

Courtfield Healthcare Limited

Courtfield Healthcare

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

The inspection took place on 14 December 2016 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Courtfield Healthcare provides personal care and support to older people who live their own homes. There were four people receiving support with personal care.

Courtfield Healthcare also provides nurses and care staff to care homes and hospitals. This service is not required to be registered with the Care Quality Commission as it does not need to be registered.

We had inspected this service in 15 and 22 October 2015 but we did not have enough evidence to provide a rating.

There was a registered manager in post. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received one on one support sessions with the registered manager. However not as regularly as stated in the provider's policy. This put people at risk if staff not regularly checked and monitored to ensure that they provided appropriate care to people who used the service.

People were safe as staff had been trained and understood how to support people in a way that protected them from harm and abuse. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported and adapted to meet individual needs.

People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld.

People's likes and dislikes were known by staff who supported them in a way which was personal to them. People were supported by staff who had positive relationships with them. People were involved in their own care and information was given to them by staff in a way they could understand.

People's independence was encouraged and staff respected their privacy and dignity. People had access to

healthcare and support when needed and staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views to the management team and felt their opinion was taken into account. The registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued. Staff were supported by the registered manager who promoted an open and transparent culture.

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.

People were protected as staff understood how to recognise and report any concerns they had about their safety or wellbeing.

Risks associated with people's care were assessed and steps taken to minimise the risk of harm.

People were supported to take their medicines by trained and competent staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and motivated to provide care that met their needs.

People were supported to maintain a healthy and balanced diet which was based on their needs and preferences.

People had access to healthcare when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them.

Staff spoke about people they supported with respect and kindness.

People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was personal to them as stated in the care plan.

People were able to raise any concerns with the provider and were confident their concerns would be responded to appropriately.

People were supported by staff who knew them well.

Is the service well-led?

Good ●

The service was well-led

People knew who the management team were and felt able to contact them at any time.

The provider and staff had shared values in supporting people.

The registered manager had systems in place to monitor the quality of support delivered in order to improve the service.

Courtfield Healthcare

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 was 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.

We undertook an announced inspection of Courtfield Healthcare on 14 December 2016. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We used a range of different methods to help us understand people's experience.

We visited one person in their home and spoke with one relative. We visited the provider's office and spoke with one care staff and the registered manager who is also the provider. We viewed the care and support plans for four people, including assessments of risk and records of healthcare provision, policies and other records relating to the management of the service. We spoke with three people receiving support, three care staff and one social care professional on the telephone after the inspection to ascertain their views about the service.

Is the service safe?

Our findings

People told us they felt safe and protected when assisted by staff members and from the agency, Courtfield Healthcare. This was evidenced by comments One person said, "They are friendly and I definitely feel safe. I have known them for some time now so have confidence in them". Another person said "I am in my own home and when they come they wear identity badges so I know who they are. Staff are also introduced to me before they start". A relative told us "Yes my relative is safe with the staff and the agency. They look after my relative well and he is happy to see them. I think it is because he sees the same faces and so feels more comfortable.

There were systems in place to keep people safe from harm and abuse" Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "I would report any issue immediately to the manager and the quality compliance manager. I would also go to the local authority, the police and the CQC if necessary". Staff members told us they were given a pack of information by the provider. This included information on what to do if they had a concern and who to report it to including contact details of the local authority. The registered manager told us they would make appropriate referrals to the local authority if they had concerns to ensure people were kept safe.

Staff provided care that was safe. This was evident in so many ways. One relative told us their family member required help which involved the use of a piece of equipment. They said staff always followed the instructions provided to ensure their relative was safe. "Staff follow the instructions provided for using the equipment and also teach us how to use it to make sure our relative is safe" One staff member told us, "We all had training on the piece of equipment so we can feel comfortable using it".

People had individual assessments of risk associated with their care including mobility and skin integrity. People and a relative confirmed staff supported them to recognise risks of living in their own homes and what they could do to minimise the risk of harm. One relative said, "They support my family member to remain and be safe at home. We make sure that the floor is cleared of any thing that will cause trouble when they are walking or staff support with transfers to make sure they are safe ". Staff told us they were provided with all the information they needed to do their jobs safely for them and those they supported.

Staff members told us in addition to individual assessments of risk associated with personal care the different environments they worked in were also assessed by the registered manager. For example, one staff member told us "We are instructed to check there are no trailing wires or any hazards. This is so we don't fall and injure ourselves. We also talk with people about how to safely move around their own homes to prevent any accidents".

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working

with people. We saw records where these checks had been completed and recorded.

People told us they thought there were enough staff available to meet their needs. People and relatives said staff arrived on time and were confident carers would arrive as agreed. If for any reason a care worker was going to be late the person would always be phoned by registered manager and informed. One person told us "They (staff) definitely arrive on time. They would let me know if they are going to be late but they have never been late". However one person told us staff had been late on weekends. Comments included "During the week it is ok but weekend is the issue. It is important for me to take my medicine on time and if they staff don't arrive on time it means I have an issue". Another person told us. Sometimes they will not come at the time agreed. I will appreciate if they let me know they are going to be late. We discussed this with the registered manager. The registered manager told us they had processes in place to respond to any lateness of staff. This included keeping the person informed and providing support at the earliest opportunity. They told us they would review this document to ensure that it was properly implemented and adhered to.

The registered manager told us they assessed the staff they needed according to the needs of those they would be supporting. If people's needs changed the provider who is also the registered would negotiate additional funding to ensure they continued to meet the needs of people. One relative told us, "When the agency was initially involved they were only in the evening our family member now has help four times a day".

There were systems in place to manage people's medicine safely. People told us they were prompted by staff members to take their medicines when they needed. One person said, "They (staff) always remind me every morning when they get here to take my tablets. I will forget otherwise and they know how important it is for me to take my medicines". Staff told us they received training before they could prompt people to take their medicines. One staff member told us, "I have received training on medicines administration but we do not give people medicines at present. We just remind them" The registered manager told us medicine records would be reviewed as part of the spot checks completed with staff members. They told us this was to ensure staff followed safe procedures when supporting people with their medicines. We saw there were Medication Administration Records sheets templates in people's files for future use.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. Examples of comments included "Yes so far because of the way they treat me. They are competent and they know what they are doing". Another person said "Yes I do feel staff have the right skills and training to support me. I feel they are professional and they know what they are doing. I feel they are well trained." Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "I went out with the registered manager who also introduced me to the person when I first started. I also shadowed them three more times before I was allowed to support the person on my own. This gave me the opportunity to see how people want things done for them so I can make sure I meet their needs. It also allowed me to get to know the people I would be supporting better". Another staff member told us, "I did in-house induction then I shadowed the manager and another member of staff. It helped me to have the confidence to support people. It was good because you need to know people before supporting them".

Staff felt they had a good introduction to the role they would be completing and received training which equipped them with the necessary knowledge to perform their role. One staff member said, "I attended manual handling, dementia awareness, safeguarding adults training and I have been enrolled to undertake end of life training. This will enable me support someone who may need end of their life care and support in future". Staff members were supported to improve their skills at a pace that met their learning needs and supported their development. One staff member told us, "They really give you time to learn at your own pace".

The registered manager told us they tailored how they provided training for staff members to suit staff needs. Some training was provided through use of e-learning while majority of their training was provided by the agency's own compliance manager in-house. The registered manager believed this allowed staff members to try out their learning in a safe and practical learning environment so they were better skilled to meet people's needs.

People received care and support from a staff team who felt supported to carry out their role. Staff told us they have had one on one sessions with the registered manager. We saw that some staff received one to one supervision with the compliance manager and the registered manager. They used these sessions to talk about what was going well and what could be improved. One staff member told us they had not attended one to one supervision as they were still new to the service but they had informal discussions about one person's care plan with the registered manager. In addition to one on one sessions staff told us they felt supported day to day and could always approach the registered manager at any time for advice and guidance.

People told us they were supported to make their own decisions and were given choice. One person said, "Staff always ask me before they do anything for me. It is up to me to make the decision about what I want to do". We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision.

Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We always assume someone has the capacity to make a decision unless it is clearly evidenced that they don't".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager talked us through the processes they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA.

At the time of this inspection it had not yet been necessary for the provider to be involved in any best interest meetings. Staff received training in the MCA; however some staff members had not received training on the subject and not all staff were able to explain clearly to us what the MCA was about. We fed this back to the registered manager.

People were supported to have enough to eat and drink and to maintain a healthy diet. The care plan showed this. One person told us staff only supported them with breakfast and their relative supported them with meals for the rest of the day. They told us "Staff gave me exactly what I wanted. They always ask me even though they know what I have for breakfast".

People had access to healthcare services and were supported to maintain good health. One person told us, "I don't need staff to help me with calling my doctor or making an appointment with my surgery but I know if I am not well and can't do it staff would do it for me if I ask them". Staff members told us they assist people to make and keep any health appointments if they requested.

Is the service caring?

Our findings

People told us they were supported by staff who were kind, caring, professional and respectful and understood their individual needs. One person told us, "They (Staff) respect me and treat me like an adult. I have a very good relationship with staff so have no issues". Another person said They treat me very nicely. They are very caring, very professional and respectful. I have no complaints at all. One relative told us "Staff are caring, kind. If my relative feels comfortable with carers which of they are, then we are all very happy. They always ask their permission before they do anything. Most of the time I am there and they (staff) are really brilliant with them". Staff we spoke with talked about those they supported with respect and fondness. Staff could tell us about individual's histories and families and the things that mattered to people. One staff member told us "It is a great opportunity as it would help me to develop a good rapport with people we support and also get to know them better".

During the visit we made to one person's home, staff present took the time to listen and answer people's questions. Staff took the time to listen and interact with person so that they received the support they needed. Staff clearly understood the need of the person and gave reassurance when they provided care. The person was relaxed in the company of the staff and communicated happily with them.

People felt that staff communicated with them appropriately and adapted how they spoke with them depending on their needs. One relative told us staff always talk with our family member clearly so they understood what they were saying. ".Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care. They confirmed they had time to get to know people before providing care. One staff member said "As we get to know our clients the better and easier we are able to meet their needs". Another staff member told us the different approaches they used to communicate with people including speaking clearly and using appropriate tones of speech.

People were supported to be as independent as they could by staff who knew their individual abilities. One relative told us, "If it wasn't for (provider' name) my relative would not be able to stay in their own home. The provider was very helpful to us. They would lose their confidence and that would had an emotional impact on them. They (staff) help them to keep their independence by making sure they still do what they can for themselves. This keeps them at home where they are happy and where they feel safe with plenty of family members around".

People told us their privacy and dignity was respected by staff providing support. One person said, "They (staff) let me do the things I am able to do for myself. It has never been an issue". Staff members told us what they do to ensure people retain their dignity when supporting them. One staff member told us the steps they went through when assisting with personal care and how to engage someone with what they can do for themselves. A staff member said, "Making sure that the curtains are drawn and the door closed when we are supporting people with personal care. We politely ask the relatives to give us space if they were in the same room as the person we were supporting with their personal care".

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "They [registered manager] came out and went through everything with us. We agreed what I wanted and they went about making sure I got it". We saw care plans contained up to date and relevant information about the person which was personal to their needs and were regularly reviewed.

People told us they were involved in the planning of their care. They told us their families were involved if they were needed to be. One person told us "Yes they came to see me before they started to plan with me how they would meet my needs". Another person said "The manager came to see me and went through with me everything about my needs and how they would support me. I agreed to it." One relative told us, "We had a big meeting in hospital with every one before and the manager came to see us at home before they started. We have not had any formal reviews because it is early days, however, the manager sees us almost every day and they talk to us on the phone too". They (staff) are good. If they notice any change I am sure they would let us know."

The registered manager told us that any change in need would be recorded as and when they occurred and would be passed on to staff through phone calls so they were up to date with people's needs and requirements. We saw staff recorded the care and support provided in daily notes in the person's care file. This was to ensure that incoming staff knew what care was provided and if any changes had occurred. However all the care files were stored in the agency's office with no copies in people's homes. The registered manager told us the staff returned to the office to record the care they provided. This meant there was a risk that staff may not record information about the care provided or changes in need accurately due to time lapse. The registered manager told us they had prepared extra copies of the care files and placed in people's homes immediately after our visit. This was to ensure that staff recorded the care and support they gave to people in their homes to reduce the risk of recording inaccurate information. It would also give access of their care plans to the people who used the service.

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[Person's name] loves to socialise and loves the movies so we take that into consideration when we are supporting them. We talk about it a lot".

People felt comfortable about raising any concerns or complaints with staff or the registered manager. One person said, "I have no problem raising a complaint but I have no reason to complain. I know the manager will sort thing out if I have any concerns". People and relatives we spoke with knew how to raise a concern if they needed and were confident they would be responded to appropriately and promptly. The registered manager had processes in place to respond to any concerns raised. These included contacting with the person raising the concern and following up with them after it had been resolved. This was to ensure the person was happy. One person told us they had made a complaint about staff lateness and the manager was looking into how to resolve it. One relative told us that the registered manager left a pack for them the

previous day on how to make a complaint and stated that they had made a complaint about feeling uncomfortable about a care worker and this was resolved immediately. The service users guide contained information on the process to follow if people wanted to make a complaint including contacting the Care Quality Commission and the local authority.

Is the service well-led?

Our findings

People told us they felt involved and fully informed about the service that was provided. People and their family members said they had regular contact with the registered manager who kept them informed about the service provided. One person told us "Every month (Name of provider) will phone me or come to see me and talk me about the service and ask if I am happy about the service". People said they felt able to approach the registered manager or anyone involved in the provision of care and support.

People and staff told us they believed the provider created a culture that was open and transparent. They told us there was regular open and honest communications between all those involved in the support given. For example, people were regularly asked for their feedback on how their care and support was provided. The registered manager showed us a recently completed questionnaire which was positive in all areas enquired. This meant that people received care that met their needs. One relative told us they felt at ease with the manager and would discuss anything with them. They said "They are very reassuring and approachable."

Staff we spoke with told us they felt able to challenge any practice they thought was unsafe. One staff member said, "I would challenge any practice I feel is wrong whether is a carer or the manager". Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the registered manager should they ever need to raise concern. One staff member told us "The policy is there to help us. It is there so we can report any wrong doing without being afraid."

Staff said they felt involved, valued and appreciated in their role and motivated to provide quality care for people. One staff member told us "We are going out for a Christmas meal organised by the agency and I had a course recently and it was paid by the company" and "I like that I am trusted and I can take initiatives to do my job". Another staff told us "we get phone calls all the time from the quality manager thanking us for providing good care".

Staff members told us they were involved in team meetings when they discussed all aspects of their work. It was also during these meetings when staff had the opportunity to make suggestions about any improvements they believed were needed. For example: one staff member said, "We were taking aprons and gloves when we go to support people but we suggested leaving those equipment in people's homes to make it more accessible. They management have implemented that with the permission of the people and we now have them in boxes in their homes. It is much easier and it means we don't forget".

Staff told us about the values of the agency and how these were reinforced by the registered manager. One staff member said "It is to provide quality care and to ensure people are enabled to be as independent as possible so they can remain in their homes for as long as they wish. Our values are also to ensure that we are polite and professional and respectful to people we support at all times". Staff told us these values were demonstrated by the registered manager in the assessment of care and the training which was provided. People received care from staff who shared common values with the provider.

The registered manager had systems in place to monitor the quality of service provision. They told us they had not had any accidents or incidents however, they would use any information gathered in future from quality checks, incident and accidents records and feedback received to drive improvements. The registered manager told us they had recently appointed a quality compliance manager to ensure that their policy of delivering a quality service to their service users. They said, "We believe that instilling quality care in staff, treating our service users with respect and integrity and investing in staff training are at the heart of what we do and take it seriously. This is the main reason that we have made this appointment. This demonstrated that the registered manager had worked towards ensuring that people who used the service received quality care.

The registered manager maintained their personal professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practices were cascaded to staff members through team meetings or one to one sessions. The registered manager told us they had just completed manual handling training for trainers. They told us as a result they were in the process of revising all policies and processes. This was to ensure they comply with the latest guidance and advice.

The registered manager understood the requirements of their registration with the Care Quality Commission. The provider was aware they were legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale to the Care Quality Commission. As at the time of our inspection they had not needed to notify us of any incidents or events.