

HC-One Oval Limited

# Court House Care Home

## Inspection report

3-5 Court Road  
Malvern  
Worcestershire  
WR14 3BU

Tel: 01684572271

Date of inspection visit:  
05 February 2020  
12 February 2020

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16 March 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	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. Beacon 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 49 people living at the home.

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

Staffing levels were reviewed by the registered manager to ensure staff could meet the changing needs of people living at the home.

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

The provider and the registered manager checked on the safety and quality of the care provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Good (published 16 January 2020)

### Why we inspected

To assure ourselves the service was meeting people's needs, that staff had the necessary skills and experience and the management processes were effective we completed a focused inspection. We reviewed the key questions of Safe and Well Led only.

## 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 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 consisted of two inspectors.

#### Service and service type

Court House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, and activity started on the 6 February 2020. The two inspectors announced they were returning to the home to complete the inspection on the 12 February 2020

#### 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.

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, registered nurses and care workers. We also spoke with two visiting health and social care professionals who were visiting the home. 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 four 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 now 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 looked comfortable and happy in the presence of staff who supported people in a caring manner.
- People's safety from the risk of abuse was promoted. Staff received training in the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm.
- The registered manager knew what their responsibility was in reporting potential abuse to the local authority for assessment and possible investigation in line with the provider's policies and protocols.
- Following two recent safeguarding events the registered manager had acted promptly to prevent further occurrences. The incidents had been investigated and staff involved were no longer employed by the provider. New locks had been placed on the Hollybush unit front doors to ensure people stayed safe.

Staffing and recruitment

- Although people we spoke with were complimentary about the staff and the support they received. We had mixed responses from our staff interviews. Most of the staff we spoke with felt there was a need for an extra staff member to work on each shift to ease the pressure and to assist them with the quality of care they wanted to deliver for people. One staff member told us, "Sometimes people have to wait for a staff member to assist them because we are having to have two staff members to assist with people's personal care. Another care worker would make all the difference and take some pressure off us."

We discussed this feedback with the registered manager who acknowledged staff were very busy and in response had already secured the extra staff member to work on Hollybush unit. They told us they were in the process of reviewing all staffing levels in line with people's support needs. Using the dependency needs scale hoped to negotiate more staff for Midsummer and Beacon.

- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Assessing risk, safety monitoring and management

- People told us staff helped them feel safe living at the home. One person said, "The staff and management are good, I can go to them if I have any concerns." Staff were knowledgeable and understood the risk assessments which included ways to help people stay safe. These included using specialist mobility equipment.
- Staff had assessed people's safety and well-being needs and considered when planning their care. A staff member told us "The care plans and risk assessments are informative, telling us exactly what we need to know when supporting people."
- When people's needs physical or well-being changed, people's wishes, and the views of other health and social care professional were considered when people's safety plans were amended.

- A visiting health professional told us the staff were helpful and acted on their advice, to support people to stay healthy. For example monitoring a person's diabetes condition.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff who administered and managed people's medicines had received training and had been observed when administering medicines to ensure they were competent to do so.

#### Preventing and controlling infection

- People were protected against the risk of infections.
- Staff had completed training in infection control and food hygiene. The home had recently achieved a five stars environmental health hygiene rating.
- Staff were provided with protective equipment such as gloves and aprons. They used these appropriately to help reduce risks of cross contamination when providing care.

#### Learning lessons when things go wrong

- Records were kept in relation to any accidents or incidents that had occurred, including falls. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.
- Learning from any incidents or events was shared with staff, so they could work together to reduce risk.

# 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 and their relatives were positive about the service they received and felt it improved outcomes for people. Comments included, "A very well run, caring facility, warm welcoming staff are always prepared to help."
- A staff member told us, "Staff are like a family, wanting to do the best for our people, we all care and even come in on our day off."

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 responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong. Duty of candour means the organisation has a duty to be open and transparent in relation to care.
- Incidents were investigated promptly, and notifications had been sent to the Care Quality Commission [CQC]

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

- The management team and staff were clear about their responsibilities and the leadership structure. The provider's quality assurance lead regularly visited the home and was accessible to staff. Staff were confident the management team would listen and support them when needed. Staff told us there was a daily meeting at 11am with the registered manager/deputy manager to discuss any problems or if anyone's support needs had changed.
- The provider had plans in place to complete improvements to the home and the quality of care provided which were reviewed regularly with the management team. The registered manager told us they had regular teleconference calls with the senior management team to ensure they were up-to date with what was happening at the home. Because of one of these calls it was agreed to increase the staffing levels on Hollybush unit, as it was recognised people's support needs had changed.

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

- People, and their relatives, were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. We saw when feedback had been gathered it



had been analysed and improvements considered when needed. For example, where areas of the home required refurbishment. The registered manager had an action plan in place to address this.

#### Continuous learning and improving care

- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts. This ensured lessons were learnt across their services.

#### Working in partnership with others

- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met.