

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?	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

Courtfield Lodge is a care home providing personal care for up to 70 older people, including those living with dementia. The service is purpose built and accommodation is split over two floors. There were 34 people living at the service at the time we inspected.

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

People living at Courtfield Lodge lived in a service that was safe. The environment had been adapted to meet the needs of people living with dementia.

People spoken with and their relatives told us they were happy with the care being provided and valued the staff.

The service had a manager in place who was in the process of becoming registered with Care Quality Commission (CQC). Both people and staff spoke positively about the manager.

The service had worked hard since the last inspection to ensure that systems and processes were in place to ensure that care provided to people was safe, and the quality of care and support was consistently monitored.

Any incidents which were deemed to be a safeguarding concern had been referred to the local authority and shared with us appropriately, meaning the service were committed to being open and honest when things had gone wrong.

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.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

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 (report published 11 September 2020).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and risk of absconding from the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

We are aware that the Local Authority are investigating some safeguarding concerns, and as such, the inspection process did not specifically address those. However, we were assured that the service was co-operating fully with this.

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 Courtfield Lodge 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 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 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.

Courtfield 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. 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 two inspectors and a medicines 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 was in the process of becoming registered with the CQC. This means that (once registered) 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 four people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and a senior care worker. We undertook a tour of the home and observed the delivery of care and support throughout the day.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety checks were reviewed.

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 four members of staff by telephone, including senior care, care and kitchen staff. We also spoke with five relatives about their views of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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

- People and their relatives told us they felt Courtfield Lodge provided a safe service. One person told us, "Oh yes, I feel quite safe." A relative told us, "It's such a safe environment, I have no worries."
- Systems and processes were established to ensure checks to monitor the safety of the environment were completed to help keep people safe. Where issues had been identified, actions had been put into place to address them. For example, new doors had been installed to help prevent any risk of people absconding.
- People's care records contained up to date and appropriate risk assessments, to guide staff on how to manage and mitigate any identified risks to people. For example, risks from falls and pressure wounds.
- Staff received a handover before supporting people to ensure they were kept up to date about people's needs. One member of staff told us, "Communication in the home is excellent."
- Accidents and incidents were recorded. This information was then reviewed by managers and shared with staff to help ensure risk in the service was effectively managed and mitigated.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and staff supported people's individual needs.
- Guidance for staff to administer when required medicines to people was detailed and person-centred. Additional tools were used to assess pain levels where needed.
- Staff had received up to date training and were able to provide additional support to people when required.
- Regular audits ensured medicines were stored and administered correctly and any issues found were addressed, the medicines and records we checked during the inspection were correct.

Systems and processes to safeguard people from the risk of abuse

- The manager advocated a positive and open culture. Any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- Information about safeguarding incidents were shared with staff to help prevent the risk of recurrence.
- Staff had received training in safeguarding and told us they felt able to recognise and report on a safeguarding incident and that they would not hesitate to raise anything of concern. A member of staff commented, "The culture here is open and we are always having meetings and talk about any safeguarding concerns."

Staffing and recruitment

- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

- Staff rotas showed there were sufficient numbers of suitably qualified and skilled staff deployed. When agency staff were used to fill staff absences, the service took care to use the same staff to ensure continuity of care.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and accessing regular testing for staff.
- Staff had received formal training in infection, prevention and control. Staff told us they had appropriate PPE and felt safe in the work environment.
- 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.
- The service was facilitating visits for relatives in line with best practice guidance. Relatives commented they felt safe about the risks of COVID-19 when visiting the service.

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. At this inspection this key question has improved to Good. This meant 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's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- We observed positive interactions between staff and people being supported. Staff knew the needs of the people they were supporting well. A relative told us, "[Name] can be challenging but staff know just how to handle them, [Name] has never been so calm since being here."
- People's care records reflected their current care and support requirements and contained any guidance or advice which had been provided by external health care professionals.
- During our inspection, we observed people engaged in activities which they had a genuine interest in, such as drawing and knitting.

Staff support; induction, training, skills and experience

- Staff told us the induction programme and training helped support them with their role and responsibilities.
- Any gaps in staff training had been identified by the provider and refresher training arranged.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked them for their consent before any intervention.
- People's care records demonstrated that care and treatment had been provided with the consent of the

relevant person. Mental capacity assessments had been completed appropriately for people when needed, and best interest decision meetings had taken place for people who had been assessed as not having capacity.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet, in line with their choice and preference.
- Information regarding people's nutrition and hydration needs was recorded in their care records. Where people had been identified as having specific dietary needs, such as a fortified diet, there was appropriate guidance for staff on how to best support them.
- Where people had been assessed as being at risk of losing or gaining weight inappropriately, records showed that nutritional and hydration intake had been monitored and appropriate referrals to the dietician had been made.

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

- The premises were clean, spacious and well maintained. The environment had been considered around its adaptation, design and decoration for people living with dementia. People were able to move around freely and had access to outdoor space.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Appropriate inter partnership working took place. People were referred to external health care professionals where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements and contained any guidance or advice provided by external health care professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, a relative told us, "They are such caring staff. They give dignified care and are respectful."
- During the inspection, we observed staff showed kindness and understanding when supporting people living with dementia.
- People's care records contained information about their life history and preferences with input from their relatives. This information helped staff deliver individualised and dignified care.

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

- Quality assurance records showed people were encouraged to feedback their views.
- The manager adopted an open door policy so that people were able to provide their feedback and raise issues or concerns at anytime.

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. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received positive feedback from people's relatives in relation to the way staff interacted with people and maintained relationships, comments included, " Staff are dedicated and attentive" and "Staff know just how to handle [Name], I wouldn't hesitate to recommend the home."
- People had access and choice of various activities when they were scheduled. Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them. For example, one person was supported to visit Blackpool, as it held fond memories for them from their childhood.

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

- People received personalised care that was responsive to their needs. People's care records showed that support was tailored as far as possible, to the person's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. People were also able to move around the home independently and orientate themselves through good signage.

End of life care and support

- People's end of life wishes, and needs were considered. Advanced care planning was in place for people.
- There was an end of life policy and procedure in place which provided staff with guidance when a person required end of life care and support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People and their relative's complaints were listened to and acted on. Relatives told us they wouldn't hesitate to raise any concerns and had faith that issues would be dealt with.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

- The manager demonstrated a good understanding of their roles and responsibilities. The manager was supported by a deputy and the provider, meaning there was increased oversight at both provider and management level.
- The manager promoted an open culture within the service. Staff spoke positively about the manager, comments included, "[Manager's] door is always open" and "[Manager] is not just supportive on a professional level but also on a personal one, that means a lot" and "It's like one big family here and there's a good morale. I feel supported."
- Systems and processes to monitor the safety and quality of care were in place. Any identified issues were acted upon.
- The service demonstrated that they had effected improvements and improved care quality following our last inspection report.
- The provider had their own quality assurance systems and audits in place and worked closely with the service to offer support. Regular meetings were held with the manager which enabled the provider to continuously monitor and improve people's experiences of the care and support provided.
- Systems to analyse and learn from incidents were in place. This helped identify any themes or trends and this information was shared with staff to help reduce re-occurrences.

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

- The manager co-operated and worked effectively with external agencies to help keep people safe.
- Staff were encouraged to raise any concerns, issues or simply offer feedback. Staff told us they felt comfortable to do this.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.
- The manager sent us statutory notifications to inform us of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people and staff and relatives was welcomed by the provider.
- Questionnaire results completed by people living at the service showed people were largely satisfied and happy living at the service.

- Staff attended regular team meetings and told us their views were listened to and acted upon by the management team.
- The service worked effectively with others such as commissioners, safeguarding teams and health and other social care professionals.