Life Care (UK) Limited

Courtlands Lodge

Inspection report

25 Langley Road
North Hykeham
Lincoln
Lincolnshire
LN6 9RX

Tel: 01522693800
Website: www.superiorcarehomes.com

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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 16 March 2016 and was unannounced.

Courtlands Lodge is registered to provide accommodation for nursing and personal care for up to 29 people living with a mental health illness. There were 22 people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. One person at the time of our inspection had their freedom restricted under a DoLS authorisation.

People were kept safe because staff undertook appropriate risk assessments for all aspects of their care and care plans were developed to support people's individual needs. The registered manager ensured that there were sufficient numbers of staff to support people safely. People were given their medicine safely.
People were cared for by staff that had knowledge and skills to perform their roles and responsibilities and meet the unique needs of the people in their care. Staff received feedback on their performance through supervision and appraisal.

People had their healthcare needs identified and were enabled to access healthcare professionals such as their GP and community mental health team.
People were supported to make decisions about their care and treatment and staff supported people to maintain their independence. People were treated with dignity and respect by kind, caring and compassionate staff.

People were treated as individuals and were supported to follow their hobbies and pastimes. People were involved in planning the menus and staff supported them to have a nutritious and balanced diet.

The registered provider had robust systems in place to monitor the quality of the service, including regular audits and feedback from 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 is safe.

There were enough staff on duty to meet people's needs.

Staff followed correct procedures when administering medicine.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Is the service effective?

Good

The service is effective.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

People had their healthcare needs met by appropriate healthcare professionals

Is the service caring?

Good

The service is caring.

Staff had a good relationship with people and treated them with kindness and compassion.
People were treated with dignity and staff members respected their choices, needs and preferences.

Is the service responsive?

Good

The service is responsive.

People's care was regularly assessed, planned and reviewed to meet their individual care needs.

People were encouraged to maintain their hobbies and interests including accessing external resources.

Is the service well-led?

Good

The service is well-led.

The provider had completed regular quality checks to help ensure that people received safe and appropriate care.

There was an open and positive culture which focussed on people and staff.

People who lived in the service and their relatives found the registered manager approachable.

Courtlands Lodge

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.'

The inspection took place on 16 March 2016 and was unannounced. The inspection team was made up of one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. A specialist professional advisor is a person who has expertise in the relevant areas of care being inspected, for example, nursing care. We use them to help us to understand whether or not people are receiving appropriate care to meet their needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager, a registered nurse, two members of care staff, two cooks, and ten people who lived at the service and two visiting relatives. We also observed staff interacting with people in communal areas, providing care and support.

We looked at a range of records related to the running of and the quality of the service. These included two staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for eight people, daily nursing records for four people and medicine administration records for ten people.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living in the service. The provider had policies and procedures in place to support staff to protect people from avoidable harm, potential abuse and help keep them safe. Staff told us that they had received training on how to keep people safe, how to recognise signs of abuse and how to report their concerns. One member of staff said, "I did safeguarding adults training and if I had any concerns I would go straight to the office." Another staff member said, "I would document, risk assess, complete an incident report and ring safeguarding." The registered manager responded to concerns in a timely manner. For example, a safeguarding concern was received on the day of our inspection and the registered manager took appropriate action to investigate it and notified CQC of the outcome.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to on-call senior staff out of hours for support and guidance. Furthermore, staff had access to business continuity plans to be actioned in an emergency situation such as a fire or electrical failure. We heard from staff that this had been successfully implemented a few years ago when the service was cut off for several days due to heavy snowfall.

People who lived at the service had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as the safe use of bed rails and accessing the local community on their own. Care plans were in place to enable staff to reduce the risk and maintain a person's safety. We also noted where one person has a purpose built wheelchair that there was photographic guidance for staff to ensure that it was always used safely.

People told us that there were enough staff to look after them and keep them safe. We spoke with one person who lived at the service who was involved in the recruitment process for the selection of new care staff. They told us, "I sit on the staff interviews with [name of registered manager]. I enjoy asking them what they can do for us." We looked at two staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post.

The provider had a system for calculating the care dependency levels for the people who lived at the service. These dependency levels then informed the registered manager of how many staff with different skill levels were needed on each shift. However the registered manager did add, "It's also about common sense and knowing everyone in your care."

We found that there were sufficient staff on duty to meet people's needs and call bells were answered promptly. We found that the service had a very low turnover of staff and staff retention was good, this helped to support continuity of care for people. When there were gaps on the duty rota due to staff sickness these were filled by staff on the internal bank.

People received their medicine from nursing staff that had received training in medicines management and had been assessed as competent to administer them. At lunchtime we observed medicines being

administered to people and noted that appropriate safety checks were carried out and the administration records were completed. People told us that they always received their medicine on time.

We looked at medicine administration records (MAR) for 10 people and found that medicines had been given consistently and with the exception of one incident there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were recorded. Where a person did not receive their medicine a standard code was used to identify the reason, such as when a person was in hospital. We found where a person managed some of their own medicines such as an inhaler, that a plan was in place and this was reviewed every six months. We saw that three people had a special plan for emergency medicine to be given when they had a seizure to ensure that it was administered safely. We saw that people had regular medicine reviews with their GP and the community mental health team.
All medicines were stored in accordance with legal requirements, such as locked cupboards, medicines trolleys and fridges. There were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner and out of date and unwanted medicines were returned promptly. Staff had access to guidance on the safe use of medicines and the medicines policy. A senior member of care staff told us that all medicine incidents were reported through a formal route and the registered manager investigated them.

Good

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are suitably trained." Staff were provided with a range of training and professional development opportunities. For example, staff attended mandatory training such as dignity and infection control and also, training specific to individual needs, such as "mental health matters" for all staff and catheter care for registered nurses. In addition, staff were supported to work towards a nationally recognised qualification in health and social care. Finally, the registered manager had recently introduced the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. New staff undertook a period of induction before they were assessed as competent to work on their own. Staff told us that their induction and mandatory training prepared them for their role.
Staff received regular supervision and appraisals and said that they were a positive experience and they welcomed feedback on their performance. One member of staff said, "I have an annual appraisal and it's a good experience. I can tell her how I'm getting on with training. Talk through any absences. I feel valued."

We saw that some staff had been nominated as lead person for key topics. For example, one staff member was the link nurse for infection control and attended regular peer group meeting arranged by the local authority. They then supported other staff to maintain safe infection prevention and control practices.
We observed that people's consent to care and treatment was sought by staff. For example, we saw that people had given their signed consent to have their photograph taken for identification purposes. People also, gave their agreement to be involved in creating their care plans and involved in reviews when there were changes to their care needs. We saw where one person was unable to sign to give consent that staff had recorded that they had given verbal consent. A member of nursing staff said, "If they are unable to give verbal consent I would look at their body language." Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA).

The 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.
We saw where one person had lacked capacity to consent to their care that they had a court appointed deputy to act on their behalf. A court appointed deputy is someone appointed by the Court of Protection to make decisions on behalf of a person who is unable to do so themselves.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS and one application had been submitted to the local authority and was approved. The local authority had appointed a representative to act on behalf of the person.

Furthermore, we saw that the provider had complied with the conditions of the DoLS. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

People who lived at the service and their relatives told us that the food was good, that they had a choice and there was always plenty to eat. One person said, "There is always a choice and I can always have something different if I want." Another person said, "I can choose what I want to eat." We saw evidence that people were provided with a well-balanced and nutritious diet. In addition, hot and cold drinks were provided throughout the day and people had access to snacks such as biscuits and fruit at any time of day or night. We spoke with one person's relative who said, "I am as happy as anything that my wife is here. The food is good, I know because I sometimes have a meal here." We saw that there were information leaflets available on healthy eating and drinking well. We spoke with one person who had been overweight. They told us that they had lost three stones by eating a healthy diet and support from staff. We saw that they had a leaflet on evidence based guidance on healthy slimming.

We spoke with the head cook and assistant cook who told us that they asked people about their food and drink preferences and their responses influenced changes to the Summer and Winter menus, such as an all-day breakfast once a month. We saw that alternatives were available to the main menu choices such as baked potatoes, salads and sandwiches. The cook told us that they catered for special occasions and said, "On their birthday they can have a choice, for example some might have a fry up for breakfast or want a birthday tea. It's up to them." We saw that themed meals were arranged throughout the year for events such as St Valentine's and Guy Fawkes and once a month people had a take-away meal from the local Chinese Restaurant and Fish and Chip shop.

The head cook told us that they catered for people with special dietary needs and also fortified some dishes to support people who may be at risk of weight loss. In addition we saw that a person who had difficulty chewing their food had a soft diet, and three people at risk of choking had their drinks thickened and care staff supervised them at mealtimes. We noted that all dishes were homemade and made with fresh ingredients. Furthermore, some people had smaller portions rather than a large main meal as it was a more manageable portion size and they ate more as they were not put off by the amount of food on their plate. We looked at food intake charts for two people at risk of weight loss and saw that they recorded the amount of food a person was offered and how much they actually ate.

People told us that that staff supported them to see their GP or dentist. One person said, "I can see my GP or dentist when I need to, I just ask a member of staff." Another person said, "If I need to see a doctor I see a member of staff and they sort out an appointment." Records showed that people were supported to maintain good health and had a monthly physical health check and access to all health checks relevant to their age and gender. We saw that people had access to healthcare services such as their GP, speech and language therapist, an annual review from their community mental health team and a dentist trained in the special needs of a person living with a mental health disorder. People were also referred to specialist healthcare professionals to support long term medical problems. For example, one person had suffered severe muscle wastage to their limbs following a brain injury. Hospital staff visited the person in the service for regular exercises and specialist treatment to restore power to their arms to enable some independent movement. Furthermore, people had access to alternative treatments and therapies, such as aromatherapy and Indian head massage, to relax their muscles and relieve anxiety.

Good

Is the service caring?

Our findings

People who lived at the service and their relatives told us that they were looked after by kind, caring and compassionate staff and were happy with their care. One person said, "Like this place. Love it here. [Name of registered manager] looks after us well." Another person said, "On the whole staff are very pleasant." One person's relatives said, "My daughter is very fortunate to be at Courtlands as she is very happy there. She is never a problem when it is time to take her back there after a visit home. In my opinion with Courtlands being a small unit it suits my daughter perfectly." We noted that when members of staff passed through the lounge area and a person called out to them, that the staff member took time to sit and acknowledge the person and listen to what they had to say. We observed staff interacting with people and saw that people and staff had a good relationship, they knew each other well and there was lots of friendly banter.

People had a social needs care plan and we saw that it not only recorded the activities and pastimes the person like to be involved in, but also recognised the obstacles to achieving this and how to overcome them. For example, one person had recorded, "I like doing puzzles, going to the pub and talking about the news, however I cannot do these on my own and need staff to organise these for me."
The registered manager told us that "some staff went the extra mile" for people. For example, a senior registered nurse in their own time, visited people who lived in the service when they were admitted to hospital. Another staff member accompanied one person to buy their pet and often took them to buy pet food. People told us how staff helped them arrange their holidays. One person said, "I went on holiday to Blackpool last year and staff helped me to arrange it."

We observed staff assist some people to the dining room or conservatory for their lunch. People were supported to walk at their own pace and staff chatted with them in a friendly manner. We saw that people sat in friendship groups to have their lunch and several were talking about what they had read in the newspaper or seen on television about current affairs.

We saw measures in place to enable people to be orientated to the day of the week and their surroundings. For example, there was a large print calendar and daily weather forecast chart with pictures in the lounge and door signage was in written and pictorial format. In addition, the daily menu and the names of all staff on duty were written on a chalk board in the dining room. The registered manager said, "The residents say the most important thing in their day is knowing who is on duty and what they will have to eat."
People were involved in care plans tailored to meet their individual needs and we found that these were straight forward and easy to read. We observed how staff enabled people to identify the steps to take to reach their full potential. We saw recorded in one person's care file that their overall goal was "To function at my optimum level." Their plan to achieve this was clearly recorded.
People were provided with information on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes. We saw that some people had an advocate appointed and a record of their visits was maintained.

People were enabled to maintain contact with family and friends and people could receive visitors at any

time or go on visits home. Some people kept in touch with family and friends through their own mobile phone or computer and others had access to a payphone in the corridor or privacy could use the office phone.

Several people were involved in assisting with daily housekeeping tasks, such as clearing away and cleaning the dining tables after lunch, making hot drinks for themselves and others and keeping their bedroom tidy. We found that this gave them a sense of purpose and that they mattered. One person was supported to look after their budgerigar in their bedroom. They told us that they always kept a bird and were responsible for feeding and cleaning its cage.
We saw that people's right to their privacy and personal space was respected. For example, we noted that staff always knocked on a person's bedroom door before entering and doors and curtains were closed when a person was receiving personal care. One member of staff said, "I keep them covered as much as possible during personal care, and I talk and tell the person what I'm doing." We saw that some people had the key to their bedroom door. This provided a sense of security and ensured that other people could not enter a person's bedroom without their permission. Where two people shared a bedroom we found that they had given signed consent to do this and had care plans in place to support the maintenance of their privacy and dignity.

We observed that care and catering staff took a dignified approach at lunchtime. We found that when a person had a soft diet that all food ingredients were presented separately and their meal looked appetising. We observed the cook encourage a person who did not want their lunch to eat a small portion of the main course. The cook treated the person with dignity and respect and acknowledged their achievement. The person then asked for a pudding to follow. Some people were provided with protective tabards so as their clothing would not get soiled from spills.
The staff we spoke with and the registered manager told us that dignity was embedded into everything that they did for people. For example, we saw that a person's right to express their sexuality as they wished was respected, that two people were supported to have a relationship and were planning to get married and other people were enabled to follow their religious and spiritual beliefs. People were regularly visited by a chaplain from the local church and some people told us that they went to church on a Sunday. We found that people did not want to participate in the National Care Home Open day held once a year. They were horrified by the thought that their privacy would be invaded by strangers walking through their home. The National Care Home Open Day is an annual event where some care homes open their doors to the public and put on coffee mornings and other events.

Good

Is the service responsive?

Our findings

We found that the service had a strong focus on person-centred care and that people's diverse needs and wishes were met in a variety of ways to provide them with a good quality of life. For example, an initiative called "the dignity wish tree" had been introduced to help people fulfil their wishes, people hung their wishes on a wish tree and staff pledged to answer their wish. One person told us that they wanted to visit Lincoln and staff made it possible for them to visit the previous week. They said, "We went on Tuesday to the market and had a cuppa with [name of person]." Another person told us that there had been a dignity tea party. They said, "We had cakes and music and dancing. I made a wish that I could go and see my mother who lives in a nursing home; I went on her birthday in February."

We found that people were encouraged to spend their time how and where they wished. We saw that some people chose to spend their time in the lounge or conservatory, others preferred to return to their bedroom between meals and some people spent their time in the local community or took a bus into Lincoln. People were supported to have an interest in the local community. For example, the registered manager recently arranged a forum for people who lived at the service with the local community police officers to discuss their role.

People told us that they were enabled to maintain their interests. We spoke with one person who had the sole use of a double bedroom. We saw that they had used part of their room as a study area. They told us their hobby was visiting and writing about different architecture styles all over the world. Two people enjoyed gardening and were supported by staff to do this. A registered nurse told us, "People are encouraged to be independent and to participate where they can."

Although the service did not have a designated activity coordinator, we saw that people were supported to take part in activities led by support staff external to the service. For example, after lunch several people took part in an armchair exercise with a fitness instructor. Two members of staff supported people with limited mobility to take part. We noted that people were encourage and praised by staff and other people taking part in the activity.

People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people who lived at the service and their relatives were involved in planning their care. The registered manager told us that it was difficult to generate interest from relatives to attend meetings and reviews about a person's care in the service. We saw that individual care plans focussed on supporting a person to live well with their health concerns and maintain their independence.

Some people invited us to look at their bedroom. We found that they were supported to personalise their bedroom with items such as pieces of furniture, photographs and keepsakes. In addition, several people had chosen their bedding and decorations. We spoke with one person who had a fridge, iron and kettle in their bedroom. They told us that they did not want to lose their independence.

We saw that staff exchanged information about a person's care needs and general wellbeing at shift handover to maintain continuity of person centred care. Staff also maintained a daily record of how a person had passed their time, such as if they had gone shopping, had any visitors or were seen by their GP. This information was also shared at handover.

We spoke with one person who had training certificate on display in their bedroom. They told us that they had been supported to undertake the same training that staff received for equality, diversity and human

rights as it was of interest to them and a course on diabetes to help them better understand their health condition.

There was a comment and suggestion box near the main entrance for people who lived at the service and their relatives to give their thoughts on the service. Although the suggestion box was easily accessible, the registered manager told us that they had not received any comments. Also, in the main entrance was guidance on how to share a concern and information on how to make a formal complaint. We saw that the complaint forms were in easy read format with smiling and sad faces to rate how they felt. However, people told us that they had no reason to complain and could talk with staff and the registered manager at any time. One person told us, "There are complaint forms, but I've never had to complain." Another person said, "I have not had to complain as everyone here is a happy lot." Staff told us that if a person complained to them they would escalate the concern to the register manager or the nurse in charge. Complaints received had been address and resolved in a timely manner as per the providers guidelines.

Good

Is the service well-led?

Our findings

We saw that people had a say in the way the service was run and were invited to attend regular meetings The registered manager told us that they asked people the question, "How can we make things better?" and changes had been implemented in response to their suggestions. For example, people suggested that the meetings were held at teatime, and now they have a much improved attendance and more people have become involved. Furthermore, every six months people who lived at the service gave their feedback on all aspects of the service through a quality questionnaire. We saw that feedback on all aspects of the service were mostly positive and the registered manager had responded to the questionnaire with a list of improvement to make.
Staff told us that they found the registered manager approachable and supportive. One member of staff said, "I can go to [registered manager's name], or any of the nurses. Very approachable, but firm. She runs a tight ship. It's a friendly place and we all respect each other." A senior member of staff said, "The manager is very supportive, she is available 24 seven for support. I can go to her at any time."
The registered manager was well supported by the provider. They told us that they kept in contact with the provider two or three times a day by phone and the provider visited every three months to undertake a quality review of the service and these visits were followed up with an action plan. The people we spoke with and staff knew who the provider was by name.

All staff attended regular team meetings with the registered manager. A member of catering staff spoke positively about the meetings and said, "If there are any problems we can talk about them. We can speak out and if I need anything replaced it gets done."

We found that the registered manager was visible, knew their staff and the people in their care. The people who use the service and their relatives that we spoke with knew who the registered manager was and knew them by name.

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on safeguarding, infection control and mental capacity. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager. In addition, staff were provided with evidence based national guidelines to enhance the delivery of quality care relevant to the people who lived in the service.
A programme of regular audit was in place that covered key areas such as health and safety and medicines. We saw that a team approach was taken and staff were involved in some of the audit processes, such as the cleaning rota checklists; and audit outcomes and required actions were shared with staff. At the time of our inspection the registered manager was undertaking the annual infection control audit on behalf of the provider. Action plans with realistic time scales were produced to address any areas in need of improvement. For example, it was noted that some care plans had not been updated for a year and there was out of date information on notice boards. In addition, the registered manager undertook an annual Care Service Process Improvement audit on behalf of the provider that covered all aspects of standards of care in the service.

The provider had a system were the registered manager reported all incidents and accidents to them directly. For example, if the police had been involved in an incident. Furthermore, the registered manager reported all statutory notification of incidents to CQC.

The provider had a recently revised mission statement on display which promoted their ten core values including respect, choice, equality and empowerment for people who lived at the service. The staff were aware of the mission statement and could tell us what the core values for the service were. An experienced member of care staff said, "I've never worked in such a nice home. I feel I can give more quality time to each resident and I've not had that in other places."

The service was a registered member of the Lincolnshire Care Association (LinCa), which provided opportunities for training, networking and sharing good practice for staff, with the overall outcome of improved health and wellbeing of the people who lived in the service.