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? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on the 21 October 2015 and was unannounced.

The last inspection of the service took place on 5 September 2014 which was a follow up inspection to a planned inspection in March 2014. The home was judged to be compliant in all the areas we looked at in September 2014 and had addressed the issues found during the inspection in March 2014.

Courtfield Lodge is a purpose built care home situated 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.

The home had a registered manager in post although they were not present during our inspection due to them being asked to temporarily cover another home within the organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

People told us they felt safe at the home and with the staff who supported them.

We looked at the personnel records of five members of staff. We found references highlighted some issues, such as long periods of sickness absence, and two references referred to performance issues within previous jobs. There was no indication within interview records or any other documentation of these issues being discussed. Another file had no record of a Criminal Records Bureau (CRB) or Disclosure and Barring (DBS) check recorded. We have made a recommendation about this.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them. We asked people if they felt care workers were competent when handling their medicines and everyone we spoke with told us that they felt staff were competent.

It was evident however from looking at staff files and from speaking with staff that formal support via supervisions and appraisals where not taking place and not all the staff we spoke with felt that they had the necessary support from the management team at the home.

The home catered for any specialist diets, whether that be for health or religious needs and that fresh produce was ordered on a weekly basis. The responses we gained regarding the quality of the food on offer were mixed with some people telling us that they were not consulted about they food they were offered.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We saw little in the way of planned activities during our inspection and we received a few negative comments, mainly from relatives, in relation to activities. People living at the home however told us they were happy and had things to do to occupy their time.

We found most plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met.

People and relatives we spoke with told us they were encouraged to maintain their independence where possible.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff on the day of our inspection treating people in a kind and caring way.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing.

We saw minutes of a range of staff meetings, which had been held at regular intervals. The meeting notes were very detailed and displayed which members of staff had been in attendance.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

A good range of audits were in place that feedback into service provision.

We found one breach of the Health and Social care Act 2008 (regulated Activities) Regulations 2014 in relation to the short falls in staff supervision.

# Summary of findings

You can see what action we told the provider to take at the back of the full version of the report.

# 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.

Good

Recruitment checks were in place however we found improvements needed to be made to make these processes more robust.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them.

**Is the service effective?**
The service was not effective.

Requires improvement

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home. However It was evident however from looking at staff files and from speaking with staff that formal support via supervisions and appraisals where not taking place and not all the staff we spoke with felt that they had the necessary support from the management team at the home.

The home catered for any specialist diets, whether that be for health or religious needs and that fresh produce was ordered on a weekly basis. The responses we gained regarding the quality of the food on offer were mixed with some people telling us that they were not consulted about they food they were offered.

People's rights were protected, in accordance with the Mental Capacity Act

2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

**Is the service caring?**
The service was caring.

Good

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

We received positive comments from all the people we spoke with about the homes approach and the competence of the management and staffing team.

**Is the service responsive?**
The service was responsive.

Good

# Summary of findings

We saw little in the way of planned activities during our inspection and we received a few negative comments, mainly from relatives, in relation to activities. People living at the home however told us they were happy and had things to do to occupy their time.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We found most plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met.

**Is the service well-led?**

Good

The service was well-led.

We saw minutes of a range of staff meetings, which had been held at regular intervals. The meeting notes were very detailed and displayed which members of staff had been in attendance.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

A good range of audits were in place that feedback into service provision.

# Courtfield Lodge

**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 21 October 2015 and was unannounced.

The inspection was carried out by two adult social care inspector's, including the lead inspector for the service, and two experts-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.

Before the inspection visit we reviewed the information we held about the service, including notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included four people who lived at the home, four relatives of people using the service and eight members of staff, including two deputy managers, the cook and care staff.

We spent time looking at records, which included five people's care records, five staff files, training records and records relating to the management of the home which included audits for the service. We also looked to see if the home had relevant, up to date policies and procedures in place and asked staff if they were familiar with them and knew how to access them if they needed to.

Good

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I don't know why I feel safe I just do. When you're at home you have all the responsibility, here it's all looked after. I can lock my door now at 7pm until 8am and nobody wanders in." Another person told us, "It's because you get a lot of attention, it's like a family." Relatives we spoke with told us the same, one relative said, "There is a good ratio of carers to people, the carers are always interacting, and they're never unattended."

We looked at the personnel records of five members of staff. All had an application form and references on file to show that they had been through a formal recruitment process. When speaking with staff they all confirmed they had been through a formal recruitment process. However we found references highlighted some issues, such as long periods of sickness absence, and two references referred to performance issues within previous jobs. There was no indication within interview records or any other documentation of these issues being discussed. Another file had no record of a Criminal Records Bureau (CRB) or Disclosure and Barring (DBS) check recorded. We have made a recommendation about these findings.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. One member of staff told us, "I have never seen anything untoward. I would go straight to the CQC if I did." Another member of staff said, "I've never seen anything that has worried me. If I felt there was an issue around abuse I would go straight to the CQC."

The home had up to date safeguarding policies and procedures. Staff told us they had received safeguarding training and we saw records of staff training within their personnel files. We were also sent a training matrix by the home which showed that staff training was up to date in this area.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them. We asked people if they felt care workers were competent when handling their medicines and everyone we spoke with told us that they felt staff were competent.

We observed a staff member administering medicines during the inspection. We saw this was done in a competent manner and noted the staff member handled people's medicines carefully and safely. Careful checks of the records were made each time a medicine was administered and the records were updated accurately at the correct times. We were told that the most senior member of staff on duty was in charge of administering medicines and that this would be either a deputy manager or senior carer, both roles were given the same amount of training. We saw that competency checks were carried out regularly and that medicines training was up to date for all staff with a responsibility for administering medicines.

We viewed the Medication Administration Records (MARs) for all the people who used the service and found them to be satisfactory. They each contained a photograph to help avoid any identification errors and other important information, such as the person's allergy status, if there were any missed doses or refusals and it was clear if medicines were to be given short or longer term.

The registered manager had implemented an effective audit schedule and medication audits took place on a monthly basis. Audits always included one person who was on controlled drugs. At the time of our inspection there were three people receiving controlled drugs and we found these were administered in line with the appropriate guidance.

Medication was securely stored and there was appropriate, additional storage in place for controlled drugs. Medicines were well organised and not overstocked. However we found eleven crates of medicines for return. There was a process in place for returning unused medicines. We discussed this issue with the registered manager shortly following our inspection who told us that they were responsible for arranging the return of unwanted medicines but as they had been off-site for a number of weeks at another home in the organisation this had not been done. The registered manager told us that the medicines were locked away securely and that they would arrange for them to be returned to the pharmacy.

Good

# Is the service safe?

We reviewed staffing rotas for the four week period prior to our inspection and looked at staffing levels on the day of our inspection and found them to be adequate to meet the needs of the people in the home. This was reflected in our discussions with people who used the service who expressed satisfaction with the staffing levels at the home. Some of the comments we received from people were as follows; “They have enough staff, I don’t have to wait”, “They’ve had a lot of changes of staff but they are all good” and “They’ve always kept me fully informed, I’m very impressed.” Relative’s comments we received were also good although one person told us that this had only recently been the case and that in previous months they felt that staffing levels had been short on occasions.

We discussed staffing levels with staff we spoke with and the majority of staff we spoke with told us that although they were constantly busy that staffing levels were adequate. A number of staff told us that a new activities co-ordinator was about to start working at the home in a few weeks’ time and this would help as care staff were having to juggle care and activities with people until that post was filled. A few members of staff did tell us that they felt staffing levels were low. One staff member said, “Things are ok here apart from the staffing levels, we need an extra pair of hands”, and another member of staff told us, “There are not enough staff on either floor”. We discussed these comments with the registered manager shortly after our inspection who told us that staffing levels were set according to the needs of the people at the home. They told us that they had a number of staff leave the home over the previous few months but that shifts were covered via the permanent staff team or the small bank staff team and that agency cover was not used.

We found the home to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role. We also saw that staff had attended infection control training. Formal infection control audits were also being completed to ensure staff were following safe practice.

We recommend that recruitment practices are reviewed to ensure that all the necessary checks are in place prior to people starting their employment, this would include following up references that contained information regarding poor performance within previous roles.

Requires improvement

# Is the service effective?

## Our findings

We saw evidence that staff received a thorough induction when they started work at the home. We spoke with staff who confirmed this to be the case and told us that they spent two days with the organisations trainer and then a further three days shadowing established members of staff. It was evident however from looking at staff files and from speaking with staff that formal support via supervisions and appraisals where not taking place. One member of staff told us, "I've not received any formal one to one sessions with a manger." Another member of staff said, "I've never had a supervision." Not one member of staff told us they had received a supervision session recently. We discussed this with the registered manager who agreed that supervision's and appraisals had not been happening with regular occurrence but that this was an area they were looking to establish again. They also told us that the home had an open door policy if staff needed to speak to management for advice or support. We also saw that team handovers and meetings took place at the home.

However not all the staff we spoke with felt that they had the necessary support from the management team at the home. One member of staff told us, "I don't think management are approachable here, they have always been ok with me but I think some of the younger girls are a bit frightened. I do have to say though that some of the younger staff have let the home and manager down a bit in the past so I can understand why they need coming down on." Another member of staff complained that the approach from management was too abrupt. Most of the staff we spoke with did tell us that they were supported and could approach management with any issues or concerns they had.

**The lack of support through regular supervisions and appraisals for staff was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.**

Records and certificates of training showed that a wide range of training was provided for all staff. These included areas such as fire safety, infection control, the Mental Capacity Act (MCA), food hygiene, medication management, health and safety, safeguarding adults and moving and handling. Staff had also completed additional learning in relation to the specific needs of those who lived at the home such as diabetes training. Staff we spoke with told us the quality of the training was good and that they were encouraged to attend training regularly.

We talked with people who used the service about the quality and variety of food provided. The responses we received were mixed. One person told us, "It's nice, and I can have a cup of tea whenever I want one" and another person said, "I can't complain about the meals." However another person said, "There are good days and bad days, I had a tin of soup for lunch and tonight I'm having a cheese omelet. Sometimes they give you ham and peas for lunch and then pea and ham soup for tea, I don't like ham", and another person said, "There's no choice for lunch. If I didn't want it I'd have sandwiches, I've never been asked about menus." There were similar responses from relatives we spoke with regarding the food offered by the home.

We spoke with the chef who had worked at the home for approximately three months. They told us that the home catered for any specialist diets, whether that be for health or religious needs and that fresh produce was ordered on a weekly basis. They also told us that they had no concerns regarding the budget given to them for ordering food and were knowledgeable about people's needs and preferences. They showed us the new three weekly menus that had been designed in consultation with people at the home and daily pictorial menus so people could see what was being offered. There was only one choice of hot meal for lunch but alternatives were offered, usually a sandwich or salad. There was a hot meal service at tea time as well as a cold option and breakfast was a choice of a full cooked breakfast, cereal, porridge or toast.

We saw evidence that people who were at risk of losing weight had their weight monitored closely and their food and fluid intake recorded. There was also good evidence of referrals being made to dieticians and the district nursing team. The chef at the home was knowledgeable about who needed food of a higher calorific value to assist with weight gain.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the deputy manager. The MCA is legislation designed to protect people who are unable to

Requires improvement

# Is the service effective?

make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The deputy manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA. Staff we spoke with were knowledgeable about both MCA and DoLS and how requirements were put into place on a daily basis whilst supporting people. We saw that training was available for staff in this area and that 89% of staff had completed DoLS training and 86% of staff had completed MCA training at the time our inspection was undertaken.

We saw that a key worker system was in place. Care plans indicated which member of staff was each person's key worker. This meant that each person at the home had one member of staff who was their main point of contact within the home and knew their care needs in detail. Each member of staff who was assigned as a key worker had to sign a document to show that they had read and understood that persons care plan. However not all the keyworker documents were signed that we looked at.

Good

# Is the service caring?

## Our findings

The majority of the people we spoke with who lived at the home were very complimentary about the staff team and the care they received. One person told us, "The staff are very good to me", another told us, "they (staff) are very nice, lovely." One person we spoke with did tell us that the staff approach could vary and that some staff did not talk with them as much as they would like but they had no concerns other than this and they did say that staff were busy so may not always have the time to sit and talk with them.

Relatives we spoke with were also complimentary about staff, one relative commented, "Very good, I've no complaints." Another relative said "They give you an update as you come in. They ring up and put (relative) on the phone so they can chat to me."

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available. This enabled people to make an informed decision about accepting a place at the home. People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. Information regarding advocacy services was also available in the reception area.

People and relatives we spoke with told us they were encouraged to maintain their independence where possible. One person told us, "I dress myself, I do a lot myself". A relative we spoke with told us, "(Name) can't dress herself, but she chooses her own clothes, she has different clothes on every time we come."

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff on the day of our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. We saw that dignity training was available for staff as part of the homes training regime and that a good proportion of staff had been on the course.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, district nurses and GP's. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with and relative's we spoke with confirmed they had been involved with the care planning process. Comments included, "They went through it all in great detail", and "They consult me at every stage."

Records showed that 34% of staff had completed end of life training. Staff we spoke with were knowledgeable when talking about this area. People's wishes regarding end of life were documented in their care plans however the information was brief and not everyone had wished to have this discussion.

We spoke with a number of community professionals about the service including social services contracts team, local GP's and the district nursing team. We received positive comments from all the people we spoke with about the homes approach and the competence of the management and staffing team.

Good

# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, "I've never complained, I'm quite happy but if I had to I would speak to the boss." We queried who 'the boss' was and were told this was the manager of the home. One relative we spoke with told us, "I've never had to complain, I feel they've bent over backwards to help."

We saw that the home had an up to date complaints policy which was on display in the reception area. We saw that a complaints file was kept in the office. We looked at the last two complaints that had been received in August and September 2015. The complaint in August had been formally acknowledged, replied to and signed off. We saw that the latest complaint had been investigated and an action plan put in place to address the issues that had been raised.

We saw little in the way of planned activities during our inspection and we received a few negative comments, mainly from relatives, in relation to activities. We observed people watching television in the lounges and one person having their nails painted. We were told an entertainer was coming in the afternoon, however later we were told that this had been cancelled due to a mix up with the dates. We asked people how they spent their time, one person told us, "I'm very happy all day, I watch TV, we play games a lot, I listen to music." Another person said "I knit, do crosswords, read, do puzzles and watch TV, I never feel bored or lonely." We discussed the lack of activities with the registered manager following our inspection who told us that the activities co-ordinator post had been vacant due to the previous post holder leaving, but that a new appointment had been made. The new post holder would start when the appropriate clearances and checks had been made and would work Monday to Friday from 9am to 4pm.

We examined the care files of five people, who lived at Courtfield Lodge. We saw that people had been involved in their development and very thorough needs assessments had been conducted before a placement was arranged at the home. These included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required.

We found most plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. However, we did see examples of language that was not person centred and even contradictory. One person's care plan stated they were, 'A bit deaf' but later the care plan stated, 'I have good hearing'. There were other examples seen where parts of care plans had not been signed, dated or completed correctly however most were completed to a good standard. The plans of care had been reviewed at regular intervals and any changes in needs had been recorded well and we saw that weekly audits of a selection of care plans was carried out by the registered manager as part of their quality assurance checks.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. We spoke with a member of the care team about the assessed needs of one person. They explained to us how the staff team supported the individual to ensure their needs were being met. We saw that the plan of care for this person accurately reflected what the carer had told us. We noted that care workers wrote in a daily report, at the end and beginning of each shift a handover took place so staff were aware of any changes to people's needs.

Detailed assessments were in place alongside appropriate risk assessments. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, the use of bed rails and falls. These had been updated regularly or as people's needs changed. Long term care plans were in place for people however there were also short term care plans in place for people who needed them in place, for example if someone was on different medication for a short period. Short term care plans were placed at the front of people's care plans and staff told us that this information was passed on via the handover process.

We saw that detailed records were kept if people needed to have their food and fluid intake monitored. People's weight was also monitored to ensure they were not losing or gaining more weight than they should.

Good

# Is the service well-led?

## Our findings

We spoke with people who lived at Courtfield Lodge about the culture of the home. The responses we received were positive. One person told us, "It's very nice living here", and another person said, "Its friendly." Relatives we spoke with also spoke positively and comments included; "I'd give it 7/10, it's homely and there's no odour" and "it's got a friendly atmosphere". People confirmed that they could have visitors whenever they wanted without the need to make prior arrangements.

The registered manager of the home was not present during the inspection as they were temporarily assisting at another home within the Flightcare group which was experiencing some problems. They did however ring on the day of the inspection to assist the deputy managers and offered to come to the home to meet with us. We did meet with the registered manager to give them feedback shortly after our visit to the home. The registered manager and all the staff we spoke with were cooperative with us throughout the entire inspection process.

We saw minutes of a range of staff meetings, which had been held at regular intervals. The meeting notes were very detailed and displayed which members of staff had been in attendance. The meetings enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. Most of the staff members confirmed they were supported by their manager and their colleagues although one staff member said they found it difficult to raise issues with management. We discussed this with the registered manager during our feedback but were unable to go into detail as the member of staff we spoke with did not want us to name them.

We saw evidence of a wide range of audits being undertaken by the registered manager as part of the quality assurance process in place. These included audits for medication, infection control, kitchen, personal care, staff documentation and district nurse referrals amongst others. All were dated within a few weeks prior to our inspection, were of good detail and fed back into how the home was run. For example the infection control audit had highlighted some equipment that was not as clean as it should be and this was immediately rectified and staff made aware of the issue.

As well as the audits carried out by the registered manager there was a four weekly audit carried out by the organisations quality manager. This involved the quality manager speaking to people living at the home as well as staff. We saw copies of the four weekly audit carried out on the 10 and 25 September 2015 which highlighted minor issues regarding paperwork. The findings were passed to the registered manager who then produced an action plan to address any concerns raised.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>The provider did not ensure that staff received such appropriate support through, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a). |