

Quantum Care Limited

Courtland Lodge

Inspection report

Courtlands Close
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Courtland Lodge is a residential care home that can provide residential and nursing care for up to 60 older people including people living with dementia, physical disabilities, sensory impairments. At the time of inspection 54 people were living at the service.

People's experience of using this service:

- People we spoke with confirmed they were happy living at Courtland Lodge. Staff were kind and caring and had developed good relationships with people who lived there. People received the care and support that met their needs.
- Staff promoted people's independence; people were involved in the home's day to day life and formed friendships with each other and staff working in the home. There were plenty spaces where people could choose to be alone, sit with other, or join in activities.
- Staff promoted people's privacy and dignity and their choices were respected. Care and support were delivered in a personalised way by staff who knew people and their preferences.
- Risks to people's well-being and health were managed and regularly reviewed to ensure people were safe and protected from the risk of harm. Staff received training and had their competencies assessed to ensure they had the skilled and knowledge to meet people's needs effectively.
- The environment was homely, clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.
- People had opportunities to take part in organised group activities or pursue their hobbies and interests. Staff had a genuine interest to keep people involved and occupied. There were also a group of staff who volunteered their free time to provide activities and fun for people who lived at Courtland Lodge.
- People and relatives confirmed there were enough staff in the home to meet people's needs. The manager monitored people's needs to ensure good staffing levels. People felt listened to and they told us they were happy living at Courtland Lodge.
- Everyone we spoke with, people, relatives and staff praised the manager for being visible, supportive and placing people at the centre of the care and support delivered.
- Complaints and feedback from people and relatives were used in a constructive way and lessons were learned to ensure improvements were made.

- The manager and the provider used a range of effective audits and governance systems to check the quality and safety of the care people received.

Rating at last inspection: Good (report published 29 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection the service remained rated Good overall.

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

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

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.

Courtland Lodge

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. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Act, looked at the quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Courtland Lodge 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 did not have a manager registered with the Care Quality Commission. However, the manager had applied to CQC to be the register manager for Courtland Lodge. 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.

What we did: Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with six people who lived at the home, five relatives, five staff members, the deputy manager, regional manager and the manager.

We looked at care plans relating to three people and reviewed records relating to the management of the service.

We carried out observations throughout the day and used the short observation framework tool (SOFI). SOFI

is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe at Courtland Lodge. One person said, "I'm very safe here and comfortable too. I feel good because I know the staff will look after me. It's such a cosy place and it feels like home." One relative said, "I have so much confidence in this place. The carers are gentle and kind, so I can leave without worrying about anything."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member said, "If there are any concerns I would report to the manager and complete the paper work." Staff we spoke with understood how to escalate concerns if required.
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management:

- People had risk assessments in place which were reviewed monthly or whenever there were changes to people's needs. Staff received the appropriate training and competency assessments in areas such as safe medicine practice, moving and handling and safeguarding people. Staff received training to ensure the care people received was safe.
- People's risk assessments gave staff guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people's well-being.

Staffing and recruitment:

- Staffing levels met the needs of people using the service. Staff confirmed, there were enough staff to meet people's needs.
- The Manager monitored people's changing needs to ensure staffing levels were correct. One person said, "Staff are always there to help me."
- The provider had safe recruitment procedures and checks in place to ensure that staff employed were suitable to work at Courtland Lodge.

Using medicines safely:

- People's medicines were managed safely. We noted that medicine administration processes were completed. However, we did find one person's medicine, for pain relief given only when required. The medicine had not been documented from the previous medicine administration record (MAR) to the new MAR sheet and two tablets were unaccounted for.
- The manager has since introduced a new checking procedure for medicines given when required and this

is being monitored daily.

- The manager had taken actions to ensure staff understood and followed best practice.

Preventing and controlling infection:

- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control. Staff received training in infection control. There was a cleaning schedule in place monitored by the house keeping manager. The home appeared clean and tidy throughout the inspection.

Learning lessons when things go wrong:

- The manager took appropriate actions following incidents and learning was shared with staff. Staff meetings were held to discuss any issues to ensure staff had a good understanding of best practice. Good practice was also shared for staffs learning.
- Risk assessments and care plans were updated after accidents and incidents to ensure measures in place were safe.

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

Good: 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 received a pre assessment before coming to the home, with regular reviews to meet people's needs and preferences.
- Equipment was available to enhance people's care and to help promote their independence. One person said, "They hoist me brilliantly. They are always gentle with me. They support me well in every way."

Staff support: induction, training, skills and experience:

- Staff received appropriate training and were supported to develop. One person told us, "The training was good, I completed my care certificate."
- All new staff received inductions and undertook the Care Certificate training which supports staff to develop and demonstrate key skills, knowledge, values and behaviours that enable them to provide people with safe, effective, compassionate care.
- Staff felt supported by the management team and by each other, there was a real sense of team work.
- Staff had regular meetings and supervision that gave them the opportunities to have their say and get the right support or training required to develop.
- There were regular meetings held for agency staff to give updates and guidance.
- The management team were very hands on which gave them a real insight to the needs of both the staff and people who lived at Courtland Lodge.

Supporting people to eat and drink enough with choice in a balanced diet:

- Choices were available at each meal and menus included pictures to support people with making choices. One person said, "The food is nice, and I get a choice so I'm happy."
- Staff knew people's likes or dislikes and their medical needs such as allergies to certain foods or the need for high-calorie meals.
- The chef cooked special meals for people who required them, this included cultural food preferences.
- The manager said, "We started a project called "Malnutrition Fighters Club" (MFC) to improve people's hydration and nutrition intake. We make sure there are always healthy snacks and chocolate available.
- The manager worked with outside professionals to ensure people's nutrition and hydration needs were being supported with best practices.
- There were snack boxes on walls throughout the home that were replenished daily with snacks and staff encouraging people to drink.
- The chef was aware of people's nutritional needs and dietary requirements.
- People weights, food and fluid intake where required were monitored and since starting (MRC) there had been significant improvements in people having a healthy weight.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence other professional involvement in people's care. Information was shared with other agencies if people needed to access other services such as hospitals.
- People's needs were reviewed regularly, and appropriate care and support provided.

Adapting service, design, decoration to meet people's needs:

- The home had good signage and doors were numbered and painted with different colours resembling people's front doors
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities. There were plenty of different areas to sit and there were lots of varied items to explore.

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 particular 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "We always ask people what they want, we use pictures to help people make choices."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- We saw caring interactions between staff and people who lived at Courtland Lodge. Staff took time to greet people when they passed them in corridors, offering support and reassurance where necessary.
- Staff were attentive throughout the day to people's needs, it was clear to see the positive relationships that were in place.
- People told us staff were kind and caring and nothing was too much trouble for them. One person said, "The carers are very kind and look after me well." Another person said, "The staff are absolutely spot on. I'm a friendly sort of person and get that back and more. I chat with them about all sorts."
- Relatives told us they appreciated staff's kindness and the attention they showed to people and this put them at ease. One relative said, "It's such a happy place."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff looked for other signs like facial expression or body language to establish what people wanted. One relative said, "If [relative] is in a 'touchy' mood, [staff] go with it, never challenging [them]. Staff are so respectful of the residents, whatever their state of mind or disability. Giggling goes on everywhere."

Supporting people to express their views and be involved in making decisions about their care:

- People were involved with their care and support, they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in these decisions about their care, relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Care plans were person centred and gave staff an understanding about people's past, likes, dislikes and preferences. Care and support were tailored for everyone.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their dignity and privacy. One person said, "The [staff] call me by name, everyone here is treated fairly. I really feel they show me respect and kindness."
- People were well-groomed and dressed appropriately for the weather. We saw staff supported people in a way that demonstrated respect and maintained their dignity. Doors were closed when staff were giving personal care.
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times. One relative said, "My [relative] is treated as an individual. They have great difficulty communicating but it doesn't stop [staff] looking [them] in the eye, talking to [them] and asking how [they are]. [Staff] always speak to me when I come in and know me by name. It makes such a difference when you are recognised. I've been under the weather lately and there they are asking me how I am."

- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary.
- The confidentiality of information held in records about people's medical and personal histories was kept secure. This had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received their care and support as they liked it. One person said, "I'm well supported in every way by the lovely carers. They've got me walking and they always encourage me."
- Care plans detailed people's preferences, likes and dislikes and gave guidance to staff about people's daily support and care needs.
- People told us they had opportunities for social interaction. One person said, "[Staff are] so friendly here. I trust everyone. I have confidence in this place. It's so homely."
- There were a range of activities going on daily for people to enjoy. One person said, "I'll join in anything like a general knowledge quiz. There's lots to do". A relative said, "Brilliant is how I'd describe what's offered. Dogs come in and [relative] responds when one comes up to them. They absolutely love them. Many other things are offered to stimulate the residents."
- Relatives told us they were happy and thankful for the personalised care and support people received. One relative said, "I am one hundred percent happy about this place. My [relative] is in an excellent environment. [Relative] is content and all of this gives me so much confidence."

Improving care quality in response to complaints or concerns:

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns.
- People's relatives told us that they thought the management team were responsive and they dealt with any concerns promptly.
- Complaints were responded to in line with the providers complaints policy. People were given regular opportunities to discuss any issues or concerns they had.

End of life care and support:

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had recently had a change of registered manager. The new manager had applied to CQC to be the registered manager for Courtland Lodge.
- Everyone we spoke with told us that the home was well managed. Staff felt the new manager was approachable and had an open-door policy. One person said, "Every member of staff is helpful: they are extra friendly and extra nice. The place is so pleasant. Leadership sets the tone." A relative said, "The change of manager here has made such a difference."
- Relatives praised the manager for their leadership and having people's best interests at heart. One staff member said, "The manager is very hands on and you will see them out and about in the morning supporting people."
- Staff told us the manager led from the front, often working on the floor and being a positive example for them. Staff felt listened to and told us the manager's door was always open if they needed support.
- Staff echoed the manager's vision and values about providing personalised care and support to people.

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

- The manager felt supported by their regional manager. They also received updates through the providers network of emails and managers meetings.
- The manager completed regular audits. There were audits and checks completed by the quality assurance team. Issues identified had action plans in place and these were reviewed to ensure actions were completed.
- Staff at Courtland Lodge had clearly defined roles. Staff had responsibilities to effectively manage all aspects of the service. The manager had an overview of the service and staff worked well as a team.
- Staff felt valued and listened to by the manager. Staff received one to one support appropriate for their job roles. All staff had handovers at the start of their shift and received any important updates.
- Accidents and incidents were used as an opportunity for learning and improving. For example, the manager confirmed they reviewed for patterns in incidents such as falls. To see what measures could be actioned to keep people safe.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended. One person said, "The Home runs well. Everyone gets on well, the

people who live here and the people who look after us."

- Surveys were sent out annually to people, relatives and staff to gather feedback about the quality of the service provided. A relative said, "[Courtland Lodge] is local to where I live, but there's much more to it than that. The place is clean and tidy, the staff are great, and [relative] is happy in every way." Another relative said, "This is a 'home from home'".