

Court House (Cheddar) Ltd

# Court House Retirement Home

## 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

Court House Retirement Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

The accommodation for people is provided in three separate properties. The main house is a converted older building. The Courtyard properties are self-contained units, and The Cottage is a converted house.

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. People were at the forefront of driving improvements and deciding on the activities and lifestyle within the home.

People received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people. The management of medicines was safe, and people were supported to maintain control over their medicines if they wanted to.

There were enough staff to look after people safely and take time to sit and chat or join in an activity. A recent turnover of staff meant there was a relatively new staff team who had learnt to work together as a team and support the values the provider instilled in the home such as a caring personal approach to care and support. Risk assessments were in place with guidance for staff about how to keep people safe.

People received effective care and support that was focused on the person. Staff demonstrated a very good understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. People and staff told us they felt respected and valued. People were supported to express an opinion about the care and support provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes was recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free.

People were supported by a team that was well led. The registered manager led by example and demonstrated an open and positive approach to learning and development.

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

# Court House Retirement Home

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Court House Retirement Home 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 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information that we held about the service such as notifications. These are

events that happen in the service that the provider is legally required to tell us about. We used this information to plan our inspection.

#### During the inspection

We spoke with seven people and one relative/friend and one healthcare professional about their experience of the care provided. We spoke with six members of staff as well as the registered manager, deputy manager, home manager and chef. We observed how staff interacted with people in the home.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We also looked at the storage of medicines, reviewed medicines administration records (MARs) of people within the service. We reviewed a sample of recent medicines related audits and incidents reported.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in the home. One person said, "Of course I feel safe. I would have something to say if I didn't." Another person said, "Yes very safe and comfortable living here." One relative said, "I always feel happy when I leave that [the person] is safe and looked after well."
- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner. One staff member said, "I would have no worries about reporting anything bad that I saw. I know [the registered manager] would deal with anything properly and straightaway."
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. The deputy manager explained they were in the process of introducing a new style of care plan. We looked at care plans written in both styles. They all included very clear person-centred risk assessments and guidance for staff.
- All the care plans reviewed included the actions staff should take to promote people's safety and ensure their needs were met in relation to nutrition, hydration and preventing pressure ulcers and falls.
- Where a risk was identified, action was taken to reduce the risk. For example, people at risk of falls had been assessed for the use of pressure mats to alert staff to when they might be moving around their room. People also had pressure relieving cushions in place when they had been identified as at risk of developing pressure ulcers.
- To ensure the environment for people remained safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment process.
- There were enough staff to meet the needs of people. Everybody spoken with said there were plenty of staff. During the inspection, bells were answered promptly, and staff had time to sit and talk with people and join in activities. One person said, "Would not say they are short of staff they have had a bit of a turnover but nothing to cause concern."
- We observed staff were not rushed and there were enough staff to support people at mealtimes and during activities.

### Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- One person told us, "They [staff] are really good at bringing my tablets up just at the right time. If I need any pain killers, they just get them for me when I ask."
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used.
- There were clear protocols and risk assessments in place if people preferred to manage their own medicines.

### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean one person said, "Can't really fault the cleaning. Everywhere is kept very clean and tidy."
- The registered manager had held a staff meeting to discuss how they would support people through the Coronavirus crisis. All staff received extra training on handwashing and notices were put on each person's bedroom door to remind them about good hand hygiene practices.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 good. At this inspection this key question has remained the same. 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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. The new style care plans were easier to read and included very clear guidance for staff.
- Before a person moved into the home they were invited to visit, and the registered manager talked to them about their needs and goals.
- People knew about their care plans and could discuss how they had been agreed. One person said, "I know all about care plans, but I am more than happy for them [staff] to get on with things."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- Care plans included an assessment of people's oral hygiene needs. It was clear what level of support people required to help them clean their teeth. During the inspection a local dental student presented training for staff on good oral hygiene.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "I think the induction was really good. I had time to get to know people and what they liked and disliked."
- Training for all the organisation's mandatory subjects was reviewed and updated as necessary.
- The registered manager told us how they kept training interesting and staff up to date. They held a regular quiz about a specific subject area with a prize for the highest score. One staff member told us about a recent health and safety quiz, they had completed. they said, "It is a brilliant idea a quick update without it becoming formal."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "They [staff] all know exactly how [the person] is and how they like to be looked after."

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

- People were very positive about the range of food they were offered. One person said, "The food is always perfect. Homemade and just how I like it." Another person said, "Look at this lovely spread. They [staff] are

just brilliant." People told us how they were consulted about the meals provided and any preferences they might have.

- We observed the lunchtime experience, and saw people were enjoying a social occasion with a very relaxed and cheerful atmosphere. One person said, "We always come down for a sherry or a drink before lunch. Very nice touch."
- On the second day of the inspection people enjoyed a tea party. People said the home-made cakes and scones were, "Exceptional."

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the falls team for advice on how to support them to remain mobile safely.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- Areas of the home were adapted to enable people to move around safely. Additional signage around the home was not required as all people were well orientated to their surroundings.

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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of sensor mats.
- People only received care with their consent. One person said, "I am more than happy living here and nothing is done without my consent."

# 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 outstanding. At this inspection this key question is now good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about.
- The service continued to provide care and support that was caring. This came directly from the registered manager who was leading a relatively new team of staff. The registered manager aimed to instil their values of a caring service into all new staff
- People were relaxed and cheerful in the presence of staff. One person said, "This is a unique home. The staff, especially [the registered manager] are all very caring, kind and would go out of their way for you."
- We observed staff taking time to talk with people. There was a very cheerful atmosphere with people and staff laughing and chatting.
- We observed care staff support one person to move using a stand aid. The staff were very careful to explain clearly what they were doing and how they were going to help the person. Their relative said, "This is usual, not just because you are here. They [staff] are all gems. They really care about the residents and it is a lovely home."
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.
- One staff member told us, "[The registered manager] is so caring. There are lots of things he does that are just so over and above what would be expected. One example is Valentine's Day. Every resident had a single red rose on their breakfast tray and every member of staff had a bottle of prosecco. That meant so much"
- Following the inspection, the registered manager/provider told us how staff had gone above and beyond what was expected of them to keep people safe from the Coronavirus pandemic, whilst respecting their wishes not to be isolated in their rooms. They said, "Twelve of our staff had agreed to move in to Court House, leaving their families behind in order to do all that they could to keep the residents as safe as possible. This was a selfless act in which none of the staff even hesitated before doing so as they are so caring. We have all been living here for a week with no physical contact with the outside world, leaving loved ones including young children behind. We always do the very best that we can in the resident's interest, and this is put before anything else."

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.
- The emphasis in the service was that people's opinions always mattered. People attended regular

meetings and their suggestions were listened to and acted upon. People told us how menus had been adjusted following a meeting.

- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do. One person told us how they liked the way activities were organised with their input. They told us, "Today is an example, look at the work that has gone into this tea party. We all say what we think is a suitable activity and [the registered manager] goes out of his way to accommodate us."
- A record of compliments was kept and any received were shared with staff.
- Compliments received included, "We wanted to write and thank you for the amazing love and care [the person] had when she was with you." And, "Thank you for taking excellent care of [the person] (and me of course). You have an incredible team and set up here, one to be truly proud of."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. For example, we observed staff approach people in a very dignified manner when offering assistance.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality, independence and to develop trusting relationships.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised to meet their needs and wishes. The new style of care plan being introduced gave staff the opportunity to include full life histories and clear guidance on people's preferences for care and support.
- One staff member told us, "I think there is plenty of information in the care plans. I had time to read them and get to know people when I first started."
- Another member of staff told us, "I like the new style of care plans. We tried electronic care plans, but we didn't get on with them. [The registered manager] listened to our feedback and now we have a better system."
- One person told us, "I think everything that is done in Court House is done for us and the way we like it. I can have a shower every morning and I know that some places cannot manage that." Another person said, "I am very impressed with the care I get. Most of all that I haven't lost my independence I can still have my say."

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.

- Information was shared with people and where relevant the information was made available in formats which met people's communication needs in line with the AIS.
- Staff explored different ways of ensuring people could understand the information they were sharing. For example, audio books and large print minutes for resident meetings.

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

- People were able to participate in a range of activities that met their individual needs and encouraged them to continue to follow interests.
- People told us they enjoyed activities that fitted in with their lifestyle and interests. One person said, "You don't need an entertainer every day. There is plenty to do and the girls are really good at helping us do what we want."
- We saw records of themed evenings when people had enjoyed a Harvest Supper with a Wurzel's sing along and a cruise ship theme evening. One staff member told us one lasting memory people talked about was the belly dancing entertainer when the registered manager and deputy manager surprised them all by joining in. The registered manager explained, "We went to some classes in secret so we could surprise everyone it was

a brilliant evening with residents joining in."

- People were also encouraged to continue to follow past hobbies and interests. One person was teaching a member of staff to knit whilst another person had visited a football match. One person told us how they were supported to go to play Bridge every week. The registered manager told us how one person said they were interested in football and had been a fan all her life. They said It was sad they could not talk to other residents as they were not interested in sport. The registered manager contacted a local football club and arranged a trip to a match. The resident was overjoyed, and photographs of the visit showed how much they had enjoyed the day out.
- The service had also developed lasting relationships with local organisations. For example, staff had put together a community newsletter called, "Court House and the Community." This included information for people on local groups they might be interested in such as drama groups, the local church, library and book club.
- Children from a local school visited the home regularly to use the garden for their nature activity. They spent part of the time in the garden then would come into the home and share their findings with people. The registered manager told us they had bought a large pot so the children could join people to plant flowers together.

#### Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- The register manager told us how they rarely received a serious complaint. They spent a lot of time with people and worked shifts, so people got to know them and spoke with them about things before they became a concern or complaint.
- People and their relatives had access to the complaints policy and knew who they could talk to. One person said, "There is no need to complain, we see [the registered manager] every day. If there is anything concerning us, we can talk to him."

#### End of life care and support

- At the time of the inspection nobody was receiving end of life care. However, the service could support people to remain in their chosen home at the end of their life.
- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people.
- The registered manager led by example and was instilling his values for person centred care into a relatively new team of staff. One staff member said, "He [the registered manager] is an inspiration. I love the way we work here, it is all about making life happy and enjoyable for the residents."
- All care plans looked at were person centred, and staff worked in a person-centred manner putting people and their preferences first.
- Comments from people and relatives/friends were positive about the culture of the home. One relative said, "[The person] loves it here and I love coming in. You are always made to feel welcome and your opinion is always listened to. It is like visiting a family home so relaxed and always happy."
- The registered manager was aware of the need to look at innovative ways of enhancing the experience for people living in the home. They told us how they were continuing to build relationships in the community and involving people about decisions in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff told us the service was well managed. One person said, "All the staff are brilliant here. They all know what they are doing, but that is down to good leadership and [the registered manager] always leads by example."
- More than one staff member told us it was like working with family and that they all worked as a team.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advice or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. Staff members told us they had, one to one supervision and an annual appraisal. This provided opportunities to discuss their practice and any learning requirements.
- There were effective quality assurance systems to monitor care and plan for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.

- The registered manager and deputies worked to ensure all areas were covered when carrying out internal audits. Clear actions plans were in place which included timescales and the person responsible for taking forward.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people regularly.
- Comments from the last survey were largely positive. But when people had raised a concern they had been dealt with immediately. For example, one person said they did not feel their room was as clean as it could be. The registered manager employed a staff member to be solely responsible for cleaning. This meant care staff were freed up to do more activities and spend more time socially with people.

Continuous learning and improving care

- The registered manager, deputy manager and home manager all demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the care sector. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- There were strong links with the local church, school and local organisations/clubs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities in relation to the duty of candour.