

HC-One Oval Limited

Court House Care Home

Inspection report

3-5 Court Road
Malvern
Worcestershire
WR14 3BU

Tel: 01684572271

Date of inspection visit:
15 October 2019
16 October 2019

Date of publication:
16 January 2020

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

Court House Nursing Home provides personal and nursing care. The provider is registered to accommodate up to 60 people. The home was split into three units; two were for older people and one for younger adults. Midsummer Unit provided accommodation for 25 older people. Brecon Unit provided accommodation for 16 older people. The third unit, Holly Bush Unit provided accommodation for 19 younger physically disabled adults. On the days of our inspection there were 57 people living at the home.

People's experience of using this service and what we found

People we spoke with said they felt safe living at the home. Staff recognised the signs of abuse and understood what action they should take if they had any concerns. Risk assessments were in place for staff to follow to keep people safe from harm

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 supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.

The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.

People felt staff were well trained.

Staff spoke affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.

The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.

Procedures were in place to take any learning from complaints and to further improve people's care.

People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.

The registered manager and provider checked the quality of the care provided and encouraged suggestions

from people and staff to improve people's care further.

The registered manager kept up to date with best practice developments, so they could develop the care provided further.

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

Rating at last inspection

The last rating for this service was Good (report published 18 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Court House Care Home

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 Care Act 2014.

Inspection team

The inspection team was one inspector, a Specialist Advisor – a registered nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced, Inspection activity started on 15 October 2019 and ended on 16 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we sought information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt comfortable speaking with staff if they had any concerns or worries about their safety. We saw people looked comfortable in the presence of staff.
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

Assessing risk, safety monitoring and management

- People felt safe living at the home. They told us the availability and attitude of staff, along with the security of the premises, helped them feel safe and secure.
- Staff supported people's needs with a variety of equipment, such as hoists and wheelchairs. When staff assisted people's physical needs with hoists this was done so people's safety was promoted.
- The provider had robust systems and processes in place to check the safety of the premises. This included fire alarm checks and individual personal evacuation plans so people's needs would be accounted for in the event of a fire.

Staffing and recruitment

- People felt staff were available to help them when they needed support.
- Staff felt the staffing levels maintained by the management team supported people's safety.
- The registered manager monitored and adjusted their staffing requirements in line with people's current care needs, using a 'dependency tool'.
- Pre-employment recruitment checks were completed on all prospective staff to confirm they were suitable to work with people who lived at the home.

Using medicines safely

- The provider had systems and procedures in place to ensure people received their medicines as prescribed.
- People's medicines were administered by staff trained to do so with regular checks of their competencies.

Preventing and controlling infection

- Staff had been provided with personal protective equipment (disposable gloves and aprons) and we saw they made appropriate use of this.

- Staff received infection control training to help them understand how to protect people from the risk of infections.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving people who lived at the home.
- The registered manager reviewed all reports of incidents and accidents to monitor any patterns and trends and acted to reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 before they came to live at the home. People and relatives where appropriate had been involved in discussions about the care people would require together with their likes and dislikes to ensure care was centred on each person.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to be effective in their roles.
- Staff told us, they were able to access training relevant to their role. One staff member described how they had learnt about reducing risks of cross infections, which they had enjoyed. Another staff member said the registered manager supported all staff in the regular training sessions about different aspects of their role.
- All staff told us they felt supported in their roles by the registered manager and had individual meetings [supervision] which they found supported them in their caring roles. One staff member told us ." I do feel very supported."

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

- We saw at lunchtime there was a calm atmosphere and it was a pleasant experience for people using the dining room. The food looked appealing and menus were on display and showing the choice available, including a vegetarian option. Everyone we spoke with said that the food was very good. One person said, "You get different food and there's always something you can pick."
- People's eating and drinking needs were monitored. When concerns had been raised healthcare, professionals had been consulted such as referrals to speech and language therapists.

Adapting service, design, decoration to meet people's

- Signage was in place to support people living with dementia to navigate around their home.
- People told us they found the home environment comfortable, and they were able to personalise their own rooms. One person spoke about the photographs they had in their room which reminded them of different times in their lives.
- We saw people had space to socialise with others and meet with visitors.

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

- People and relatives told us they had received the help they needed to see their doctor and other healthcare professionals such as the dentists and opticians as required.
- Staff supported people with their oral healthcare.

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 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Care plans described people's capacity and whether DoLS applications had been applied for or authorised. There were systems in place to reapply as needed, when an authorised DoLS had expired..
- People were asked if they agreed to staff helping them with any personal care and about their choice of meals and drinks.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People were very complimentary about the staff who cared for them. One person said, "I rate them [staff] very highly – it's a lovely home."
- Staff spent time chatting with people and were quick to offer reassurance and support in the ways people preferred.
- Staff had built positive trusting relationships with the people they cared for. The care staff supported people to express their views and be involved in making decisions about their care .
- People told us staff were respectful towards them.
- People's right to privacy and independence was promoted in the way their care was planned. For example, people's care plans gave staff guidance in promoting people's independence in relation to personal care. This enabled people to be encouraged to do elements of their own care, and/or through providing mobility equipment.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans contained information about people's likes and dislikes. We saw people had a care plan in place which had been reviewed monthly. Care staff had handovers when they started their shift to ensure they were up-to-date with any changes in people's needs
- We saw staff were very busy but they still engaged in conversations with people during interventions and when passing by, to check on their wellbeing and to acknowledge when a person had spoken with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw examples of how staff applied the principles of AIS as one member of staff communicating with a person who was unable to verbalise their wishes through gestures and the written word. The person wrote their requests in a book held for them by a member of staff.
- We saw how staff treated people with kindness and understanding. For example, one person who was receiving one to one care was being cared for by a nurse during the shift. The nurse was very gentle with the person, the nurse demonstrated they knew them very well, and if the person squeezed the nurse's hand or arm too tightly the nurse asked her calmly if they would stop doing this as it really hurt. At times the nurse had to gently remove the resident's hand from her arm, but this was done without fuss and without causing the person any discomfort.

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 living at the home were encouraged to maintain their independence as much as possible. One person told us how they had enjoyed a holiday to another care home in London. The registered manager explained how people were able to utilise taxis to go out, but the provider had purchased a new mini bus to help people visit activities in the community.
- The provider had an activity programme and an activities coordinator available to entertain people and prevent social isolation. We saw an interactive scrabble competition had taken place. One person told us, "[Activities coordinator name] is brilliant. She does one to ones with people. shopping, in the mornings and then activities in the afternoons." Another person described how informative the Monthly Activities Newsletter was.

Improving care quality in response to complaints or concerns

- People who lived at the home and relatives told us they knew how to raise any concerns or complaints with the registered manager and felt comfortable doing so.
- The provider had a complaints procedure in place to encourage good complaints handlings

End of life care and support

- At the time of our inspection the registered manager told us nobody was being provided with end of life care. Although people's end of life wishes had been considered and recorded in 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People who lived at the home knew who the registered manager was and felt their care was well managed. One person told us "The manager comes around most days and is always available except when she's on holiday. This is locally recognised as a very good home – almost a home from home if you can call it that." A relative spoke positively about the registered manager, "I am impressed with the standards and the concern shown by them."
- Staff spoke enthusiastically about their work and understood the need to respect and support people's right to make their own decisions, where they were able to.

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 registered manager understood their responsibility to be open and honest with people and relevant others if things went wrong with the care provided.

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

- The registered manager showed an open and responsive management style. They told us, they were committed to drive through further improvements to benefit the people living at the home and the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People who lived at the home and relatives told us they could share their views about their care and support, the home environment and express any ideas they had. They told us they could do this during meetings and daily conversations.
- Staff told us they were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- The registered manager sought to engage effectively with community professionals and involve them in the service provided.

