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Courthill Care Home

Inspection report

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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

Courthill Care Home is a residential care home providing accommodation and personal care to three people with a learning disability and people aged 65 and over at the time of the inspection. The service can support up to six people in one adapted building.

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

People told us they felt safe and that staff were kind and caring towards them. People told us they felt supported with their healthcare needs and we confirmed this from records we reviewed.

People received their medicines on time and were supported to take their medicines independently should they wish to. The registered manager was undertaking a regular analysis of the reason 'when required' medicines were administered and healthcare professionals were involved in people's care.

There were sufficient and suitably skilled staff at the service to support people with their needs. Staff were aware of risks associated with people's care and the steps they should take to provide people with the most appropriate care.

Care and risk management plans were recorded in a comprehensive and person-centred manner. Safety checks of the premises and equipment had been undertaken and plans were in place to protect people in the event of a fire.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Staff were supervised and told us they felt supported by the management team. Staff were clear on the governance structure of the service and knew their roles and responsibilities.

There were systems in place to monitor the quality of care provided. People and relatives told us they knew how to complain and were confident concerns would be listened to and addressed by the provider.

Staff told us they felt able to approach the provider to discuss any ideas they may have to improve the service. We received feedback from healthcare professionals who told us the service worked in partnership with them to ensure people were able to access appropriate healthcare services.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported with their independence. Staff had an understanding to enable people to live fulfilled lives.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 requires improvement (published 4 February 2019). There were no breaches of regulation. At this inspection we found improvements had been made and the rating has now improved to good.

Why we inspected

This focused inspection was prompted by our data insight which assesses potential risks at services, concerns in relations to aspects of care provision and based on the rating at the last comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Courthill Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Courthill 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Courthill 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

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from people using the service and the local authority. We spoke with one relative about the care provided. We spoke with two members of staff. We undertook a direct monitoring activity (DMA) with the registered manager and provider. We reviewed a range of records. This included three people's care records, provider

audits of care and documentation in relation to fire safety. We used all of this information to plan our 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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, deputy manager and care workers.

We reviewed a range of records. This included multiple medication records and fire safety records. We looked at three 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.

After the inspection

We spoke with two relatives to hear their feedback about the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority and one professional who regularly visits the service.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider review their risk monitoring systems to ensure risks were consistently assessed, managed in line with the provider's policies and procedures and that lessons were learnt following behavioural incidents. The provider had made improvements.

- Assessments were in place to identify and manage risks. Care records included information on the steps staff should take to manage risks. For example, one person had a care plan in place which gave information on how to provide supervision during mealtimes as they had been identified as being at risk of choking. We reviewed care records which showed healthcare professionals were involved in the management of risks.
- Staff told us they knew what to do to reduce known risks. A member of staff told us, "[Person using service] tripped recently. There's a risk assessment now. A risk assessment will be done when somebody falls."
- The provider had an emergency evacuation plan and people had personal emergency evacuation plans (PEEPs) in place. The PEEPs assessed people's ability to retain information, communication needs and mobility needs. We saw exit doors were clear of obstructions.
- The provider had undertaken regular reviews of accidents and incidents across Courthill Care Home and the wider organisation. This ensured lessons could be learnt following incidents and action could be taken to reduce the risk of them happening again. In one instance, where staff identified a trigger for a person to become distressed, they ensured the television was not left on a potentially distressing programme and as a result, there had been no further incidents.
- The provider had carried out a comprehensive analysis of the use of 'as required' (PRN) medicines. PRN medicines that had been administered, including those as a result of specific behavioural needs, were reviewed on a regular basis and steps were taken to reduce the use. This included positive behaviour support plans and the involvement of healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "I'm safe here. They know what I like." A relative told us, "I think it's safe and I have no worries for his safety." Another relative told us, "I believe it is safe because when I go to see [person using service], I drop in there unannounced purposely."
- Staff understood what constituted abuse and what they would do if they suspected abuse. One member of staff told us, "[An example of possible abuse is] when someone is withdrawn, or they move back when I go near. I would report to the police straightaway if I think it was the manager." Another member of staff told us, "Local authority safeguarding team would be informed."

- We reviewed training records which showed staff had received training for safeguarding and whistleblowing. Staff told us they had completed relevant training. One member of staff told us, "I did a safeguarding adults training."

Staffing and recruitment

- The provider followed safe recruitment practices. We reviewed staff files which showed the provider had completed appropriate checks prior to commencing employment. The checks included requesting and receiving references from previous employers and checks with the disclosure and barring service (DBS). A DBS check is a record of prospective employees' criminal convictions and cautions.
- People told us they felt there were sufficient staff to meet their needs. One person told us, "Generally, I don't have to wait. I would ask [the provider] 'why?' if I had to." A relative told us, "I think they've got enough staff. There are always enough staff when we come [to visit]." Another relative told us, "I've never had to wait."
- The provider assessed people's needs regularly and adjusted staffing levels to ensure people's needs could be met. One member of staff told us, "The workload is fair. We can call [the provider] for backup if needed."
- Staff had undertaken regular training and competency checks to ensure they had the skills required to support people appropriately. This included training for moving and handling, equality and inclusion, learning disability awareness and autism. A member of staff told us, "We have to make sure when [person is] walking on the stairs to be careful. [Person is] very independent. Staff supervise her but they don't get in her personal space."

Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded in a Medicines Administration Record (MAR) with a recent photograph of the person, their allergies and guidance for 'as required' (PRN) medicines.
- Where topical medicines needed to be applied, there was information for staff on how and where to apply these. People were supported to apply topical medicines independently.
- Staff had completed regular training and competency checks to ensure they had the relevant skills required to administer medicines. One member of staff told us, "We had medication training. We have a trainer who does the training."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we recommended the provider review their quality assurance systems to ensure that their auditing was effective and supported the continuous development of the service. The provider had made improvements.

- There was a clear governance structure in place and staff told us they understood their role. One member of staff told us, "I know what to do and where to get help if I need." Another member of staff said, "I know what is expected from me. They (the provider) communicate well with staff. We had a [staff] meeting last month. Some staff are new, so we have to make sure we explain things."
- The provider had carried out regular audits of the quality of care in the service. These included audits of the environment, medicines, care records and activities. Short term actions had been signed off as completed and where actions took longer, there were plans in place to complete these.
- We reviewed records which showed staff had discussed actions resulting from audits and how these could be addressed as a team. In one meeting, staff had discussed how to correctly fill in charts to record if people become distressed. As a result, there were fewer behavioural incidents in the following months. A member of staff told us, "We check the incident of what happened. We have a protocol [...] and there are so many steps we take before we give [medication] as last resort. [Person using the service has not required medicines] for a long time because we engage [person] in different things."

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

- People and relatives were complimentary about the management of the service. One person told us, "[Carer] is my friend. I think [they're] wonderful." Another person told us, "Staff are nice because they talk to me politely." A relative told us, "[Registered manager] is excellent. [Registered manager] is very hands-on and knows everyone individually. The organisation is great and I'm always made very welcome by the staff when we come [to visit]."
- Staff told us they felt supported and were positive about the management of the service. One member of staff told us, "There's definitely a positive atmosphere here. The support is there. We have supervisions. It's an enabling environment." Another member of staff told us, "You get support from the managers. We make

sure they (people using the service) feel at home."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that have happened in the service. The provider had informed CQC of events including significant incidents and safeguarding concerns.
- Relatives told us they had been informed of incidents or when there had been changes to people's care needs. One relative told us, "I'm 100% happy with the home because they keep me updated when there's a problem." Another relative told us, "[Registered manager] keeps all the records and will let me know if something happens."
- Where people had a history of behaviours which may challenge staff, positive behaviour support (PBS) plans were place to ensure the person could be supported appropriately without restricting their independence. The PBS plans had clear instructions for staff to follow and a list of possible triggers that may make the person feel distressed so that steps could be taken when a trigger was identified.

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

- People and relatives told us they felt involved in the running of the service. One person told us, "They do involve me here. We have meetings." Another person said, "I can choose what we should do. Today we're getting [takeaway] because I want to." A relative told us, "There's a lovely atmosphere. They've always got time to talk to me if I have a suggestion." Another relative told us, "They listen to complaints if I'm not happy with [person's] care."
- Regular staff meetings had taken place to discuss recent events, changes to national guidelines and to give staff an opportunity to make suggestions. One member of staff told us, "They (the provider) are always ready to listen to us. I told [registered manager] that we can engage [person using service] in different activities. Now that COVID has calmed down, we will try to go again." Another member of staff told us, "When I explain things in the meeting, the manager does something about it."

Working in partnership with others

- People and relatives told us they had access to healthcare professionals if they needed this. One person told us, "I suppose if I need a doctor, I would ask the staff." A relative told us, "They're on top of it from a health point of view. They do keep me informed even if [person using the service] is going for a blood test."
- Healthcare professionals told us they felt the service worked in partnership with them. One healthcare professional commented, "I can confirm that I do not have any concerns with regards to the care home. Each week when I have phoned, I feel reassured that everything is ok."