

Court House (Cheddar) Limited

Court House Retirement Home

Inspection report

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November 2014
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Court House Retirement Home is registered to provide care for up to 29 people. The home specialises in the care of older people but does not provide nursing care. There was a registered manager in post who was responsible for the home. 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.

At the last inspection carried out in October 2013 we did not identify any concerns with the care provided to people.

During the inspection we found there was a relaxed and cheerful atmosphere in the home. People told us they were happy living at Court House Retirement Home and found the staff both caring and supportive.

The ethos of the home was to support people to be as independent as possible. We saw this demonstrated throughout the inspection. People told us they were

Summary of findings

relieved they had been able to maintain their independence despite moving into a care home. People could come and go as they wished. One person told us, “I like my independence. I go out every day to the local shops and to meet my friends. Nobody asks me where I am going or why. I know other people go out on the buses and with family”.

People’s health care needs were fully assessed and care and support was provided on an individual level. One staff member told us, “We are very flexible, most people want to be as independent as they can, but then may need extra support if they are not feeling up to it. So care needs can change on a daily basis, and that is what we are here for”. This meant people’s individual changing needs were considered and catered for. Care plans and care practices were monitored to ensure people’s preferences were being followed and improvements were made when needed.

People told us staff were caring and knowledgeable about their needs. One person told us, “They know what I need and they are prepared to move things around if I change my mind.” A relative told us, “They have been excellent in the care they provided my mother. They knew exactly how to support her to ensure her health improved within a few weeks of coming here”. Records showed staff had all received appropriate training to provide the care and support people needed. The registered manager had plans in place to ensure staff continued to attend training to keep up to date with good care practices.

Everybody spoken with told us they enjoyed the food, they all said the food was excellent and one person told us they should be, “rated five stars” for the meals provided. We saw people were offered choices and the food was nutritious and well presented. Before going in for lunch we saw people met in the drawing room for a glass of sherry. One person told us, “You can have a glass of wine with your meal if you want.”

There was an activities programme in place and people told us there was plenty to do. We saw the programme for the month which included exercises, musical entertainment and reminiscence sessions. Staff told us they had a life history for each person so they could engage them in meaningful conversations.

All care staff had received training in identifying and reporting abuse. All staff spoken with were able to explain to us the signs of abuse and how they would report any concerns they had. They all stated they were confident any concerns brought to the registered manager would be dealt with appropriately. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint.

There were systems in place to monitor the care provided and people’s experiences. A regular survey was carried out asking people, their relatives and healthcare professionals about the service provided by the home. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People were provided with enough experienced and skilled staff to support their needs

People's medicines were managed well and staff received training to support them to do this.

Good



Is the service effective?

The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

People's rights were protected because staff understood the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring.

People were supported by staff who were caring. People and their relatives told us the care they received went above and beyond what they expected.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People told us they were supported to remain as independent as possible and made their own choices about the things that were important to them.

People were able to maintain friendships and build new relationships within the community.

Outstanding



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The registered manager worked with professionals to ensure they responded appropriately to people's changing needs.

Good



Summary of findings

There was a programme of activities appropriate to the needs and interests of people who lived in the home.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

People who lived at the home and their relatives told us the home was well run. Health care professionals indicated in their satisfaction survey responses that they found the home to managed well.

Staff told us the registered manager was approachable and listened to any suggestions they had for continued development of the service provided.

The quality of the service provided was effectively monitored to ensure continuous improvement.

Good



Court House Retirement 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 checked 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 7 and 13 November 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and information we held about the service. We

were unable to review the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; what the service does and improvements they plan to make. Due to circumstances beyond the manager's control this had not been completed.

At the time of this inspection there were 26 people living at Court House Retirement Home. We spoke with eight people who lived at the home, the registered manager, four care staff, the cook and one visiting relative. We reviewed four people's care records in detail, and looked at staff training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

We spoke with eight people who lived at the home; they all told us they felt safe living at Court House. One person said, “Why wouldn’t I? I would have left by now if I didn’t, nobody is forcing me to stay”. One relative told us, “I am really happy mother is here, she is safe. I know she is looked after”.

Two people told us they understood they could complain to the registered manager if they felt anybody made them feel unsafe. One said, “I have never felt unsafe here but I know what to do if I did. The staff are really open and they ask if we are happy and we have the chance to speak with staff regularly so we can get things out in the open”. Another person said, “I’ve got a phone and know how to use it, so could let my family know if I felt unsafe or if I saw something I was not happy about”.

Staff told us they had all attended training regarding safeguarding people. They also confirmed they had access to the organisations policies on safeguarding and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse. The contact details for the local authority safeguarding team were displayed for people, staff and visitors to read.

We asked staff about how they would manage a situation should a person behave in a challenging manner. They were able to tell us what may trigger this type of behaviour and the best way to manage the situation. All staff were consistent in their response and understood the difference between supporting a person in a positive way and restraint.

Records relating to recruitment showed the relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records which providers can check before employing staff. Staff were provided with an induction programme which followed the Skills for Care common induction standards. Staff confirmed they received induction training and worked with a senior member of staff until they felt confident and were assessed as competent to work without direct supervision. Two staff members said they

also received training about the needs of people in the home, for example caring for the elderly, people with diabetes and respecting people’s rights to make their own choices.

People’s risks were well managed. For example We saw from an audit of accident forms a person had been identified as having an increased risk of falls. Extra precautions had been put in place including observation and regular checks. The person had been referred to the falls team for assessment before they left the service.

Where other people had been identified with risks, clear assessments were in place that provided staff with the information needed to keep the person safe without taking away their freedom and choice. For example, one person liked to go out daily to get their newspaper and go to the local shops. They were supported to maintain their independence with the offer of support when needed in inclement weather. This person told us, “I have always liked to go out every day to get my papers and look in the shops. Or just to have a chat with the people I meet. We have discussed what the risks might be as I know I am not as steady on my feet anymore. They respect what I want and offer help when it’s wet or slippery”.

People told us there were adequate numbers of staff in the home. One person told us, “If I need to ring my bell they are really good, never have to wait long at all”. Staff told us they felt there were enough staff and they never felt rushed to meet everybody’s needs. One relative told us, “There are always plenty of staff about, I never have to go and look for someone and when I have been here when the bell is rung they are very prompt”. We observed on both days the atmosphere was relaxed, pleasant and un-rushed.

The registered manager confirmed they were flexible with staffing levels. They said they would assess the needs of people and increase staff on the grounds of the time needed to provide personal care. They also confirmed extra staff would attend if they had activities outside the home which required more staff.

The staffing rota showed there were three staff on each day time shift with a senior care worker who would ‘float’ to provide support where it was needed. Night time shifts were covered by one waking and one sleeping care worker, who could be call upon if required. Senior staff were available on call if needed.

Is the service safe?

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and these were followed by staff. One person told us, "We can do our tablets ourselves if we want to; I just found it easier to give them to the staff to do". We heard one person ask the registered manager if a list of their medicines was available for them to take to an appointment with their GP. The registered manager responded they were already printed and ready for them to take.

People's medicines were stored securely and they were administered by staff who had received appropriate training. In one staff member's supervision meeting record they had discussed medicine administration. It was

decided they would have further training and a competency test before they administered medicines alone. One staff member told us they received training both in house and from the local pharmacy.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the stair lifts and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. This included an agreement with a local sheltered housing scheme to provide a safe place for people to go.

Is the service effective?

Our findings

People told us staff recognised and knew their needs and helped when they needed it. One person told us, “The whole thing here is that you are able to be independent but know they are there if you need them”. Another person told us, “It’s the independence I enjoy; I thought I would lose all that when I first came here but no chance”. A third person told us, “I don’t always need staff to help me but when I do they are there and know exactly what to do. They are certainly well trained and they do know us all individually”.

There was a stable staff team; staff members told us they had worked at the home for a number of years. Staff were able to tell us how they would care for each individual effectively. One staff member told us, “There is plenty of information in the care plans, but everybody here is able to tell you exactly what they want and how they want it”.

People told us they were involved in their care plans and consented to the care they received. One person said “I know what I want and I am capable of telling them. Nothing is done without us being asked”. Another person told us “Just because I am in here doesn’t mean I have lost the ability to have my say”. An initial assessment of needs was carried out and a plan put in place when a person first moved into the home. Daily records showed people’s needs were met according to their plans. One staff member explained, “We see people every day; however we also meet them every Monday with the week’s menu so we chat about how they are and if there is anything they need. Then we meet once a month to review their care plan and ask if there are any changes they need”.

Everybody who lived in the home were able to choose what care or treatment they received. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member told us “There is nobody who needs us to make decisions for them at the moment but we have been to the training and know about our responsibilities”.

The registered manager confirmed there was nobody in the home who was subject to the Deprivation of Liberty

safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of the recent supreme court judgment which extended when applications may be needed and they were in discussion with the local authority on any implications at the service. However no doors in the home were locked preventing people from leaving and people had keys to their rooms.

People told us they could see health care professionals if they needed to. Records showed us regular appointments had been made with for example, the chiropodist, optician and the dentist. We heard one person discussing an appointment they had with the GP. They were visiting the GP at the local surgery and they said “He (registered manager), has written down some information for me to discuss with the doctor and he has printed my medicines off for me”. One staff member told us “When we are looking after someone with end of life care, the district nurse comes and supports us with their needs. We have also had support from the hospice team when necessary”.

One staff member told us their induction was thorough when they started working at the home. Other staff agreed there were opportunities for on-going training and for obtaining additional qualifications. Staff told us they felt supported. They received regular formal supervision and had an annual appraisal. Records of these showed staff had discussed the care needs of people, their personal development and ways of improving the service they provided. For example we saw they had discussed ways of recognising when people’s appetites were not as good as they had been and how this should be recorded.

There were regular staff meetings and handover meetings when they started each shift. One staff member told us, “We get plenty of training and I don’t think they miss out on anything. We also get plenty of time to discuss how we do the job well”.

Everybody spoken with told us the food in the home was ‘excellent’. One person told us, “The food should be rated five stars it is very well prepared and all home-made”.

The home operated a four week menu. At each lunch and supper there were three choices of main course which included a vegetarian option. An example of a lunch time choice was cheesy leek and ham gratin, mildly spiced

Is the service effective?

prawn curry and cold roast chicken. We asked staff how they supported people in choosing their meal. We were told that although people chose the menu for the week they were able to change their mind on the day as sufficient was cooked to enable people to have a choice on the day.

We observed lunchtime in the dining room. People met in the drawing room before lunch and enjoyed a glass of sherry and a chat. The meal was very relaxed and people chatted and laughed in a very social manner. The tables were well laid with condiments and jugs of squash. People could also have a glass of wine or beer if they wished. We heard one person ask if they could change their mind about the meal they had chosen and they were told the other options available. One person said they would prefer fruit juice to squash and this was provided. Some people chose to eat in their rooms, the trays taken to these people were nicely laid and food was covered whilst being transported.

We spoke with the cook who told us they were just revising the menus to reflect winter foods and vegetables. They told us menus were discussed in resident's meetings and suggestions were made and then incorporated in the menu planning. They confirmed all meals were homemade and fresh ingredients were used whenever possible. The cook confirmed they spoke with people about their likes and dislikes. They had a very good understanding of the dietary needs of people and could provide a diet suitable for specific needs such as diabetes. They also discussed how they would provide a diet that met cultural or religious beliefs.

Nobody was identified as at risk of malnourishment. However one person had been noted to have lost their appetite. Staff were able to tell us how they were monitoring the food the person had and how they were feeding back to the person's GP any concerns they had. Staff told us they had not been assessed as needing food supplements; however they could be prescribed if they sustained a significant weight loss.



Is the service caring?

Our findings

Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "Well it's as good as it gets, the main thing is they really care about you as a person". Another person told us, "They really care here; we are not just numbers on doors. When they bring my evening drink over they take the time to sit on the bed and have a chat, which makes me feel special". One person explained how when they moved in the registered manager and a member of staff had helped by transporting the furniture they wanted to bring from their home.

One relative told us, "They are extremely caring, my [relative] couldn't walk when they came here and it was the care they provided that means they can now walk with their frame". They also told us, "When it was their birthday the home did the party and they didn't even charge, all the family were made welcome and everybody came. It is like being with a family not a business".

Staff encouraged people to be as independent as they could be. One person told us, "The staff are really caring and respectful but the main thing for me is I don't feel I've lost my independence. I can come and go as I wish; the person opposite me has their own car and is often out during the day". Staff saw their role as providing care and support that did not disempower people but enhanced their independence.

People told us they could see their friends and relatives whenever they wanted. One person told us "We can sit in the drawing room, or there is the conservatory. In the summer the garden is a nice place to sit with your visitors". There were areas in the home where people could go if they wanted private time away from others.

We saw staff respected people's privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. People were also addressed by their title for example Mr or Mrs as this was the way they had stated they preferred to be addressed. One person explained they had their own door key however seldom felt the need to lock their door.

We asked people how they were involved in the day to day decisions made in the home. Two people told us about the monthly resident's meetings, one person said, "We have a resident meeting once a month we can discuss anything we want to. So we can decide on menu changes or trips we would like to go on. They are very well run with written minutes and action plans to show who is going to do what". Another person told us, "You don't have to wait for the meeting if you don't want to, manager is always around and you can speak to him about anything and he listens so you know anything you ask will be done".

A staff member told us, "We meet monthly in private with each person to review their care plans so they can say what changes they want". They also told us, "Everybody here can speak up for themselves and express their views. If someone was unable to understand or tell us what they wanted we could use other ways of helping them to understand. For example we could use pictures, or if necessary we could ask for someone to come and talk to us on their behalf". We saw suggestions had been made regarding smaller vases on dining tables so the flowers could remain through the meal. This suggestion was minuted and action taken by the registered manager to find vases the people in the home would like.

Is the service responsive?

Our findings

One relative told us, “They are a residential home but they go beyond that, they recognise when needs change and it was down to them mother’s health improved when she came here”. Staff demonstrated a clear knowledge of the needs of the people in the home. They were able to give us detailed information of how they would care for each person as an individual. One staff member told us, “Everybody has a level of independence which we support and encourage. For many we are here as the last resort as they like to do for themselves”. Another staff member told us, “Things change daily, one person drives their own car, and others can get on the bus to go out for the day. If they are not feeling 100% they may need a little help so we need to be flexible and meet their needs on a daily basis”.

People told us staff were responsive to their changing needs. One person told us, “It is a ‘god send’, I am really happy here they go way beyond what they should do, nothing is too much trouble. They are always cheerful”. Another person told us, “I don’t need much help at the moment but if I do need extra help I use my bell and they are quick to come see what I need”. People said the staff were really flexible in the way they changed things to meet what they wanted. For example one person said, “Nothing is written in stone. They have the plans which we agree and they have an activities programme. If we feel differently or don’t want to do the planned activity they don’t worry they just move things round to accommodate our whim of the day”.

We looked at four care plans; We saw an initial assessment of needs was put together by the registered manager involving the person, family and other health care professionals when necessary. After moving into the home there was a period of ‘getting to know people’, and then a full plan of care was agreed with the person. The care plans were all personal and specific to that individual. They contained clear information for staff so they knew how they liked to be supported. For example one care plan stated clearly that one person was not eating as much as usual. There was clear guidance for staff on monitoring their food and weight. One staff member spoken with told us how they would monitor the person’s food intake and encourage them to eat more. They explained they were recording the person’s weight more often and keeping the GP informed of their changing needs.

People told us about the activities in the home. One person told us, “There is always plenty to do. They have the month planned and advertised on a poster. We can choose if we want to join in or not, sometimes we just go out on our own or with the family”. Another person told us, “There is plenty to do, some days I get back to my room and realise I haven’t had time to read my newspaper. They do themed nights as well. So they do a theme around a country and we have entertainment and an evening meal based on their traditions. It’s really good”. Everybody spoken with told us they were looking forward to the sing-a-long planned for the afternoon.

We saw a poster advertising events. A planned activity was available for each day as well as a themed Turkish night with a local belly dancing group attending. Activities included exercise, reminiscence and musical entertainment. We asked the registered manager about how they involved people in the local community. They told us children from the local school visited to sing, especially at Christmas. A local Pantomime group would provide entertainment and the Lions club arranged two or three trips a year. We saw the minutes for a resident’s meeting when people had been asked to comment on recent entertainment and suggest ideas they may have for future sessions. One staff member told us, “One of the girls brings in a box of things they have found in charity shops or car boot sales. When she opens the box and takes things out, it is amazing how this starts conversations about their past lives’. We have completed life histories for people so we know what they were interested in so we can make sure there is something in there for them to talk about”.

The service had a complaints policy which had been made available to everybody when they moved into the home. The policy had clear guidance on how the complaint would be managed the registered manager kept a complaints log, however no formal complaints had been received. Some relatives had written to thank the staff for the care they had given people in the home.

We asked people if they knew how to raise a complaint if they needed to. One person told us “They explained it all when I came and I have a copy of their complaints policy in my room. I have never needed to complain but if I did I would talk to, the manager I know he would sort it out. We don’t need to make formal complaints as we meet every month and can discuss anything then”. Another person told us, “I know who to go to and how to go about it but never

Is the service responsive?

had the need". Two people told us, "What's there to complain about?" A relative told us, "I see the manager everyday so I know I can talk to him at any time. I have never needed to complain about anything though."

Is the service well-led?

Our findings

The management structure in the home provided clear lines of responsibility and accountability. Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff on each shift for staff to go to for guidance. There was a registered manager who was supported by a deputy manager. Staff told us they felt the support they received from both the registered manager and deputy manager meant they were able to talk to them openly on a daily basis. One staff member told us, “The manager is always available, he is here most days. He is visible in the home and people know him and talk with him daily. This is a family business which really shows through. It is like going to family rather than work which is why I have stayed”.

Staff told us the ethos of the home was to support people to remain independent and respect their chosen level of support. We saw this demonstrated during the inspection. People told us how they were supported to be as independent as possible. Staff were flexible in their approach to care, supporting people when they needed it and not assuming their needs were the same every day. One person told us, “I come and go as I wish, the door is not locked and the staff respect the fact I want to do as much as I can for myself”. The registered manager emphasised the need for people to remain as independent as possible during staff meetings and staff supervision.

The registered manager also worked care shifts alongside care staff. Both the registered manager and the deputy manager kept up to date with good practice by attending training and consulting with healthcare professionals in the area. They then shared their learning and experience with staff at team meetings. For example they had revised the management of meals for one person following consultation with health care professionals. This meant the person was no longer at risk of weight loss. The information they received had been shared with staff to ensure a consistent approach to the persons care. The minutes for one team meeting showed they had discussed how to ensure people received care that provided both dignity and respect. Staff told us communication was very good in the

home and that information was shared in good time. One staff member told us, “The hand over time between shifts was used well to discuss people’s needs and how they had been that day.”

All accidents in the home were recorded. The provider audited the records to look for trends or patterns. Appropriate action plans and referrals were made to the falls team when an issue was identified.

There were effective quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. For example an audit had been carried out on the management of medication. This highlighted areas which needed improving. The outcome of this audit had been discussed with staff at a staff meeting.

There were arrangements to seek the views of people in the home, their relatives and healthcare professionals involved with the home. The latest responses were mainly complimentary. For example one person stated, “Management very good much involved with individuals”. A relative had stated, “Could not ask for better” and a health care professional had commented “Excellent service from staff and managers, need waterlow (this is a system to assess if a person is at risk of developing pressure sores) training”. The training had been arranged and provided for staff.

Suggestions made by people had been acted on, driving improvement in the home. For example one person had said their bathroom was cold. The action plan which identified the need to install heating. The maintenance record showed heating had been installed. Another person had suggested a white line on steps to aid visually impaired people and this had also been actioned by the registered manager.

The registered manager had a good working relationship with other professionals to ensure people received up to date and appropriate support to meet their needs. Records showed GP’s, district nurses and the local hospice had been consulted to advice staff members on providing the correct support to people with specific needs.