

Flightcare Limited

Courtfield Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Courtfield Lodge is a purpose-built care home in a quiet residential area close to the town centre of Ormskirk. There are 61 en-suite bedrooms, 52 of which are single and nine which can be used for single or double occupancy. Accommodation is on two floors and two lifts are provided. Communal areas are available on both floors. There are outdoor garden and patio areas.

At the time of the inspection 59 people lived at the home.

The inspection visit took place on 25 July 2018 and was unannounced.

At our last inspection we rated the service overall Good. The effective domain required improvement in relation to staff supervision and appraisal. On this inspection, we found the service had improved to good in the effective domain and remained good in the other four domains. We saw supervision and appraisal were in place. The registered manager and staff we spoke with said they received regular supervision and appraisal. We also saw evidence of these in staff files.

We found the evidence continued to support the rating of overall good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

As well as the registered manager there was an additional manager who had recently begun managing the home. People who lived at Courtfield Lodge, their relatives and staff were positive about the management support in the home.

People told us they felt safe and cared for by staff. One person told us, "On a scale of one to ten, I'd give it a ten." There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were completed and kept under review. These provided guidance for staff in how to safely support people and reduced potential risks to people. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Medicines were managed safely in most areas. They were ordered appropriately, checked on receipt into the home, given as prescribed and disposed of correctly. The temperature of medicines room was too high for safe storage but this was being rectified when we inspected. People told us they received their medicines when needed.

Staff had been recruited safely, and received training sufficient to develop the skills and knowledge required to support people with their care and social needs. There were sufficient staffing levels in place to provide the support people required. We saw staff were attentive to people's needs and wellbeing and responded promptly to requests for assistance.

We saw staff provided care in a personalised way, taking people's preferences into account. They were aware the importance of upholding people's rights and diverse needs and treated people with respect and care. People told us they were supported in the way they wanted. They said staff provided care in a way that respected their dignity, privacy and independence.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Relatives told us staff were welcoming to people's families and friends. People told us they enjoyed a variety of social and leisure activities that assisted their well-being.

People told us staff met their care needs promptly and referred them to healthcare professionals where required. We saw from care records people had seen healthcare professionals as needed. We observed the lunchtime meal. It was calm and relaxed and people received sufficient food and drink and the assistance they needed. People told us they liked the food at Courtfield Lodge and had a choice of food at each meal.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People told us the management team were approachable and willing to listen. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

The registered manager and senior managers sought people's views in a variety of ways and assessed and monitored the quality of the service through audits, resident, relative and staff meetings and surveys

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good

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Is the service well-led?

Good ●

The service remains Good.

Courtfield Lodge

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

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

Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

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

The inspection visit took place on 25 July 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors a specialist advisor with skills, knowledge and experience of dementia care and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a background supporting older people and people with dementia.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included nine people who lived at

the home and six relatives. We spoke with the registered manager and ten staff. We looked at the care records of five people and the medication records of nine people. We reviewed a variety of records, including care records, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at Courtfield Lodge. They told us they were comfortable and staff cared for them in an understanding and patient way. One person told us, "Just knowing someone is there for you makes such a difference" Another person said, "On a scale of one to ten, I'd give it a ten."

Procedures were in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received training and were aware of their responsibilities to ensure people were protected from abuse. Records seen confirmed staff had received safeguarding vulnerable adults training.

Risks for people were minimised because staff carried out risk assessments to identify possible risks of accidents and harm to people who lived at Courtfield Lodge, visitors and staff. The risk assessments provided instructions and guidance and were reviewed regularly. We looked at how accidents and incidents had been managed at the home. Where any incident, accident or 'near miss' occurred the management and staff team reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

People said staff supported them with their medicines safely. One person said, "Never any problem. They deal with them all." A relative told us, "The staff are very good. They make sure [family member] gets their tablets on time. Another relative said, "[Staff member] really sorted out the right medicines for [family member]."

Medicines had been ordered, checked, given as prescribed and disposed of correctly and managed appropriately in the main. However, we raised some practice issues with the registered manager. We observed staff giving medicines. They gave medicines safely and correctly despite being disturbed on several occasions by requests and questions from other staff. It would be good practice to reduce distractions during medicines rounds to reduce the risk of errors.

Temperatures for the room and the refrigerator were logged and recorded daily. However, we saw storage of medicines had been a problem in the warm weather. Temperatures of medicines had been raised higher than they should be. The management team were aware of this and had ordered air conditioning. They also checked if the medicines would be spoiled by the increase in temperatures. The management team reminded staff to follow The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines.

We looked at three staff files. These they showed safe recruitment checks were carried out before staff started to work at the home. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We saw there were sufficient staff on duty during the inspection. Staff were in attendance in communal areas providing supervision and support for people who lived at the home. People spoken with and relatives

told us there were always enough staff on duty. One relative said, "There had been quite a turnover of staff in the past but it seems more settled now." Another relative told us, "They seem to have plenty of staff here." Staff said they had sufficient staff to support people safely.

We looked around the home and found it continued to be was clean, tidy and maintained. One person told us, "The staff are always cleaning so it is nice." A relative said, "It is always clean and tidy." We observed staff used personal protective clothing such as disposable gloves and aprons. They had received training and understood their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

At the last inspection the service required improvement in relation to staff supervision and appraisal. On this inspection we found staff were receiving regular one to one supervision and appraisals. Staff told us they had supervision with their manager, where they could make suggestions and discuss ideas and any obstacles to these. Staff files seen confirmed this. One staff member said, "We have supervision but I can talk to my managers anytime." We saw staff had training to help them support people. Records seen and staff spoken with confirmed they received training relevant to their role. This assisted them to provide care that met people's needs.

People told us they enjoyed the food at Courtfield Lodge. One person told us, "The foods lovely." Other comments included, "You don't go hungry here." And, "If I don't like [the meal] they always get me a sandwich or something else." Staff were aware of people's nutritional needs and preferences. People said drinks and snacks were offered frequently. This reflected our observations on the inspection. We observed lunch. It was relaxed and unhurried. The food looked and smelled appetising and people said they enjoyed it. People were given plenty to eat and sauces and condiments were available. There were sufficient staff to give people the attention they needed. We saw several people were given one to one assistance by staff who were attentive and showed care and patience towards those they were supporting

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Staff continued to monitor people's health. People told us staff talked with them about their care and supported them to see GP's and other healthcare professionals. Care records seen confirmed this. Staff liaised with other professionals and shared information on people's needs to assist with care and treatment. One relative told us "I know [family member's] health is being looked after now. It is such a relief."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People we spoke with said staff checked they agreed for them to provide care and support. Care records seen confirmed this. Some people were living with dementia. We saw their mental capacity had been considered for specific decisions and was documented in their care records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems supported this practice. We saw where people were restricted this was done lawfully.

We looked around the building and saw accommodation continued to be appropriate for the care and support provided. There were a wide range of dementia-friendly features to support people with impairments associated with dementia. Clear signs, in pictures and words assisted people to move around the building confidently. Various pictures and objects were placed around the building to interest people as they walked around the home. A safe, secure garden enabled people to access outdoor space.

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person told us, "The staff are great. They're very good to me." Another person told us, "It's home from home really, they do all my washing and look after me." Relatives comments included, "The staff are very conscientious regarding care and I can't fault the care [family member] receives." And, "Generally I'm satisfied with the Care they receive, but sometimes their hair or clothes are dishevelled." And "I can't fault the place or the care. I'd recommend it to anyone."

We observed staff interactions with people who lived at Courtfield Lodge, visitors and other staff continued to be friendly and attentive. They treated people with respect in a sensitive and caring way. They listened to people and gave them sufficient time to ask and answer questions. Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. One person said, "They always give me privacy" A relative told us, "They do give [family member] her dignity. They are good."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. A relative commented, "I can't praise [staff] enough for everything they have done." Staff made sure people's information remained confidential. People's records were safely stored in an office and staff knew not to talk about people's personal information in public areas.

All staff had received or were due to receive training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

People told us staff encouraged people to keep in touch with families and friends and made them welcome when they visited. One person said, "Visitors are free to visit anytime and always offered hot and cold drinks with biscuits." Staff were willing to help people keep in touch by emails or through social media where relatives lived far away or were unable to visit. This helped people keep in contact with people who mattered to them.

We spoke with the registered manager about access to advocacy services should people need their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People told us staff were quick to respond to requests for assistance, and available when they needed them. We saw staff provided personalised care and support that focused on people's needs and preferences. On the inspection people were getting up and having breakfast throughout the morning. One person told us, "I like to get up later in the morning. I don't need to rush at my age." Another person said, "I go to bed when I'm ready and not before." We saw people could walk freely around the home and garden. A variety of dementia friendly objects had been placed around the home to gain people's interest as they walked around.

We saw care plans were personalised, reviewed regularly and involved people and where appropriate their relatives. One person told us, "The staff check they are doing my care as I like. I would let them know if they weren't, but they know what they are doing." "Relatives told us they were involved and kept informed about their family members. One relative said, "I regularly talk with staff about [family member] and we have meetings every so often about their care." Another relative told us, "The staff always make time to have a chat and let me know how things are with [family member]."

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate easily.

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. We saw people had been supported to remain in the home as they headed towards end of life. This let them stay in familiar surroundings, supported by staff who knew them. Surveys and written compliments showed staff provided caring and compassionate end of life care.

People told us there were some social and leisure opportunities although they would like more. Senior staff told us the variety of activities were limited as their activities coordinator had recently left the service. They had appointed another one and were waiting for them to start working at the home. Staff had provided activities in the meantime including games, singing and gentle exercises.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how to complain and reassured people these would be responded to appropriately. People we spoke with told us knew how to make a complaint if they were unhappy about anything. People said they felt comfortable about talking to the management team if they had any concerns. One person said, "I can't complain about anything. I am quite satisfied. Another person stated, "I've no complaints whatsoever." A relative told us, "The care here is second to none. We have never had a complaint with the service." People told us staff listened and responded to any concerns or

comments. We saw 'You said, we did' information on a notice board showing concerns raised about laundry and action taken to improve.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

The registered manager was responsible for a number of services as well as Courtfield Lodge. An experienced manager had recently begun managing the home and shared the responsibility for Courtfield Lodge. Staff were praising of the management team. They understood legal obligations, including conditions of CQC registration and those of other organisations. They confirmed they were clear about their role and provided a well-run and consistent service. There was a clear management structure in place and the staff team were, knowledgeable and familiar with people's needs.

People said the management team were available whenever they had questions or concerns. There were meetings where they could raise any issues or ideas and people and their relatives were given the opportunity to complete satisfaction surveys. Staff said they could contribute to the way the home ran through supervisions, daily handovers and staff meetings. They told us they felt supported by their managers.

The management team continued to carry out audits to govern, assess and monitor the quality of the service and staff. These included reviewing, medicines, care plans, infection control, equipment and the environment. Actions had been taken as a result of omissions or shortcomings found.

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as, dieticians, speech and language therapists and tissue viability nurses. This ensured they continued to work within a multi-disciplinary approach to support people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.