

# Ideal Carehomes (Number One) Limited

# Coppice Lodge

## Inspection report

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04 July 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Coppice Lodge is a residential care home providing personal care for up to 64 people aged 65 and over in a single purpose-built building across four separate units. At the time of our inspection 56 people were using the service.

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

People were supported by caring staff who were trained to meet their needs and keep them safe. Systems were in place to manage any potential risks. The home was kept very clean and measures were in place to keep people safe from the risk of infection. Medicines were managed well, and people were supported to have them in their preferred way. There were some concerns around staffing, and people told us they sometimes had to wait for support.

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.

The home had a dedicated registered manager in post and a supportive and collaborative staff team. There was a robust auditing and quality assurance system in place to pick up on any areas for improvement. The home had close links with the local community and worked in partnership with other agencies to support people's wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 April 2018).

### Why we inspected

We had concerns in relation to the number of falls and serious injuries. As a result, 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coppice Lodge on our website at [www.cqc.org.uk](http://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?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Coppice Lodge

## 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 by one inspector 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

Coppice Lodge 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. Coppice Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2022 and ended on 6 July 2022. We visited the service on 29 June 2022 and 4 July 2022.

#### What we did before the inspection

We reviewed information 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 requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived at the home and two relatives about their experience of the home. We spoke with seven staff members including care staff, kitchen and domestic staff, the regional director and the registered manager. We observed interactions between staff and people living at the home. We reviewed audits, quality monitoring and recruitment records. We reviewed seven care plans and looked at medicine records.

We sought feedback from healthcare professionals who worked with the service and received feedback from a further six members of staff.

# 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

- People were kept safe by the processes and systems in place.
- Staff were trained in safeguarding and understood how to recognise and report abuse.
- The registered manager understood their duty to protect people from, record and report any abuse. As well as reporting to relevant external agencies, they undertook their own internal investigations when incidents or potential abuse occurred to ensure they weren't repeated.

Assessing risk, safety monitoring and management

- There were clear systems in place to identify, assess, monitor and manage risks both in relation to people's individual needs and potential environment risks.
- People had detailed plans of care to guide staff on how to support them safely with specific areas that pose potential risks. For example, people who were taking anti-coagulant medicines (blood thinning medicine to reduce the risk of clots) staff were guided how to manage extra risks associated with people on these medicines; in particular following an injury which may mean increased blood loss.
- Staff had specific training around certain identified risks such as pressure area care, hydration and dysphagia (increased risk of choking due to swallowing difficulties) so as to ensure they knew how to support people with these.
- There were a high number of falls at the home, however regular falls analysis was carried out to identify ways to mitigate the risk of reoccurrences and measures, such as sensors to alert staff to when people were mobile, were in place.
- Fire and environmental risks were managed well; regular checks were carried out in all relevant areas. For example, on water temperatures were regularly checked to avoid the risk of scalds and also flushed to avoid the risk of water born diseases such as legionella.

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 understood how to apply the principles of MCA in their day to day interactions with people, ensuring they always assumed capacity and gave people choice to make their own decisions.
- Staff explained, "I know that I should always assume the person has the capacity to make their own decisions unless proven otherwise and where possible to help them make their own decisions."

#### Staffing and recruitment

- The provider ensured there were enough staff to support people safely, however some people told us they did sometimes have to wait for support.
- People told us, "One of things that really upsets me is that people shout for a long time and the staff say, "I only have one pair of hands," if they could do toilet checks sometimes that would help. They are understaffed," "They keep saying we've got 16 people to get up and there is only two of us," and "I have to wait quite a while at night if I ring the buzzer."
- Care staff overall felt there were enough staff on to support people safely, although they felt they could do with more support during the night. All staff, including domestic and office staff, were trained to be able to support care staff when required.
- The provider used a dependency tool, which took into consideration people's individual needs, to calculate how many staff were required to support people on each shift. On most shifts they made sure there were more staff than had been calculated to be required.
- Staff were recruited safely; pre-employment checks had been carried out to ensure candidates suitability. These included Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (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

- Medicines were administered, managed, stored and disposed of safely.
- Staff administering medicines were fully trained to do so and had their competency checked regularly.
- Staff had clear guidance for people who had medicines on a 'as and when required' basis, such as for pain killers or medicines to help people sleep. Documentation showed these had been recorded clearly when administered and the outcomes was recorded, to ensure they were being used in line with the prescribed reason.

#### 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.

#### Visiting in care homes

People were supported to have visitors within the home, in line with current guidance. Visitors were encouraged by the provider to wear PPE and were also offered testing for COVID-19, however this was

optional and not a requirement for visiting.

#### Learning lessons when things go wrong

- The registered manager took incidents seriously and carried out their own comprehensive investigations. Any learning gained from these incidents was shared amongst the staff.
- Where extra training was identified this was sought and made available for staff. For example, the registered manager was working with the provider to develop bespoke training around falls. Following a concern around maintaining people's hydration levels, additional training was delivered to the staff and prompts were put in kitchenettes.



# 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

- The provider's person-centred approach was underpinned by personalised and detailed plans of care that enabled staff to be able to meet people's individual needs.
- People were empowered to be included in the day to day running of the home. Every day at 10 a different person met with the heads of department to feedback and input into actions to happen that day.
- Staff knew people really well and people spoke fondly of them, "I can't fault the place, the care is excellent." People were encouraged to share, their "bucket list" and staff worked to make these wishes come true, for example organising Nottingham County footballers to visit the home.
- Staff told us, "We all work together as a team to ensure the safety and best quality of life for our residents."

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

- The provider had a clearly defined management structure. Staff within the home understood their duties and responsibilities.
- There were clear robust auditing and quality monitoring processes in place. Where issues or actions were identified these were promptly addressed.
- The registered manager understood their regulatory requirements and thought of innovative ways to mitigate risks. For example, hosting mocktail events to support people's hydration.

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 operated in a transparent way, particularly when anything went wrong.
- The registered manager kept relatives informed and wrote to them when they were legal required to do so.
- Relatives told us following an incident involving their loved one, "I was informed straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, staff and the public were encouraged to be involved in the home as much as possible.
- The registered manager had a passion for engaging the community. They held community charity car washes, were involved with the local Parkinson's support group and had connections with local schools.

- People living at the home were able to attend regular resident meetings and feedback. In the reception there was a noticeboard following up on the suggestions people living at the home had made and where the home had made improvements in care delivery.
- Staff had regular supervision sessions, team meetings and felt comfortable raising any suggestions to management. Staff said, "I have worked with [named registered manager] as a Deputy Manager, Care Manager and Home Manager and have always felt supported by them. Since working in the office [named registered manager]'s door has always been open if I need a chat."
- The provider invested in their care staff, to help them develop their skills, progress their career and showed them recognition for their achievements. Most staff felt supported in their roles.

#### Working in partnership with others

- The home worked in partnership with external agencies to support the health and wellbeing of people living at the home.
- Most feedback we received from healthcare professionals was positive. A visiting professional told us, "I am really happy with communication, professionalism and risk assessments. I received help with residents when necessary and I always feel the staff have the best interests of the residents at heart. I would highly recommend this care facility and it's a pleasure to work in and visit."