

Courthall Care Ltd

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Inspection report

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05 December 2022

06 December 2022

19 December 2022

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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

About the service

Courthall Care is a domiciliary care agency. It provides personal care and support to people living in their own homes within the Liverpool area. Courthall Care offers a variety of services, including assistance with personal care, meal preparation, companionship, medicines management and domestics tasks. At the time of our inspection there were 21 people 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 were safely recruited, and staffing levels were sufficient to meet the needs of the people using the service. There was an induction programme and staff completed shadow shifts prior to lone working. Staff received training that included e-learning and classroom sessions. People told us staff were confident in their roles.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

Staff supported people to take their medicines safely. Staff were trained and had their competency assessed in medicines management and knew how to ensure people received their prescribed medicines on time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well and told us their privacy and dignity was consistently respected.

People's care plans and risk assessments held sufficient detail to ensure people's needs and preferences were met. These were reviewed regularly and when any needs changed. People supported told us they felt well cared for by kind and considerate staff.

The provider had quality assurance systems in place that included audits, analysis and spot checks that were used to drive improvements. There was a complaints procedure in place that people and their relatives were aware of. People told us they felt confident to raise any concerns and complaints they had.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Courthall Care Ltd

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 November 2022 and ended on 19 December 2022. We visited the location's office/service on 30 November 2022 and 6 December 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from

the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 3 people and 1 relative in their homes that used the service and spoke to 3 relatives by telephone about their experience of the care provided. We spoke with the registered manager, manager and 6 support staff.

We reviewed a range of records. This included 3 people's care records. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There was a safeguarding policy and procedure available to all staff.
- People told us they felt safe with the staff that supported them. Their comments included, "I really like and trust all my regular carers [Staff] they are excellent." and "Staff use the key safe to come in and always make sure the house is secure on leaving. I have a pendant lifeline and staff know to check I am wearing it before I am left alone"
- Staff had received safeguarding training and understood how to identify and raise concerns.

Assessing risk, safety monitoring and management

- Care plans contained detailed risk assessments about people's individual care, support and environmental needs. Wherever possible, action was taken to minimise known risks. Regular reviews took place to ensure information remained up to date.
- Staff had been trained and assessed as competent to use equipment. For example; when moving and handling people. Risk assessments were in place in relation to equipment used.
- The provider had a business continuity plan in place to ensure people would continue to receive safe and effective care in emergency situations.

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet the assessed needs of people. Comments from people included, "I have regular carers [Staff] and know them all." and "Staff are generally on time and stay the full time. If staff are late, they always apologise."
- The registered manager stated recruitment was ongoing. Although there had been staff shortages on occasions, they told us the management team and office staff were qualified to deliver care and would step in when required.

Using medicines safely

- Staff were trained in the safe management of medicines and had their competency regularly checked. One person told us, "Staff dispense my medicines from the blister pack. They give them off a spoon with a sip of drink which is how I prefer. They never rush me."

- There were systems and procedures in place for the safe management of medicines. The staff had access to medicines policies and good practice guidance.
- Medicine administration records (MARs) were completed electronically and regularly audited.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People told us staff wore PPE and their comments included, "Staff always wear PPE when they complete my personal care." and "Staff wear PPE to protect [Name] from infection, it is so important."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood how to report accidents and incidents. All accidents and incidents had been recorded and were reported to the local authority and the CQC, where appropriate.
- The registered manager reviewed and monitored all accidents and incidents to establish any trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs.
- People and relatives were involved in the development of their care plans. These were reviewed regularly or when people's needs changed.
- People told us they received the care and support they needed. Their comments included, "Staff are confident and know what they are doing. It makes me feel comfortable." and "Staff do everything I need but also always ask if I need them to do anything extra. They go the extra mile."

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and completed shadow shifts ahead of working with people supported. Comments from staff included, "I was new to working in care and had extra support and shadow shifts which helped develop my skills and confidence."
- Staff had regular training that included e-learning and classroom-based sessions.
- Support was offered to staff informally and through supervision. Comments from staff included, "Everyone in the office is approachable and supportive." and "I have supervision regularly. We discuss work but also other personal matters that can affect me in work sometimes. I value this."

Supporting people to eat and drink enough to maintain a balanced diet

- People who were assessed as needing support with their eating and drinking, had clear guidance in place for staff to follow. The level of support required was detailed in the care plans.
- Staff had received training to support people with thickened drinks and specific dietary requirements.
- People spoke positively about the support they received with their food and drink needs. Comments included, "Staff always offer me a choice at each mealtime.", "Staff always leave me with plenty to drink and snacks to last until my next call." and "Staff never rush me when I am eating or drinking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and professionals to support people's health and wellbeing. This was evidenced within the documentation. One relative commented, "There is good professional interaction between Courthall Care and [Names] social worker."
- People were supported with their health needs. There was information available for staff to understand people's health conditions and the support they required with these.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about their cognition. The registered manager told us that formal capacity assessments and best interest decisions would be completed by external health and social care professionals in conjunction with the service, people and their relatives if required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff treated them well. Comments included, "Carers [Staff] are lovely and all very kind.", "Carers [Staff] are all very nice. [Name] and [Name] are very thoughtful, caring and helpful." and "Carers [Staff] have been great, they are all very attentive with [Name]. They have all been amazing."
- People's diversity was respected. Staff had received equality and diversity training. Staff understood the importance of treating people respectfully, regardless of differences.

Supporting people to express their views and be involved in making decisions about their care

- The provider sought regular feedback from people supported. Their comments included, "[Name] registered manager is lovely and comes to visit to check everything is okay", "[Name] registered manager has really understood our situation and has gone at our pace. Increasing the care as Mum was ready." and "The whole team are amazing and go above and beyond to help us manage our situation."
- People's individual wishes and preferences were recorded in their care plans. People and their relatives confirmed this reflected information they had shared.
- The provider had systems in place to support people to express their views and make decisions about their care. One person told us, "[Names] care plan is reviewed regularly to ensure it remains up to date."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. Comments included, "Staff keep me covered up as much as possible when completing my personal care." and "Staff always protect my dignity, I insist on that." Relatives said, "Staff are very respectful of [Name] and always demonstrate patience and understanding." and "Staff always enable [Name] to feel in control and maximise their independence."
- People's independence was encouraged and promoted where possible. Comments from people included, "Staff wash the areas I can no longer reach, and I do the rest." and "Staff always encourage me to do as much as I can for myself. I truly value this as I can no longer do as much as I used to."
- Staff respected people's right to confidentiality. Staff understood the importance of only sharing information on a need to know basis. Care records were stored securely. The service had an up-to-date confidentiality policy and complied with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People spoke positively about the support provided. One person told us, "They [Staff] know my routines and how I like things to be done. They always ensure I choose my own clothes to wear and what I would like to eat or drink."
- Care plans were person-centred and outlined individuals' care and support needs. This included detailed information on mobility, nutrition & hydration, communication, skin integrity and continence support.
- Care plans were regularly reviewed to ensure they held the most up-to-date information. When needed, care plans were amended promptly as changes occurred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred method of communication was clearly recorded within their care plans. This enabled staff to communicate with people in a way they understood.
- Where it was required, information was available to people in other formats such as large print or other languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities of their choice. One person was supported to visit their chosen place of worship regularly.
- The service had recorded people's social history and interests within care plans. This enabled a point of interest to be discussed when staff visited each person.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People we spoke with were confident to raise any concerns or complaints if they needed to. Comments included, "I've never had cause to complain but would feel confident to." and "When I've had any issues, I've talked it through with [Name] registered manager and they've always sorted it out."
- The provider took people's complaints and concerns seriously and used the information to improve the

service. Complaints were clearly recorded. They were acknowledged, investigated and acted upon. Actions were recorded that included speaking to staff through supervision, contacting commissioners and also the complainant.

End of life care and support

- The provider was able to provide end of life care and support in conjunction with other healthcare professionals. We reviewed compliments that had been received that included the following comments, "We cannot praise Courthall Care and the staff enough. They stepped in and allowed my Mum to come home and end her days exactly where she wanted to be." and "Staff treated [Name] with dignity, compassion and genuine affection at the end of her life."
- Staff had received training in end of life care.
- When people had expressed a preference on whether they wanted a Do Not Attempt Resuscitation order to be in place this was clearly recorded within their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, manager and office team promoted a positive culture within the service. People supported received person centred care with good outcomes.
- Staff told us they enjoyed supporting people in their own homes. They said there was always someone available for support and guidance when they were working. Comments from staff included, "The quality of care we give is excellent.", "It's a privilege to be able to support our clients and their families." and "I'm the happiest I have been in work for a long time. It's the best company I've worked for since I started working in care many years ago."
- The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Comments from people included, "The whole team are very professional and always willing to help. The office team are very good." One relative told us, "I would recommend the service and have done." Another relative said, "Courthall Care have been outstanding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding the duty of candour. They promoted and encouraged candour through openness. For example; Responses to complaints, evidence of an open and honest culture at the service.
- Positive relationships had been developed between the management team, staff, people supported and their relatives. One person told us, "[Name] registered manager is approachable and responsive to my parents needs. Any important information is promptly shared with the staff team."
- The management reporting structure was very clear. The registered manager and office staff made themselves available to people using the service, relatives and staff for support. A member of staff told us, "[Name] registered manager and the office staff are all trained and will cover calls if required. The staff team really respect this."

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

- The management team and staff understood the requirements of their roles. They had access to a range of policies and procedures in relation to their work. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

- The provider knew when to notify the CQC of all significant events, as required.
- Quality assurance systems were in place to monitor the safety and quality of the service. Regular audits and checks were carried out on people's care plans, daily records and on staff performance. The provider and registered manager used the outcomes of these audits to identify areas for development and improvement.

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

- People and their relatives told us the communication with the management team was good. One relative said, "The manager is very accessible and approachable." One person told us, "I see [Name] registered manager quite often and he always asks if everything is okay."
- Team meetings took place regularly. All staff had the opportunity to raise concerns, put forward ideas or comment on areas of the service. A staff member said, "Colleagues and the office staff team pull together to support each other to ensure people supported have everything they need."
- Staff supervisions took place regularly. One member of staff told us, "[Name] registered manager has supported me in and out of work. This has made such a difference to me."

Continuous learning and improving care

- The management team completed regular spot checks while staff were working. These identified areas for further development including staff training, mentoring and support.
- The provider demonstrated a commitment to the continuous development and improvement of the service.

Working in partnership with others

- The service worked well with other agencies. There was good communication between people supported, relatives, health and social care professionals.