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Courthill Care Home

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 19 January 2018 and was unannounced. Our last inspection was in November 2016 where we found one breach of the legal requirements in relation to record keeping and governance. At this inspection, we found that the provider had taken action to meet the legal requirements of the regulations.

Courthill Care Home is a residential care home providing support to up to six people with learning disabilities and autism. At the time of our inspection there were six people living at the home, some of whom also had physical disabilities and mental health conditions.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Responsive and Well-led to at least good. The provider told us they would introduce additional monitoring of risks, audits to improve oversight and governance at the home and introduce more in-house activities for people. We found that these actions had been implemented by the provider when we visited.

Courthill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Courthill Care Home accommodates 6 people in one adapted building.

There was a registered manager in post, but they were on leave on the date of our visit. 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.

People's care was planned in a person-centred way that reflected their interests and needs. Staff routinely assessed risks to people and plans were implemented to keep people safe, whilst encouraging their independence. Staff encouraged people to develop skills and confidence. People's needs and risks were regularly reviewed to identify and respond to any changes. Where incidents had occurred, staff took appropriate actions to keep people safe. Staff had a good knowledge of safeguarding adults procedures. There was a complaints policy in place and people were regularly informed about how to raise concerns.

There was a variety of activities taking place at the service. People had individual activity plans and the provider had introduced a variety of in-house activities. People were involved in their care and were given opportunity to feedback on areas such as activities and food. Meals were provided in line with people's preferences and staff involved people in shopping and menu planning. People's legal rights were protected because staff followed the Mental Capacity Act (2005).

People were supported by kind and caring staff that had appropriate training for their roles. Staff completed training courses and these were regularly refreshed. Staff felt supported by management and had regular meetings to provide suggestions to improve the home. There were sufficient numbers of staff to safely meet people's needs and the provider carried out checks on new staff to ensure that they were suitable for their roles. Staff knew people well and were respectful of people's privacy and dignity when providing support to them.

People's healthcare needs were met. Staff supported people to attend appointments and maintain their health. People received their medicines safely and in line with the guidance of healthcare professionals. Staff followed good practice in relation to infection control and regular checks were undertaken in this area. The provider carried out a variety of audits to identify improvements at the service. There was an ongoing plan to improve the service for people.

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.

Risks to people were assessed and plans were implemented to keep people safe.

Staff responded appropriately to accidents and incidents. Staff were knowledgeable about safeguarding procedures.

People's medicines were administered safely and managed in line with best practice.

The home was clean and the provider maintained good infection control practices at the home.

There were sufficient numbers of staff at the home to safely meet people's needs. The provider carried out appropriate checks on staff to ensure that they were suitable for their roles.

Is the service effective?

Good

The service was effective.

People were supported to eat meals that reflected their preferences and dietary requirements.

Staff supported people to access healthcare professionals. People's needs were thoroughly assessed before coming to live at the service.

People's legal rights were protected because staff followed the Mental Capacity Act (2005).

Staff had received training appropriate to the needs of the people that they supported.

Is the service caring?

Good

The service was caring.

People were supported by kind staff that they got along with.

Staff supported people in a way that encouraged them to develop skills and maintain independence.

People were involved in their care. Staff knew people well and were able to anticipate people's needs and preferences.

Staff were respectful of people's privacy and dignity when providing support to them.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities that suited their needs, preferences and interests.

Care was planned in a person-centred way and staff supported people in a way that responded to their needs. People's needs were regularly reviewed.

People were given information on how to raise a complaint.

Is the service well-led?

Good

The service was well-led.

Regular audits were undertaken to check and monitor the quality of the care that people received. Records and documentation was kept up to date.

There was an ongoing plan to improve the service and the provider was implementing improvements on an ongoing basis.

Staff felt supported by management. The provider involved people, staff and relatives in the running of the service.

The provider understood the responsibilities of their registration and had been notifying CQC of important events.

Courthill Care Home

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 is 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.

This inspection took place on 19 January 2018 and was unannounced.

Due to the small size of the service, the inspection was completed by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with the deputy manager, one senior staff member and two care staff. We spoke with three people and also observed the care that people received and how staff interacted with them. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We also looked at records about food, activities and minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I do feel safe and I like the way that the staff treat me." Another person nodded and smiled when we asked them if they felt safe.

At our inspection in November 2016, we identified that shortfalls in record keeping meant there was a lack of oversight of people's personal risks. Due to this, we rated the service 'Requires Improvement' in the Safe domain. At this inspection, improvements had been made to record keeping and analysis that meant the service met the characteristics of a 'Good' rating.

Risks to people were assessed and clear plans were implemented to keep them safe. People's care plans contained risk assessments and these had been regularly reviewed. For example, one person sometimes displayed behaviour that may place them or others at risk of harm. A risk assessment identified this and a plan was recorded that documented what may trigger this behaviour. It stated that staff were to monitor the person and record any behaviour on a chart. Where the person's behaviour changed, there was guidance for staff on how to engage with the person to help them to express their feeling s in a positive manner. Staff were aware of the triggers for this person's behaviour and they were able to describe how they would respond. Records showed a chart was kept to document behaviours and actions taken by staff. The recorded actions taken were in line with the person's care plan.

Another person had epilepsy and risks associated with this had been clearly assessed. There was guidance for staff on how to recognise if the person was having a seizure and how they should respond. Staff also kept records of the person's seizures and this was analysed for trends. At the time of our inspection, the frequency of the person experiencing seizures had significantly reduced. We did see evidence of the person being seen by their epilepsy consultant last year following an increase in seizures. This showed that staff were identifying and responding to changes. Records showed risk assessments were reviewed regularly and where new risks were identified, plans were drawn up to keep people safe.

Where accidents or incidents occurred, actions were taken to stop them from reoccurring. At the time of inspection, there had been very few accidents or incidents at the home. Where they had occurred, staff documented the incident and the actions that they had taken. For example, one person had fallen and bumped their head. Staff noted no injury but due to the person having epilepsy, the person was seen by their GP in line with their epilepsy care plan. Staff reviewed the person's risk assessment after the fall and monitored them more closely when mobilising. Risks to people were being managed effectively and records showed that plans taken to respond positively to changes in people's behaviour were working. People's behaviour charts and incident records were analysed at each review. This showed that there was monitoring in place to identify trends to ensure that the provider could learn lessons if anything went wrong.

People were supported by staff that understood their roles in safeguarding them from abuse. Staff had received training in safeguarding and were able to tell us how they would respond if they suspected that abuse had occurred. One staff member said, "I would tell my team leader and if nothing was done I'd speak to the manager. If they didn't do anything I'd go to CQC." Staff told us they had information about how to

whistle blow if they needed to. At the time of inspection, there had been no recent safeguarding concerns that had required staff response.

People's medicines were administered safely. People's records contained important information about medical conditions and allergies and listed the medicines that they were prescribed. Staff had been trained in how to administer medicines and their competency had been assessed. We observed staff administering medicines and they followed best practice. For example, staff checked the tablets against the person's medicine administration record (MAR) and checked they were administering medicines to the correct person. Staff asked consent and dispensed tablets into a pot for the person to take. The staff member then signed the MAR to show the medicines had been administered.

We reviewed MAR charts and found there were no gaps. When people had not received their medicines, staff had recorded the reason why. For example, where one person had not received their medicines due to being away from the home, this had been recorded accurately. The provider carried out regular audits of medicines and staff completed a weekly count which had been signed by two staff.

The provider protected people from the risk of the spread of infection. The home environment was clean with no malodours. We observed staff following best practice in relation to infection control. For example, staff members washed their hands before and after administering medicines to people. Later, staff were observed cleaning the dining room after people had eaten their lunch. There were robust cleaning schedules in place and records showed staff signed off when these were completed to ensure accountability in this area. The provider carried out regular audits of infection control and management checked cleaning regularly and signed work off.

There were sufficient numbers of staff to safely meet people's needs. Throughout the day we observed staff sitting with people and taking people out on trips whenever they wished to go. People benefitted from the availability of staff and this suited their needs. For example, one person could become agitated if they did not go out regularly to exercise. We observed them going out on a flexible basis with staff throughout the day. The numbers of staff reflected the needs of the people at the home and the provider had calculated staffing numbers based on people's needs and activities that they took part in.

People were protected from being cared for by unsuitable staff because the provider carried out appropriate recruitment checks. Staff files contained evidence of a full work history, references, health declarations and a DBS check. DBS is the Disclosure & Barring Service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Plans were in place to keep people safe in the event of an emergency. The provider had assessed the fire risk of the building and had systems and equipment in place to use in the event of an emergency. Regular checks of fire alarms took place and the provider carried out regular fire drills. The provider had a plan to ensure people's care could continue in the event of the building becoming unusable due to an emergency.

Good

Is the service effective?

Our findings

People told us that they liked the food that was on offer. One person said, "I like the food and sometimes we order a pizza." Another person told us that they enjoyed their lunch.

People received food that matched their preferences and dietary requirements. People were observed enjoying lunch during the inspection and finished their meals. People's care plans recorded their likes and dislikes in relation to food. One person liked sweets and fizzy drinks and this was clear in their care plan. The person was supported to eat balanced amounts of their favourite foods by staff, who documented that they had done so. People went shopping with staff and chose what meals would be prepared each week. Staff used pictures to support people to make food choices where they were not able to verbally communicate.

Staff responded to changes in people's dietary needs. For example, one person liked cooked breakfasts and sandwiches. This information was in their care plan and records showed they had this food regularly. When the person had been noted to have increased weight, they were seen by the GP. Their care plan was updated to include suggestions for cooked breakfasts with reduced fat content to assist this person to reach a healthier weight. Records showed that these interventions had worked and the person had lost weight whilst still eating foods that they enjoyed.

People were supported to access healthcare professionals. Staff attended healthcare appointments with people and recorded the outcome of these. People's records contained evidence of correspondence from healthcare professionals involved in their care. For example, one person was under the care of a community mental health team (CMHT). We saw records of visits from the person's community psychiatric nurse (CPN) and staff had provided information on the person's behaviour during a recent visit. This had then helped professionals to make a decision to adjust the person's medicines. Another person had epilepsy and their care plan contained evidence of visits to their neurologist. The person had a care plan for their epilepsy that informed staff on how to respond in the event of a seizure and staff were knowledgeable about this when we spoke with them. Records also showed that people were regularly supported to see the GP, dentist and opticians.

People had received a thorough assessment before coming to live at the home. Assessments documented people's needs and choices and the information gathered enabled staff to provide a person-centred service. One person had come to live at the home after spending time in hospital. Their records showed that information had been gathered from the person, the hospital and their relatives before they came to live at the home. Information from the assessment was then added to the person's care plan. For example, the assessment identified particular objects that could cause changes to the person's behaviour. This information was in the person's care plan and staff knew this about the person.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the correct legal process as outlined in the MCA. People's records contained evidence of mental capacity assessments to establish if they had the mental capacity to make specific decisions. Where people lacked capacity, the provider kept records of best interest decisions that involved relatives and healthcare professionals and recorded actions to be taken in the person's best interests. Where restrictions were placed upon people, applications were made to the local authority DoLS team. We did note one instance in which a mental capacity assessment was not available for one person regarding their capacity to consent to living at the home. The provider was able to obtain a copy of a mental capacity assessment carried out by a professional that showed the correct process had been followed. However, clear and up to date records were not in place at the time of inspection.

People were supported by staff that were trained to carry out their roles. Staff told us that they completed an induction when they started work at the service. One staff member said, "I did an induction where they showed me everything. They showed me what the clients liked and any challenging behaviour. I read all the files." Staff said they had access to a range of training courses and these were regularly refreshed. Training courses included safeguarding, moving and handling, health and safety and infection control. Records showed staff were up to date on all mandatory training courses. Staff also had training specific to the needs of the people that they supported. For example, staff had received training in autism because they supported people with these needs. Staff demonstrated a good understanding of how one person's autism impacted on their routines and behaviour. Staff knew that certain elements of the person's routine were important to them and they ensured these were met. Records showed that staff used appropriate techniques, such as distraction, when the person's behaviour changed. Staff had also been trained in epilepsy as they supported people with this condition.

Staff had completed the care certificate and qualifications in adult social care. The care certificate is an agreed set of standards in adult social care that staff are trained to. Staff had also been trained in further qualifications, such as National Vocational Qualifications (NVQ). NVQ is a further qualification in adult social care. Staff had regular one to one meetings with their supervisors. Staff told us that they found one to one supervision meetings beneficial and that they were up to date. We saw evidence of regular supervision meetings where staff had discussed people's needs and any areas for learning and development. Staff received a yearly appraisal and records showed that these were up to date.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "I am very happy and I like the way the staff treat me." Another person said, "They [staff] are nice."

During the inspection we observed pleasant caring interactions between people and staff. At lunchtime, staff chatted to people while they had their meals. People were engaged and enthusiastic speaking to staff about upcoming activities and a planned holiday. Later in the day, we observed people and staff taking part in a karaoke activity together. People and staff were laughing and dancing whilst this activity took place. We noted there was a good rapport and camaraderie between people and staff throughout the day.

People were supported to develop skills and maintain independence. One person said, "I do a bit of the hoovering." People's timetables included time for them to complete domestic tasks with staff. Care plans outlined the support that people needed from staff to develop these skills. We observed one person mopping the floor during the inspection. The staff member gave the person a mop and they cleaned the floor. The staff member then said, "Well done, you have done a wonderful job." The person smiled and looked proud of the clean floor. People's care plans contained goals and these had been reviewed. For example, one person was developing skills and confidence going out in the community. Their care plan outlined behaviours that they sometimes displayed that could be problematic in public. To manage this, staff spoke to the person about etiquette in public and took them out regularly. Records showed that this person was developing skills in this area and incidents of inappropriate behaviours had significantly reduced. One staff member said, "We do quite a number of things with people. We show them how things are done and talk them through it. [Person] really likes making a cup of tea."

People were involved in their care. Care plans contained information on people's preferences and their choices. Where people had made specific requests, these had been actioned by staff. One person told us that they had asked to go to a new park, and this had been actioned by staff. Another person had expressed an enjoyment for jigsaw puzzles and staff had supported them to find puzzles that reflected their interests. Regular reviews took place that recorded any changes to people's preferences and any actions taken. People made choices around meals and their daily routines and these had been documented and actioned.

Staff knew the people that they were supported. Throughout the day, staff were able to give information about people's needs and preferences. We observed staff providing support in a way that demonstrated an understanding of people's needs. For example, in the morning a staff member was vacuum cleaning and another staff member noted that the noise could upset one person. Loud noises were recorded in the person's care plan as something that made them anxious. The staff member said to them, "I know you don't like the noise, let's go in here." The staff member then took the person into another room and they watched television together. Staff knew people's preferences and were able to tell us these. One staff member said, "[Person] cannot communicate but always likes to be involved. He loves the laundry so I always bring him to help with it."

People's privacy and dignity was respected by staff. We observed staff being respectful of people's dignity

during the inspection. For example, one person spilt a drink on themselves at lunchtime and staff discreetly prompted the person to change their clothes. Staff went with the person and this was addressed quickly. Where personal care took place, this was done in people's rooms with the doors closed. When we discussed people's needs and their healthcare, staff were mindful to ensure that this took place away from people who might hear. This demonstrated a commitment to people's confidentiality.

People were supported to maintain their religious and cultural needs. People's care plans contained information on any spiritual needs and the support they needed to maintain them. One person liked to attend church once a week and this was in their care plan. Staff supported them to attend so that they could continue to practice their faith.

Good

Is the service responsive?

Our findings

People told us that they were supported to take part in a range of activities. One person said, "I do a lot and I like sports."

At our inspection in November 2016, we identified that there was a lack of in-house activities to entertain people when they were indoors. We made a recommendation that the provider reviews their in-house activities programme. At this inspection, we found that the provider had taken action in this area. A timetable of indoor activities was in place and we observed people taking part in activities at the home. The activities timetable included games, music, films and exercise and we saw that these had been taking place. Daily notes recorded people's participation in activities and we saw that they were discussed at residents meetings. During the inspection we observed people playing games with staff. Later, we observed people and staff taking part in a musical activity.

People had individual activity plans that contained a variety of different types of activity. Activities seen included outings, sports, arts and crafts and relaxation. For example, one person liked aeroplanes and walks. Staff took them on regular trips to a local aerodrome where they could see planes and also walk long distances to exercise. Another person enjoyed eating out and going to the pub and their daily records showed they did this multiple times each week. People went out regularly with staff and also attended local activity groups and clubs. We also saw evidence of people having attended local colleges to complete courses and develop skills. Staff recorded when people had taken part in activities and activities were discussed at reviews. A recent compliment letter from a relative stated, '[Person] loves the sensory room and the holidays to the Isle of Wight. He likes the cycling and swimming.'

People received person-centred care. Each person had a care plan that reflected their needs, preferences and background. One person had certain activities that they liked to do each day, as this was important to them as part of their routine. They liked to visit the local park and to buy certain drinks from the shop each day. Records showed they regularly did this and we observed them going out with staff on the day of inspection. Another person liked to wear certain clothes each day and do the laundry. Their care plan contained clear guidance for staff on how the person chose the clothes that they wished to wear each morning.

Staff supported people with autism and there were certain triggers that could cause them to become agitated. These triggers were clearly listed with guidance for staff on how to identify them. For example, one person did not like it when staff used negative words such as, 'no.' This could cause the person to become upset and could lead to behaviours that challenged staff. Their care plan contained guidance on how staff should use positive distraction techniques if they became agitated and we saw evidence this was being fulfilled. Records of behavioural incidents documented that staff had distracted the person by asking them about activities and these interventions had been effective. Staff were knowledgeable about people's needs and how to recognise changes in people. One staff member said, "[Person] is usually cheerful but we know when she is quiet, there might be a problem so we will sit with her."

People's needs were regularly reviewed. Care plans contained evidence of frequent reviews where staff could identify and address any changes in people's needs or wishes. Where changes were identified, these were actioned by staff. For example, at a recent review for one person staff had identified changes in their appetite and wellbeing. Additional support and encouragement to eat was put in place along with increased observations. The person was seen by the GP and sent for further investigations to identify the cause of these changes.

People's wishes with regards to end of life care were documented. Pictorial end of life care plans had been completed that recorded people's wishes. Relatives had been involved in preparing the plans that recorded their religion and things that they liked and relaxed them when they reached this stage of their lives. We noted that there were not any advanced wishes in place for one person who was younger. We fed this back to the provider and they undertook work to document advanced wishes for this person so that they had accurate records in this area.

People were supported to complain if they wished to. The provider had a clear complaints policy and this was discussed regularly at meetings and reviews. A pictorial complaints policy was displayed in the home. There had not been any complaints received since our last inspection, but the provider took a proactive approach to identifying changes. For example, people and relatives were regularly asked for feedback through surveys and reviews to identify any areas in which they would like to see improvements.

Good

Is the service well-led?

Our findings

People told us that they liked the registered manager. One person said, "I get along with [registered manager]." Another person smiled and said, "yes" when we asked them if they got on well with the registered manager.

At our inspection in November 2016, we identified that there was a lack of robust audits carried out. There was a lack of structure to auditing and audits did not cover all aspects of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had made the required improvements to meet the requirements of the regulation.

The provider regularly audited the quality of the care that people received. A variety of checks were carried out on a daily, weekly, monthly and annual basis and these were signed off. Audits covered medicines, documentation, health and safety and maintenance. Any improvements identified were documented and signed off by staff. For example, a recent audit had identified that fridge temperature checks had not been completed daily. This was addressed with staff and records showed the fridge temperature was being checked and recorded each day. The provider carried out a regular visit audit. The most recent audit identified that the stair case required maintenance work and this had been actioned by the time of our visit.

Staff maintained accurate and up to date records. People's care plans were regularly reviewed and the information seen was up to date and reflected people's current needs and preferences. Staff completed daily notes that recorded what people had done each day as well as what care tasks they had been supported with. Charts to monitor people's needs, such as behaviour charts, were detailed and up to date. They clearly recorded the potential trigger of people's behaviours as well as what had helped to deescalate the situation. Charts had been used to support healthcare professionals with making decisions about people's care.

There was an ongoing plan to drive improvement at the service. People lived in a bright and clean home environment that had been recently decorated. Since our last inspection, the kitchen had been refurbished and we noted it was well maintained and clean. The home environment had been redecorated and new flooring had been put in communal areas. There was an ongoing plan to improve the service and the provider regularly updated this. Before the inspection, the provider submitted a provider information return (PIR). This documented what the provider did well and any improvements that were being made. The PIR contained details of redecoration of people's rooms and refurbishment works and these had been carried out by the time of our visit.

Staff felt supported by management. One staff member told us, "We get the support we need, [registered manager]is here and we have seniors we can ask too." The registered manager was on leave on the day of our visit but there was a senior staff member and a deputy manager at the home providing support to staff. Staff each had roles that day and knew what their tasks were for the day. For example, one staff member prepared food whilst another administered people's medicines. Another staff member supported people to go out. Daily tasks were recorded on a planner and we saw staff working to this. Staff communicated well

together throughout the day to ensure people's routines and preferences were met.

Staff, people and relatives were involved in the running of the home. Staff told us that they met regularly and meetings were useful to share information and make suggestions. Minutes of a recent staff meeting showed that staff discussed activities. They discussed new activities for people that suited their needs. Regular meetings were also arranged for people and minutes showed that these were used to enable people to make choices and make suggestions. For example, at a recent meeting one person had asked for more cheesecake to be included in menus. This had been documented and actioned by including cheesecake on menus.

The feedback of people and relatives was regularly sought. The provider carried out yearly surveys where people and relatives were asked about their experiences and given opportunities to raise any issues. The most recent survey had not yet been collated, but individual forms showed that people felt positively about the care that they received.

The provider understood the responsibilities of their registration. Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. There had not been many notifiable incidents at the home but CQC had been notified where appropriate.