

Flightcare Limited

Courtfield Lodge

Inspection report

81A Marians Drive
Ormskirk
Lancashire
L39 1LG

Tel: 01695570581
Website: www.flightcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Courtfield Lodge is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 70 people on the ground and first floor. One of the floors specialises in providing care to people living with dementia.

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

We spoke with 11 relatives and one friend of someone living at the home. The feedback was mostly positive on the changes that had occurred since our last inspection. One relative was unhappy with the care their family member received. One relative had concerns related to the leadership of the service but praised the care their family member received. This is reflected in the report.

Staff were recruited safely. People told us enough staff were available to meet people's needs. Medicines were managed and administered safely. Infection control systems and audits continued to ensure a clean environment to keep people safe. Safeguarding procedures were in place to protect people from the risk of abuse, and to educate staff on how to recognise and respond to concerns.

People told us how staff were kind, caring and treated them well. Our observations showed people were happy in the company of staff. We observed people were treated with respect and they were involved with family members in their care planning. One relative commented, "They [staff] are very attentive to [family member], nothing is too much trouble."

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.

The management team were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. They had worked to address areas of concern previously identified and foster and promote a positive environment through improved communication and effective teamwork. The manager used a variety of methods to assess and monitor the quality of the service. This ensured the service continued to be improve.

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 inadequate (published 18 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this focused inspection we found improvements had been made and the provider was no longer in breach of the regulations we reviewed.

This service has been in Special Measures since 06 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 January 2020 and 05 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; Person centred care, Dignity and respect, Safe care and treatment, Safeguarding service users from abuse and improper treatment, Fit and proper persons employed and Good governance.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Courtfield Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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 as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Due to the COVID-19 pandemic we gave the service 48 hours' notice of the inspection. We wanted to review documentation remotely and speak with relatives by telephone. This helped minimise the time we spent on site and reduced face to face contact with people, staff and the management team.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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. The provider did submit a comprehensive amount of documentation as evidence of the changes they had made since the last inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We requested and reviewed information we had received from the provider before we visited Courtfield Lodge. We arranged a video call with the management team before we visited to discuss if there were any restrictions due to Covid-19 that would impact on the inspection. We spoke with three people who used the service, 11 relatives and one friend of someone living at the home about their experience of the care provided. We spoke with nine members of staff including the provider, manager, care quality manager, members of the management team, care workers and the chef. We spent time observing day to day activities to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

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 relatives and staff by telephone for additional information.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. We have rated this key question as requires improvement. Although improvements were found we need to be sure these are consistently embedded. We will check this at our next inspection.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's medicine and to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and 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 12.

- The manager assessed risks to keep people safe. They documented information for staff about people's risks and how best to support people who lived with dementia. They kept these under review and updated. One relative said, "[Family member] is safe with the carers."
- The premises and equipment had been maintained to protect people from risks. The manager analysed accidents and incidents for themes and notified other agencies as required.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire there was guidance on how to support people out of the building.
- People received their medicines and creams when they should. People were given time to take their medicines in a calm and person-centred manner. Staff who administered medicines had been trained to provide additional medical support should it be required
- Staff asked people who had 'as and when required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. When people could not say if they were in pain, documentation gave staff indicators on how they displayed pain so medicines could be administered as required.
- Medicines administration systems were robust, well organised and regularly reviewed. We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.

Preventing and controlling infection

At our last inspection the provider had failed to have systems that were sufficient to ensure sustained improvements in infection prevention and control. This was a breach of regulation 12 (Safe care and 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 12.

- This inspection took place during the Covid-19 pandemic. The service was free from Covid-19 and stringent processes were in place to minimise people transferring the virus into the service. Staff training, support and guidance was provided, and we received positive feedback from external professionals who informed us the management team engaged well in the support and resources made available to them. One relative was unhappy with the measures to keep people safe. They expressed concern that their family member was not accessing community facilities and visits could not happen in the family home. A second relative told us, "They have been very good dealing with Covid, I sat in the garden on my last visit."
- The provider provided regular best practice guidance on how to be proactive in combating the risks related to viral infections. Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection.
- We completed a tour of the home found the environment to be clean and well maintained. Staff had access to personal protective equipment (PPE). We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control and protect people from Covid - 19. One person told us, "They have done everything possible to do with this virus, you couldn't expect more."
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Staffing and recruitment

At our last inspection the provider had failed to have systems to demonstrate safe staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- The manager followed robust recruitment procedures. They had verified references before staff were employed. They ensured employment checks had been carried out before staff started their employment.
- There were enough staff on duty to meet people's needs. We observed staff supporting people in a timely and person-centred way. One person told us, "I have got two call bells. When I want to call them in, (staff), I press it and it lights up, and they come in."
- Staffs' skills and knowledge were reviewed when organising rotas to ensure there were enough staff with appropriate experience to keep people safe. One relative told us they were concerned agency staff were used at night times. We spoke with three members of the management team on separate occasions about the concerns raised. The care manager told us, "We never have more agency staff than our own staff. We use the same agency staff and they work with experienced staff."

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the manager. One person told us, "I have always felt safe here." The feedback from families was positive. One relative said, "My brother

is very safe in the home. Plenty of visible staff around."

- The manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.

Learning lessons when things go wrong

- The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise future occurrences.
- The provider had participated in local authority quality performance improvement meetings. They worked in partnership with the local authority to act on areas of concern and improve the care and support delivered. One person told us, "This place has improved profoundly."

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 requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider did not always support people in a dignified and respectful way. This was a breach of regulation 10 (Dignity and respect) 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 10.

- People were supported by caring and respectful staff. One person told us, "Staff are excellent, helpful and kind and they treat me with respect."
- People's unique differences and beliefs were promoted and celebrated. One person liked a stark bedroom and a second person wore additional clothes on top other clothes. These personal choices were accepted and documented in their care plans.
- People were comfortable in the company of staff and sought them out. People were actively included within conversations taking place, with humour being used to diffuse difficult situations. The feedback from families was overwhelmingly positive. One relative commented, "Staff are so caring they go above and beyond." A second relative said, "I feel very fortunate as the staff are caring and kind." However, a third relative expressed concern staff were, "undertrained," and gave an example when their family member's needs had not been met. We spoke with the care quality manager who told us, "All staff receive mandatory training as well as additional training dependant on their roles."

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

- People and relatives were consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved them in doing so. We observed people choosing where to spend their time, when to have medicine and what to have for their lunch.
- Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans. The feedback from families was overwhelmingly positive. One relative said, "I was involved in [family member's] care plan." A second relative stated, "I was involved with my [family member's] care plan also [member of management team] and the doctor. It all works well."
- The culture at Courtfield Lodge was caring, kind and compassionate. This reflected the attitude of staff

and the management team. The providers mission statement is, 'Taking pride in making someone smile through person centred care.' We observed people smiling and laughing throughout our inspection visit. We observed a lot of positive engagement between people and staff. The conversations often included laughter and the use of strategies that people valued and enhanced their wellbeing. One relative stated, "They know my [family member] very well. The staff spend time listening to his stories, they laugh with him."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have rated this key question as requires improvement. Although improvements were found we need to be sure these are consistently embedded. We will check this at our next inspection.

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

At our last inspection the provider failed to embed effective governance systems. This was a breach of regulation 17 (Good governance) 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 17.

- The manager planned and delivered effective, safe and person-centred care. Current legislation and best practice guidelines had been followed. This was to ensure the diverse needs of everyone were met.
- The management team regularly assessed and monitored the service through formal and informal methods such as internal and external audits, and meetings with people. We saw evidence they had acted upon any findings from the audits and feedback from people.
- The management team had created an open and transparent culture which contributed to an improvement in staff morale. The feedback from staff and families was overwhelmingly positive. One staff member said, "[Manager] is approachable, you can see she wants to make the place a success." A second staff member commented, "The standards have got better, communication is better, [manager] is very approachable." One relative stated, "Management is very good, I know [manager], there have been improvements." A second relative said, "The management are very good. They listen to you and act." A third relative said, "They [management] always respond, always communicate, I have no complaints. I have a peace of mind." However, a fourth relative told us, "There is no openness and transparency from the manager." They expressed concerns about the leadership of the service but praised several members of the management team. We spoke with several members of the management team who were aware of the relatives concerns and they had responded following their policies and procedures.

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 knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as

safeguarding concerns and serious incidents as required by law.

- People and their relatives told us the management team shared information with them when changes occurred, or incidents occurred. One relative commented, "They call me if she has a fall and they do take action in response to the fall." A second relative said, "I'm always made aware if there is a problem. They keep me updated."

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

- The management team were experienced and had staff who were knowledgeable about the needs of the people they supported. One person told us, "Management get on magnificently, it is the perfect set up. They have transformed the place." Feedback from professionals highlighted the manager was keen to link in with professionals to move the service forward and deliver quality outcomes.
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service. Relatives told us they were informed of changes in their family members health and wellbeing.

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

- People and relatives were regularly consulted and updated about the care and support delivered. One person told us, "If I have a problem [manager], comes and listens, gets results and then comes and tell you what has happened, which is wonderful."
- The management team worked in partnership with other organisations to ensure they followed current practice. They had developed strong positive relationships with health professionals. These included healthcare professionals such as GPs and district nurses. This partnership to deliver co-ordinated care ensured positive outcomes for people.