

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 well-led?

Good ●

# Summary of findings

## Overall summary

Courtfield Healthcare is domiciliary care service providing care and support to people in their own homes. At the time of the inspection 25 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff safeguarded people from abuse. There were systems in place to keep people safe. Risks to people's health, safety and well-being were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks to people. The provider and staff protected people from the risk or spread of infection and followed government guidance in relation to COVID-19.

The registered manager was knowledgeable and enthusiastic about the service. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

Rating at last inspection

The last rating for this service was Good (published 18 January 2017). At this inspection the rating had remained Good.

Why we inspected

This inspection was carried out as the service had not been inspected since the 14 December 2016. We undertook this focused inspection to check the service was Safe and Well-Led.

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. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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.

# Courtfield Healthcare

## 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.

#### Inspection team

The inspection was carried out by one Inspector.

#### Service and service type

The service is a domiciliary care agency which provided personal care to people living in their own homes.

#### Registered manager

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 announced. We gave the provider 24 hours notice to ensure they were available for the inspection.

#### What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with the registered manager, an assistant human resources manager, the trainer, the care coordinator, three care staff and five relatives. We requested feedback from professionals and have added their comments in the main report. We looked at a range of records relating to the management of the service. This included recruitment documentation, risk assessments, medicines records and quality

assurance records. We considered all this information to help us to make a judgement about the service.

We continued to review the information we received from the inspection to help us make judgements about 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed. The registered manager had taken action when concerns had been raised.
- Staff attended safeguarding training and the registered manager reminded staff about their responsibilities in protecting people from abuse during supervision and staff meetings.
- People had regular care staff and felt safe with them. Arrangements to enter people's homes were clear to ensure safety.
- Relatives told us they felt comfortable raising concerns with care staff and the management team. One relative told us, "I get on well with the staff and would feel comfortable speaking up. Another relative told us, "So far so good, we would phone the office if we were unhappy".

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Support plans and risks assessments were in place and had been reviewed.
- The risks to people's safety had been recorded during people's initial assessment prior to them starting to receive personal care. Records showed any risks identified had resulted in detailed care plans.
- Staff managed the safety of the living environment and any individual equipment that was being used to support people. This was done through checks and where risks had been identified action had been taken to minimise these.

Staffing and recruitment

- People were supported by a regular team of care staff and said they generally received their calls on time. There were enough staff to effectively meet the current packages of care and meeting people's support needs.
- Relatives told us overall that they were happy with the time keeping of the staff. One relative told us, "No issues at all with time keeping. They are here within the allocated time. I know if they were running late they would let us know but this has not happened". Another relative told us, "They arrive near to time. Sometimes they have been a few minutes earlier. We have not experienced any long delays".
- The registered manager made checks on prospective staff to ensure they were suitable for their roles. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Staff received training in relation to the safe administration of medicines. The registered manager told us

that most people's medicines were administered by their relatives or district nurses. This was confirmed during our calls to relatives.

- People's support plans and risk assessments detailed people's personal preferences and routines in relation to the administration of medicines. Where appropriate, people were encouraged and supported to maintain their independence with their medicines.
- Medicine records were clear, and administrations thoroughly recorded.

#### Preventing and controlling infection

- Staff protected people from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and regular testing for COVID-19.
- Staff received training relation to infection prevention and control (IPC) in their induction and wore personal protective equipment (PPE) when they carried out their visits.
- Staff told us they had enough PPE and they had always had enough stock to ensure that they could change as regularly as they needed to.
- Management carried out regular checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively.

#### Learning lessons when things go wrong

- The provider monitored and analysed any accidents or incidents involving people to minimise the risk of reoccurrence.
- The registered manager was in regular contact with people and family members. There was a culture of openness. They were keen to put things right away if at any time things went wrong.

# 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 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

- We found there was an open culture within the service. The provider had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared this commitment.
- People were supported in a sensitive and kind manner. Feedback from relatives was positive and evidenced they felt included and listened to. Relatives spoke very positively about the registered manager and staff. They told us, "It is early days for us with the service, but it is going well. We have met the care coordinator and the manager. They were really supportive" and "I have nothing but praise. It seems well organised and well managed".
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed.

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

- Staff roles and responsibilities were clear. As the agency was small, the registered manager and care coordinator and office staff were also trained to carry out care tasks. This was only at times when staff were unable to complete people's visits. The registered manager told us this helped to ensure staff were trained to high standards as their competency was checked regularly.
- The registered manager and the care coordinator completed a number of audits. The audits included the identification of any issues and actions to address them.
- Competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Spot checks were carried out on staff unannounced at people's visits. This was to check that staff were punctual, polite and respectful. Also, that they stayed for the correct amount of time allocated and that people were happy with the service.

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

- The registered manager, care coordinator, office staff and care staff knew people well. They were involved in all aspects of people's care provision and people told us that they would often speak to them informally to catch up and seek feedback from people and relatives. As most people the service cared for were receiving end of life care, extra support was offered to them and their family. Staff helped to direct people and relatives to access services and resources which they were not aware of previously.
- Staff meetings were held regularly with the staff. Staff were able to comment and make suggestions of



improvements to the service. Every morning the registered manager met with the care coordinator and human resources manager. A briefing was given about what was going on that day, any challenges and to discuss staffing.

- The care coordinator told us they completed telephone quality calls with people and relatives. Regular visits to people were also carried out to check if people were happy with the care they received.
- The registered manager was proud of the staff team and all that they had achieved. We were told that it had been a challenging couple of years working through the COVID-19 pandemic. As a thank you for the staff they gave staff a small bonus. Staff also received gifts and attended parties.

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. Continuous learning and improving care. Working in partnership with others

- The provider was aware of their legal responsibilities under the duty of candour. They understood their associated role and responsibilities and was open and transparent with people, their relatives and others when things went wrong.
- We spoke to the registered manager as we found three statutory notifications were not submitted to the commission when required. The service had submitted safeguarding referrals to the local authority appropriately. This was oversight of the provider who put new measures in place to address this.
- Information shared by external health and social care professionals was used to inform people's support plans. Support plans were informative and reflected information shared from health professionals.
- Feedback from external professionals was positive. One professional told us, "We find Courtfield to be reliable, responsive, clear communication, prompt responses, good understanding of process and collaborative working with other agencies".
- The registered manager and staff worked in partnership with other agencies to ensure people received safe and effective care. This included people's GP's, district nurses, tissue viability nurse's, hospital discharge teams, social workers, mental health team, probation team and the police.