

Cooperscroft Care Home Limited

Cooperscroft Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Cooperscroft Care Home is a care home with nursing. They provide nursing and personal care to older people including people who live with dementia and people with multiple medical conditions. At the time of our inspection there were 57 people using the service. The service provides care in modern purpose-built premises comprising of 3 floors. There are good sized bedrooms with ensuite facilities and a range of communal lounges and dining areas, including a bistro area and well-maintained gardens and outdoor spaces.

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

People told us they felt safe at Cooperscroft Care Home. Staff have good knowledge of their safeguarding responsibilities and concerns were raised and actioned appropriately including alerting local authority safeguarding teams and CQC as required. People were supported to feel safe through initiatives such as scam awareness and internet safety sessions.

Risks to people's health and wellbeing were managed well and the service promoted positive risk taking to support people to follow their aspirations and achieve positive outcomes in a safe way. When incidents or accidents happened, these were recorded and managed appropriately, and action was taken to reduce the risk of reoccurrence.

The service had systems and processes in place to safely store, administer and record medicines use. Overall, people were receiving medicines safely and in accordance with the prescribers' intentions.

There were enough staff on duty to meet people's needs safely and people told us they did not have to wait a long time for staff to attend to their needs. People were protected from the risk of infection because staff understood and followed good infection prevention and control practice.

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.

There was an exceptionally person-centred culture at the service, where managers respected and valued people as individuals with hopes, dreams and aspirations. People were supported to be part of the day to day running of the service from having the opportunity to work in a role for a day, to participating in fire drills and wellbeing talks along with staff. People and their relatives were very complimentary about the management, the staff and their experiences of care at Cooperscroft Care Home. Everyone we spoke with felt their views were sought, listened to and acted on to continuously improve the service.

The provider strove for excellence in all they did and as a result had won a number of awards in recognition of their achievements. They had robust systems in place to monitor the quality of the service, incorporating

the views of people, relatives and staff at all times. There was a strong focus on staff well-being as well as supporting them to develop and build on their skills.

People and their relatives said the management team were very visible throughout the service and were always approachable and responsive to issues they raised. We observed that managers were available throughout the day and appeared to have very positive relationships with people.

The provider worked particularly well in partnership with external professionals and the wider community to ensure high quality care and positive outcomes for people.

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 30 August 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.

This was a focused inspection looking at 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 changed from good to outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cooperscroft Care Home 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

Cooperscroft Care 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 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

This inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cooperscroft Care Home 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 November 2023 and ended on 29 November 2023. We visited the service on 13 and 14 November 2023.

What we did before the 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 (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 spoke with 9 people and 18 relatives. We spoke with the Registered Manager, the Care Service Manager, 4 unit managers, the Hotel Service Manager, 1 team leader, the Finance and Human Resources Manager, the Community Development Manager, the Maintenance Manager, the wellbeing lead, the Learning and Development Coach, the Compliance and Quality Director, a Care Support Manager, the Director of Care and Medicines, 1 senior care staff and 2 care staff and the Chief Operating Officer. We observed care provided and staff engagement with people as well as how a medicines administration round was carried out. We received feedback from 3 external professionals involved with the service. We looked at the care documentation for 7 people and medicines records for 11 people. We also looked at records relating to the management of the service including policies, staff recruitment and training records and systems used to monitor the quality of the service.

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. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safeguarded from abuse and avoidable harm well.
- Staff and the management team demonstrated a strong understanding of their responsibilities in relation to safeguarding people from the risk of abuse, reporting and making referrals as necessary, investigating appropriately and taking action to improve people's safety.
- The provider supported people to increase their own awareness of issues relating to their safety. For example, the service ran innovative information sessions about scams and internet safety to provide people with knowledge of how to avoid this type of abuse. These sessions were available to everyone living at the service but also to people in the local community who may wish to attend.
- People and their relatives told us they felt safe. One person said, "Oh yes, I feel really safe. So much so, I even leave my door open at night! I have no worries and [staff] can't do enough for you. There's not one of them I don't like."

Assessing risk, safety monitoring and management

- The provider supported people to take positive risks, enabling them to maintain control over their lives and to achieve their aspirations. For example, people were supported to embark on trips to the theatre, boat trips and visits to London, even when there were risks associated with these events. Through collaborative and empowering risk management, people's safety was maintained, and they were able to participate in events that brought them joy.
- The service worked in partnership with people to support them to feel safe living at the service. Several people had experienced distress during fire drills and fire alarm testing. To address this the management team had arranged for them to be offered fire safety training equal to that provided to staff, to speak with fire service personnel and to be involved in completing fire safety tests at the service. This had been hugely advantageous and had reduced people's distress considerably. A person said, "I don't worry about the alarms at all now. I know what they are for and that's good."
- Good partnership working with other healthcare professionals such as GPs, physiotherapists and Tissue Viability Nurses (TVN) supported people to reduce their level of risk and regain greater independence. For example, 1 person who came to the service following severe injury had regained some of their mobility when it was previously thought unlikely they would be able to do so. Comments from visiting healthcare professionals included, "The management team supports the safe running of the home and provides a good quality of care. By working together efficiently, we were able to achieve successful patient outcomes." And, "I have never witnessed anything other than good, safe care."
- The provider assessed risks well to ensure people were safe. Risks in relation to people's health and wellbeing were assessed and measures put in place to reduce any risk of harm. This included risks

associated with specific medical conditions, mobility and falls, skin integrity, nutrition and hydration and choking. Although we identified omissions in the content of a very small number of these assessments during the inspection, the registered manager took immediate action to address these.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met .
- Staff were seen to ask consent before providing care and care plans were explicit about the need to do this. People were supported to make decisions, treated as equals and their views were listened to.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. They used a dependency tool to ensure there were enough staff to meet people's needs safely. They also operated a 'stop the clock' system whereby, at busy times of day, management supported staff to ensure a high standard of care to all was maintained. Staff were trained to work with all the people living at Cooperscroft Care Home and would move between floors to make sure there were sufficient staff in all parts of the service.
- The provider encouraged staff to develop their skills, continually improve their practice and provided support for them to do this. For example, by supporting nurses from overseas to undertake studies to enable them to register as nurses in the UK. They also took swift action to identify and investigate any shortfalls in staff performance and put training and support in place to promote safe working.
- On the day of our inspection site visit, there were enough staff to support people safely. Staff were able to attend to people's needs and did not appear rushed. Call bells were answered quickly. People and their relatives told us there were enough staff and they did not have to wait long for support, even during busy times and at night. A relative said, "It seems to run very well. I go in at different times and there always appears to be enough staff."
- The provider operated safe recruitment processes. Pre- employment checks were completed to ensure staff were safely and suitably employed. This included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Medicines were administered at set times of the day using an electronic system. Medicines care plans were personalised, thorough and included relevant information relating to people's risks and individual preferences.
- Medicines were stored safely and securely with access limited to authorised staff only. The service monitored and recorded temperatures to ensure medicines were kept in line with manufacturers recommendations.
- The service largely identified medicines with additional risks that should be managed and monitored at

the service with an active call/recall process in liaison with the GP or hospital clinic. However, several people prescribed paraffin-containing emollients did not have a fire risk assessment. One person who was prescribed warfarin did not have information in the care plan relating to food interactions. Both of these issues were addressed immediately by the provider and we were assured these risks were managed effectively.

- When required medicines' (PRN) protocols were in place for prescribed medicines. These explained what a medicine was to be used for and what the outcome should be. For patients prescribed medicines to manage distress, these were not used in excess and not as a first port of call.
- We saw evidence of use of medicines being reviewed and reduced where appropriate. People using the service or their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.
- The service had a robust auditing and stock management system which provided assurances that medicines were being given safely and as prescribed. Where errors were identified learning and improvement from these was implemented and embedded into practice by the service.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Housekeepers and maintenance staff kept the service clean, fresh and well maintained. There were plans in place for some areas of the service to be refurbished and redecorated to ensure the environment was maintained to a high standard.
- Staff had completed infection prevention and control training and were observed to be following this. For example, wearing aprons and gloves when supporting people with personal care and following good hand hygiene practice between tasks.

Visiting in care homes

- The service was fully open to visitors. We saw many visitors spending time with people, and those we spoke with confirmed they were able to visit whenever they wished and could stay as long as they liked.

Learning lessons when things go wrong

- The provider had robust systems in place to support learning from when things went wrong. Accidents and incidents were analysed to identify themes and patterns. Action was taken and improvements put in place to reduce the risk of reoccurrence.
- Learning from incidents was shared with staff to support their learning and to improve practice. This was done in a variety of ways, such as through handover meetings, individual supervision meetings, team meetings and clinical review meetings.

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. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was an exceptionally positive, open and inclusive culture at the service. The provider had robust systems to provide person-centred care that achieved consistently good outcomes for people.
- The service put people first in everything they did, treating people with kindness and respect for who they were as individuals and supporting them to both maintain their independence and fulfil their aspirations. For example, one person who was cared for mostly in bed had a dream to visit London once more. Through very careful planning to ensure this could be done safely, staff supported the person to go on a trip to London and to ride on the London Eye. A second person looked back fondly at their time working in a high-end department store in London, so staff arranged with the department store for the person to visit and have a tour of where they used to work. This positive risk taking had a positive impact on people's wellbeing. One of them said "I will never forget that day."
- The provider welcomed people participating in the running of the service. For example, people had taken on roles for the day, such as kitchen or laundry assistant and taken part in testing fire alarms. This supported people to have a sense of purpose, to feel empowered and involved in the everyday running of their home.
- The positive culture within the service supported good outcomes for people. A visiting professional said, "They [Cooperscroft Care Home] always put the residents first and have their best interests at heart."
- The provider's values were shared and understood by staff. It was clear the values were threaded through all aspects of care and reflected in the positive, compassionate and empowering service provided. One relative said, "It is unique in my mind and is of a very high standard. Everyone that I have spoken to, whether staff or residents, are happy being there as far as I can tell. The staff are also friendly with each other."

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 provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- The provider had a very open approach to incidents, mistakes and complaints. Whenever something went wrong, as part of the process of investigating and learning from the incident, an apology would be offered to the person and/or their family with details of the event and what action was being taken to address it.
- People and their relatives confirmed they were kept informed of any incidents. A relative said, "They have not attempted to hide anything from me, and are very upfront and honest about things."

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

regulatory requirements

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality
- The provider strived for excellence and had achieved a number of highly respected awards as a result, including a double platinum investors in people award, a hospitality first award and had also gained ISO9001 accreditation for safe systems and documentation. ISO9001 is an international standard for quality management systems.
- The provider used an electronic quality monitoring system which included robust audits of all aspects of the service. These were completed by the service based management team, senior managers and directors, and always included recorded discussions with people, visitors and staff to ensure their views were captured. These audits fed into an overall action plan and also informed operational meetings within the service, such as clinical review meetings, to ensure any issues identified were addressed. This also ensured wider learning could take place from individual issues picked up at audit. For example, where issues with a care plan had been identified, learning from this could be used to improve other care plans as well.
- Staff understood their roles and demonstrated a commitment to providing good quality, safe care that met people's individual needs. The registered manager and the wider management team demonstrated good understanding of their roles and had effective oversight of the care provided to people. They were very visible within the service and people and their relatives knew who the registered manager and the management team were. Comments included, "[Registered Manager] is approachable, friendly and knows what is going on. I know that he regularly pops in to see how [Family Member] is". And, "I think [Registered Manager] is absolutely excellent. He is prepared to listen to anything that I want to discuss. He is incredibly respectful of both residents and relatives.". And, "They are all really good. I can't even find one fault."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics.
- The provider had a range of tools to support them to engage meaningfully with people, relatives and staff. This included residents' forums, relatives' meetings, a range of staff meetings including a forum for new staff, surveys, care reviews, and regular telephone contact. There were written communications such as newsletters to support people to remain informed about what was happening in the service.
- There was good evidence that everyone's views were listened to and used to make improvements by way of detailed action plans and 'you said, we did' documents. Staff, people and relatives said communication from the service was excellent, they had good opportunities to make their views known and felt the staff and management team listened and acted on what they said. Comments included, "I could not get to the last relatives' meeting, but they set this up on [teleconference system] and I was able to attend it digitally. This was all very productive." And, ", We feel involved and can give feedback, and see the results of that feedback."
- Staff told us they felt listened to and supported very well by the provider and management team. They were actively encouraged to contribute to the development of the service and their skills and unique qualities were recognised. Staff were encouraged to 'bring their whole self to work' and their wellbeing was central to the ethos of the service.
- Cooperscroft Care Home is a richly diverse care home, employing staff from all across the world with many different cultures, faiths and languages. This had a very positive impact on their ability to engage and support people living at the service in relation to their protected characteristics. They had initiated contact with local religious organisations to support people's spiritual needs. For example, they had recently celebrated Diwali, creating a colourful Rangoli and celebrated the festival of lights with all people who wished to take part.

Continuous learning and improving care

The provider had created an exceptional learning culture at the service which continuously improved the care people received.

- The provider placed strong emphasis on staff personal and professional development, and had a number of initiatives to support staff to learn and improve their practice. This included professional training such as National Vocational Training (NVQ) in relevant areas such as palliative and end of life care, and training for overseas nurses to gain their registration in the UK. The provider also created opportunities for staff to complete further training to become 'champions' in specific areas of care, such as dementia care.
- Staff who had particular interests and skills were supported to use these in their work and, where appropriate, provide support and training to colleagues to improve care in that particular area. For example, one member of staff who had experience of promoting oral health from previous employment became the oral health champion for the home. Within this role they initiated the implementation of oral health kits for everyone living in the home, and contributed to the development of staff understanding of how to provide good oral care to people.
- There was a strong emphasis placed on the importance of staff health and wellbeing and the provider recognised the clear link between staff feeling respected and well supported and the provision of high-quality care. Therefore, as well as plentiful training and development opportunities, there were a number of initiatives aimed at promoting good mental health and wellbeing, such as 'Wellbeing Wednesdays' that gave staff the opportunity to attend talks and discussions about various topics such as mindfulness. Staff spoke very positively about these sessions. They also confirmed these sessions were open to the people living at the service, who also enjoyed attending. The provider had also trained a number of staff to be mental health first aiders.

Working in partnership with others

- The provider worked well in partnership with others.
- The management team and staff worked collaboratively with external professionals to provide excellent care, to enable people to meet and sometimes exceed their expected care goals. For example, by taking a multi-disciplinary approach to treating and preventing pressure injury, or by organising for a physiotherapist to run regular gentle exercise classes. This supported people to develop their strength and maintain, or even regain their mobility. One visiting professional said, "The staff and management are really good with residents and are always very quick to respond to advice, putting things in place to meet the person's needs."
- The provider had links with other health and social care services, such as a hospice, who supported them to ensure they were following best practice in relation to palliative and end of life care.
- The provider shared initiatives, events and good practice with the local community and other local organisations, such as wellbeing and safety talks. They also got involved in external community initiatives such as a local dementia café to support people to make and maintain links with the local community.