

Counticare Limited

Court Lodge

Inspection report

Church Road
Mersham
Ashford
Kent
TN25 6NS

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05 October 2016

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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

We inspected Court Lodge on 5 October 2016.

The service provides accommodation and support for up to six people with mental health and learning disabilities. There were six people living at the service at the time of our inspection.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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 were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's GPs and other health professionals.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager carried out a number of quality monitoring audits to ensure the service was running

effectively. These included audits on medication management and the environment.

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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Court 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 was planned to check 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 the 5 October 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people, we also spoke with the registered manager, and two care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person told us, "I feel safe here; the staff ask you what you want and make sure you are alright." Another person said, "It's a safe place to live, I like it here, the staff are good to me."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "We make sure everyone is safe and have a safe environment, if I had any worries I would report them to a senior or the manager, or I could report to the CQC." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC). One member of staff said, "If I saw anything I was not happy with or people were in danger I would phone the confidential reporting number." The registered manager knew how to report safeguarding concerns to the local authority and CQC and what their responsibilities were to keep people safe. In addition the registered manager clearly displayed information for staff and people to follow if they had any concerns around safeguarding they wanted to make.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living. The assessments covered such things as assisting people with personal care, trips and falls, smoking, kitchen safety, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. They also knew how some community activities could be more risky for people due to their certain vulnerabilities and how at these times they required one to one staff support. One member of staff said, "We always go out 1:1 so that we can make sure everyone has the support they need." This meant people were not prevented from accessing the community but could be supported safely.

Staff were trained in first aid should there be a medical emergency staff knew to call a doctor or ambulance if required. The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating. There were personal fire evacuation plans in place detailing what support people would need to evacuate the building and where they would most likely be located at what time of day.

People were cared for in a safe environment. The provider arranged for maintenance and general repairs at the service. Staff completed a health and safety checks and addressed any issues arising from this. Staff had on call numbers to contact in the event of such things as a plumbing or electrical emergency. One person told us, "We had a flood recently that set off the fire alarms so we had to evacuate, the manager came in and it was all sorted within the hour." The registered manager had emergency contingency plans in place should the service need to be evacuated for longer periods or if anything happened that stopped the running of the service.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. The registered manager matched the staffing numbers to the needs of the people living at the service. We saw this number had recently been increased in response to the additional support requirements of one person. Staff told us that they felt there was enough staff, one member of staff said, "Staffing is quite balanced and we use regular staff." Should there be additional staffing required, staff worked extra shifts or there were regular bank staff employed. One person told us, "There are always staff around if you want one."

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The provider then rechecked people's DBS every three years, and the registered manager checked with staff during yearly appraisals that they were still of good character. One member of staff told us, "I saw the job on line, so rang up and came in to see the manager. I completed the application and had an interview; I then had to wait about six weeks for all the checks to be completed."

People received their medication safely and as prescribed. Staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication administration records and found these to be in good order. One person told us, "I take my medication when I need it. The staff give it to me in the morning and evening" The service had systems in place for the correct storage, ordering and disposal of medication and the registered manager carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person told us, "The staff know what they are doing, they know how to support me."

The registered manager told us how the provider placed importance on developing staff and in staff training. We saw from the training matrix that staff had attended a number of different courses to support their role. Training was provided via e-learning as well as face to face, some courses were also accessed from external providers such as the local authority. One member of staff told us, "I have nearly completed my level 3 Diploma and have recently completed training on head injuries."

New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they spent time reading policies and getting to know the people. They then spent time 'shadowing' more experienced staff. One member of staff said, "When I first started I spent time going through people's care plans and getting to know everyone. I have completed a lot of training as well." The registered manager told us that new staff were allocated a learning champion to help them with the induction process. This was an experienced member of staff who met with the new member of staff to support and supervise their progress at the service. In addition to the induction new staff were enrolled into completing the 'Care certificate'. This enabled staff that were new to care to gain the knowledge and skills they need to support them within their role. Once the care certificate was completed the registered manager supported people to go on to completing a Diploma in care.

Staff felt supported at the service. We saw from records that staff received regular supervision with the registered manager. This is an opportunity for staff to discuss their performance, any concerns they have and identify further training needs. Staff also received a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year. One member of staff said, "I have had supervision it was all positive, we discussed how I am getting on and what support I still need, such as additional training."

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and how to make applications if appropriate.

CQC is required by law to monitor the operation of the MCA 2005 and DoLS. The MCA 2005 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 living at the service had capacity to make day to day decisions and staff respected these. Staff told us that they supported people in making day to day decisions and always offered people choice. If people needed additional support with making decisions the registered manager could request an advocate for people. This is an independent person who

has training to support people with decisions they may need to make about their life. We saw that one person was currently receiving regular support from an advocate. This told us people's rights were being protected.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Each week staff discussed with people what foods they would like to have and planned menus. Throughout the day we saw people had access to food and drinks as they wished. One person told us, "I cooked for everyone yesterday we had jacket potatoes." Another person told us, "I like making cakes." Staff told us that people had a choice about when they wanted to eat their meals but generally most people ate together in the evening with staff. One person told us, "The staff do the cooking, we have a choice and if we don't like it the staff will cook something else."

Staff monitored people's weight and where appropriate made referrals to other professionals such as a dietician or a speech and language therapist. Staff knew how to best support people with eating to avoid choking and other issues at mealtimes. Staff encouraged healthy eating and had been supporting one person to lose weight whilst also supporting another person to gain weight following an illness.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required, people received specialist support and review from mental health and learning disability professionals as well as from their GP. One person told us, "The staff come with me to my appointments we have one tomorrow." During the inspection we saw one person was supported to attend a blood test. The registered manager told us people were registered locally with a dentist of their choice and attended opticians when required. This told us people's health needs were being met.

Is the service caring?

Our findings

Staff provided a very caring environment. One person told us, "I like living here; the staff are all nice and kind to me." A relative wrote in a recent survey, 'I feel my daughter is safe and extremely well cared for.'

During our observations we saw staff had positive interactions with people. We saw staff talking to people, laughing and joking with them and people were animated with their responses. We heard staff talking with people how they wished to spend their time and helped them make arrangements. One person said, "You can talk to staff and have a laugh and joke with them." Another person told us how they had spent a period of time away from the service and how they were now happy to be back. We noted throughout our inspection there was a very calm and relaxed atmosphere and people and staff got on well together.

People and their relatives were involved in the planning of their care and support needs. Everyone we spoke with knew who their key worker was and spent time with them discussing their care. A key worker is a named member of staff that worked alongside people to make sure their needs were being met. One person said, "I really like my key worker [name] they have helped me with lots of different things, including my finances and applying for different things." Another person said, "I really like my key worker, they help me sort out my clothes and helped me with a shower and to blow dry my hair, we are going out to the cinema later together." Staff knew people well including their preferences for care and their personal histories. Staff told us that part of their role as a keyworker is to spend time each week having 'Talk Time' with people. This was an opportunity for people to express how they were progressing and to identify what further support they needed. One member of staff told us, "We support people to set goals and achieve these."

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. We noted people's rooms were personalised and had been decorated and furnished how they wanted, people also had keys to their rooms so that they could lock their door for privacy. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. We noted one person preferred to stay in their room however staff did frequently check to ensure all their needs were being met and encouraged this person to come out of their room for short periods so that they were not isolated. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. People could access religious support if they wished and staff would support people to attend church, however currently people only wished to attend on special occasions such as at Christmas.

People were supported and encouraged to maintain relationships with their friends and family. Staff supported people to meet up with family members and to go on home visits. Staff regularly supported one person to go home and spend time with their relatives. Another person told us, "I go and meet my mum and go to a café." We saw people had their own telephone to stay in touch with friends or relatives or could use the service phone with support if required. One member of staff told us, "I help [person name] to stay in contact with their relatives, we write cards and send them, or arrange to meet up with them for day trips." We noted one person whose relatives lived in a different area was supported to have an advocate visit them to check on their well-being.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the registered manager had completed the assessment people would be invited to spend time at the service. This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved to the service.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication, likes, dislikes and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. The support plan was regularly updated with relevant information if a person's care needs changed. This told us that the care provided by staff was up to date and remained relevant to people's needs.

The service was responsive to people's needs. The registered manager told us how the service had been responsive to people's needs, for example they had purchased a specialist chair for one person whose health had deteriorated. This chair meant that they were able to sit more comfortably and were able to stand easier from the chair to mobilise. We saw another person could become preoccupied with which staff would be on shift throughout the day. To help the person photos of staff that were working or due to come on shift were placed on a board each day. We saw the person looking at these photos and were able to identify to us who would be coming into work later in the day, this seemed to reassure their anxieties. The registered manager was also very proactive in getting other healthcare professionals involved with people's care when required. For example they supported one person to regularly see an Occupational therapist who was assisting their rehabilitation needs. In addition the registered manager had arranged for some people to see a reflexologist regularly as they found this beneficial.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social activities. One person told us, "I like going out to Folkestone for fish and chips and I like going to a knitting group." Another person told us, "I like doing art and going for walks." People were supported with social activities of their choice, these included attending local café's, clubs and places of interest. On the day of our inspection we saw two people were being supported to see different films they wanted to see at the cinema.

The service had a complaints process in place that was accessible and all complaints were dealt with effectively. People told us if they had any complaints they would speak to the manager or area manager. We saw the service also received compliments from relatives congratulating them on the good work that they do.

Is the service well-led?

Our findings

The service had a registered manager in place. The manager was visible within the service, and spent time working with people and staff. One person told us, "[Managers name] is a brilliant care manager." We saw an email from a relative who was very complimentary of the manager saying, 'We have never had such a kind, understanding and caring manager as [Manager's name]'

Staff shared the manager's and provider's vision for the service. One member of staff said, "We want people to reach their goals and help them achieve." Another member of staff said, "We want to teach people to live independently."

Staff felt very supported by the manager, one member of staff said, "The manager is always around and is very supportive to us." Staff had regular supervision and team meetings to discuss the running of the service and issues there were. Staff told us that they worked well together as a team and all supported each other. We saw from minutes of meetings that staff discussed any issues within the service and how people can best be supported. Meetings also covered policies within the service and spent time focussing on learning to assist staff within their role. One member of staff said, "In meetings we discuss what we could do better for people and how we can help them be independent." Staff also had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings, but through their interactions with people. We saw from minutes of meetings that people discussed all aspects of living together and getting along as a community, including menus, outings and about their environment. We saw people had raised they wanted new garden furniture and a new kitchen blind and these had been purchased. The registered manager told us that people had also been involved in choosing how the service had been redecorated at the beginning of the year and what colour schemes were used. The registered manager also asked people, their relatives and other stakeholders to periodically complete questionnaires to gain their feedback on the service. We saw one response read, 'Lovely home, lovely staff.' In addition to this people met regularly with their key workers to discuss and plan their care. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager and provider had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans, medication management as well as environmental audits. In addition to this the service's pharmacy provider carried out their own independent audit each year and we saw this had been completed recently without any issues being identified. The regional manager for the service also carried out audits to ensure that the registered manager's governance was effective.