, and the medicines

protocol was being followed by staff. Additional audits were performed by the medicine's supplier. If any shortfalls were identified, action was taken to address the issues and prevent re-occurrence.

- Controlled medicines were stored in a separate controlled medicines cabinet. The administration records were complete, and the totals tallied with the records.
- Medicines were being administered at the correct time. This meant people were receiving medicines as prescribed.
- Medicines were stored safely in a medicines room. Medicines trollies were secured to the wall when not in use. Daily room and fridge temperature checks were performed to ensure medicine effectiveness.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was facilitating visits in-line with government guidance. People were able to meet their loved ones in a dedicated room or in their own rooms if more appropriate.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were audited. They were recorded onto a bespoke database, enabling the registered manager and area manager to identify any trends or patterns and act to reduce the chance of reoccurrence.

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 our last inspection we rated this key question Good. The rating for 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about the registered manager and the staff team. One relative told us, "They take things very seriously here, including nutrition the whole package is good, I can walk away from here and not be worried. It's peace of mind". Another relative told us, "I would recommend the home to anyone, I wouldn't hesitate to. My (relative) is happy here, always laughing and cheerful. They fuss over him and that's what he likes."
- Good relationships had been developed between management and the staff team. One member of staff told us, "I love working here, I love everything about it. It's a family not just a workplace, everybody supports everybody". Another member of staff told us, "We are like a close-knit family, the registered manager comes in singing and dancing and I can approach other members of the organisation, by phone".
- The culture of the service was person centred. Staff knew people well and understood their needs. Staff were observed asking about people's welfare and people were observed being supported to meet their loved ones.
- There were systems in place to engage with people, their relatives and staff in the development of the service. People knew how to raise complaints/suggestions and relatives were able to volunteer. Letters had been sent to relatives, updating them about the COVID-19 pandemic, its effects on the service and visiting arrangements. Staff had received regular supervision and training.

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 and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager was in regular contact with relatives and informed them of accidents or incidents involving their family members.
- Relatives were kept informed and updated. One relative told us, "They are good with families and friends, I can communicate any issues, but they would normally let me know first."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There were systems of monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.

- The registered manager and staff were clear about their roles and had a good understanding of quality performance, risks and regulatory requirements. A senior member of staff told us, "I can approach the registered manager, he listens, the involvement is there. If I ask staff to do something, it gets done".
- The registered manager had notified the Care Quality Commission (CQC) about events and incidents, such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- The provider displayed the latest CQC inspection report rating at the service. This enabled people, visitors and those seeking information about the service to be informed of our judgments.

Continuous learning and improving care

- The registered and deputy manager performed regular audits for different areas of the service. This enabled them to ensure quality and safety checks were being undertaken by designated members of staff. These audits allowed the service to learn from any incidents and improve the care provided to people.
- The service worked closely with a range of different professionals and agencies to improve outcomes for people living at the service.
- The registered manager had a plan to improve the environment of the home, some of these improvements had already begun at the time of our inspection.

Working in partnership with others

- Referrals had been made when people needed support from other health care professionals. These included, GPs, district nurses, optician, chiropodist, dentist and physiotherapist.
- The service worked with relatives to improve the environment of the home. One relative volunteered to help in the garden.