

Flightcare Limited

Courtfield Lodge

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service responsive?	Inspected but not rated

Summary of findings

Overall summary

About the service

Courtfield Lodge is a residential care home providing personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 70 people across two units, the ground floor unit specialises in providing care to people living with dementia.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We found people's Deprivation of Liberty Safeguards (DoLS) conditions specified by the Court of Protection had been adhered to and were understood by the staff who supported them. This meant people's liberties were protected.

People were supported in a person-centred way. Care records showed people's changing needs were identified and they were supported to seek advice from external health care professionals. Staff supported people to live meaningful lives and we saw people were assisted by staff to maintain their identity.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2020). We looked at some but not all of the previous breaches in regulation at this inspection therefore, two outstanding breaches in regulation as outlined in the published report (18 May 2020) were inspected at this inspection. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the regulatory requirements we previously served in relation to Regulations 9 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

On the same day 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 coronavirus and other infection outbreaks effectively. Our findings are reported in a separate report.

CQC have introduced targeted inspections to follow up on enforcement action or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 effective?	Inspected but not rated
At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	
Is the service responsive?	Inspected but not rated
We were assured the provider supported people in a personcentred way.	



Courtfield Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the regulatory requirements in relation to breach of Regulation 9 (Person Centred Care) and Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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. We have reported on this in a separate report in line with the providers application to become a designated setting for Covid-19 services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Courtfield 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 had a manager who had applied to become 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.

What we did before the inspection

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 manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records. We looked at records in relation to staff training, infection prevention and control and processes to ensure people were safely admitted to the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the regulatory requirements we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on decisions to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure specific conditions of DoLS were adhered to. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People's rights and freedoms were understood by staff and protected. Conditions outlined in DoLS orders had been clearly recorded in care plans and staff maintained recorded evidence when they supported people to fulfil the conditions specified by the Court of Protection.
- Processes for applying for and reviewing people's DoLS were much improved.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. This meant people's needs were not always met. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the regulatory requirements we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection the provider had failed to ensure people consistently received person-centred care and treatment. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans fully reflected their physical, mental, emotional and social needs. Staff had collated people's personal history, individual preferences, interests and aspirations.
- Staff supported people to maintain their identity. Throughout our observations we saw staff understood the needs and preferences of people they supported. One person told us, "Oh yes, everyone is very good to me here."
- Staff supported and encouraged people to develop and maintain relationships with friends and family. During the pandemic the provider used technology to help keep people connected. One person's care record showed they used video calls to communicate with relatives. Socially distanced visiting was also facilitated when deemed safe to do so.
- Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. We saw examples of people's art and craft work around the service and people's bedrooms held personalised items including memory boxes.