

Court House Care Services (Devon) Ltd

Court House Residential Home

Inspection report

Station Road
Cullompton
Devon
EX15 1BE

Tel: 0188432510
Website: www.courthousecare.co.uk

Date of inspection visit:
22 March 2023

Date of publication:
14 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Court House Residential Home Care Home is a detached house set in its own grounds situated in the market town of Cullompton. The service is registered to provide care and accommodation for up to 33 people. They provide care and support for frail older people and people living with dementia. There were 30 people living at the service when we visited. One of these people was staying for a period of respite.

People's experience of using this service and what we found
People were kept safe and protected from the risk of abuse.

People's risks were assessed and monitored. People told us there were enough staff working at the service and recruitment processes were robust.

A new medicines system was being managed in a safe way.

Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

Infection control practice followed national guidance and sought to keep people safe from infection. The provider had followed all Government guidance throughout the Covid-19 pandemic to support people to stay connected to friends and family.

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's choices were respected, and decisions made in their best interests but not always formally recorded.

The service was well led. The home's culture was person-centred, open, friendly and inclusive. The registered manager and deputy manager led by example to make sure people received care which met their individual needs and wishes.

The registered manager understood duty of candour and fulfilled the service's regulatory requirements.

People, relatives, and staff were able to be engaged and involved with the service through meetings, surveys and providing feedback.

There were quality assurance systems so care could be monitored and improved.

The service worked with other agencies to the benefit of people using the service.

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 good (published 18 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Court House Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Court House Residential 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 Health and Social Care Act 2008.

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 an inspector.

Service and service type

Court House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Court House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. They had been at the service since

2017.

Notice of inspection

This inspection was announced.

What we did before the inspection

We contacted the service to inform they we were undertaking an inspection and requested information to be sent to us. We asked the provider to display/share a poster with people, families, and staff so they could share their views.

We reviewed this and 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met 14 people who use the service and spoke with 3 people to ask their views and received two relatives' feedback in response to our poster.

We spoke with the registered manager, deputy manager, senior care staff, care staff, the activity person, housekeeping, cook and kitchen assistant. We also spoke with one of the provider's.

We looked at the care records for 2 people. We checked the care they received matched the information in their records. We looked at the provider's new electronic medicine records.

We contacted 3 health and social care professionals to ask their views and received a response from 1 of them.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe at Court House and had never been treated unkindly. One person said, "They are all very kind to me." Another said, "I am very safe here, if I need anything, I only have to ask."
- People were relaxed when staff approached them, and people actively sought out interaction with the staff.
- Staff had received safeguarding training and were aware of the signs of abuse. They understood what to do if they had any safeguarding concerns. This included how to raise a safeguarding concern. Staff were confident if they raised concerns these would be acted upon by the management team. Staff were aware of external organisations they could contact about safeguarding concerns.
- The registered manager understood their responsibilities to report any potential safeguarding incidents to the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- The service had electronic care plans for everyone living in the care home. These care plans contained information about risks to people which were assessed and reviewed regularly. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people. Risk assessments included areas such as mobility, tissue viability and malnutrition.
- Staff monitored people's weights and took action when there were concerns. The management team were working with staff around ensuring they accurately recorded people's weights.
- Staff understood the risks that people faced and supported them to manage those risks.
- Where people were at risk of developing pressure ulcers, pressure relieving mattresses were in place. These were checked daily by the senior care staff to ensure they were functioning properly and were set at the correct setting.
- People had personal emergency evacuation procedures (PEEPs) in place to be used in the event of an emergency. The registered manager ensured these were in place promptly for new people and accurately reflected the people staying at the home.
- Maintenance issues were reviewed regularly by the provider and maintenance person and repairs undertaken.
- The provider had systems in place to check the safety of the premises. Potential environmental health and safety hazards had been addressed. Radiators were covered to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Window openings on the first floor and above had been restricted to

reduce the risk of people falling.

- Fire checks and drills were carried out and regular testing of fire and electrical equipment.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment.
- Health and safety checks of the premises and equipment were carried out by both staff and external contractors.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. The service achieved the highest food hygiene rating and we observed hygiene standards in the kitchen were good.

Staffing and recruitment

- There were enough staff to support people's needs. The provider used a dependency tool to assess people's individual needs to ensure there were enough staff to support them. The registered manager told us that they had recruited additional staff above the assessed staffing level to cover sickness and staff leave. This meant they had not used agency staff to cover any gaps for several years.
- People said there were enough staff to support them when required. Two people told us staff response times varied depending on the time of day. The registered manager said they monitored response times but did not record their findings. They told us after the inspection that they had put in place a more robust monitoring process.
- Staff reported there were enough staff to meet people's needs.
- We observed staff assisting people in an unhurried way. For example, one person who required prompting/support to eat and drink was supported by a staff member at their own pace. We observed people engaged in various activities and they looked relaxed with staff.
- Recruitment folders had a checklist, which demonstrated relevant checks were being undertaken to ensure new staff were recruited safely. This included references from previous employers and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People received their medicines safely from staff who had received medicines training and had their competency assessed.
- The provider had started using a computerised medicine system the week before our visit. Staff had received training in how to use the new system before it had been introduced
- We observed that staff had a high level of support during the transition to the new system to ensure medicines were administered safely.
- The management team were monitoring the medicines closely and could access the system remotely.
- Staff were observed taking time supporting people with their medicines, in a kind and calm way.
- Some people were prescribed medicines on an 'as and when required' basis (PRN), for example for pain management. The service had paper PRN protocols which provided staff with information about when these medicines should be given. The registered manager told us these would be added to the computerised system.
- People had an up-to-date photograph of the person on the computerised system so staff could ensure they were administering medicines to the right person.
- Regular medicine audits were completed and where errors or concerns were identified, action was taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed all Government guidance throughout the Covid-19 pandemic to support people to stay connected to friends and family. A relative told us, "I am allowed to make contact whenever she wishes to see friends and family... they have all noticed that she is very happy at the service and being looked after."

Learning lessons when things go wrong

- People benefited from a service that learned lessons when things went wrong. The registered manager had a comprehensive monitoring system which identified themes and trends which the registered manager monitored. They took swift action to address any concerns identified, and guidance given to staff to drive improvements.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We discussed with the registered manager that although they had made appropriate best interest decisions these had not always been formally recorded.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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; 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 home's culture was person-centred, open, friendly and inclusive. People appeared relaxed with the management team and staff, we heard lots of chatting and laughter. A relative confirmed this, they said, "Staff are very friendly and good...and communicate with (person) and have a good laugh/talk with her."
- The registered manager and deputy manager led by example to make sure people received care which met their individual needs and wishes.
- We observed the registered manager was visible throughout the service and adopted an open-door policy. A relative told us, "If there is a problem the service is very quick to resolve it...It's the best place I could have found to look after my mum."
- The management team were aware of their responsibilities under the Duty of Candour, which is a regulatory requirement to ensure providers are open and transparent. It sets out specific guideline's providers must follow if things go wrong with people's care and treatment.

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

- The registered manager was supported by a deputy manager and senior care staff on a day-to-day basis. The providers undertook regular visits to support the management team and to monitor the service. They spoke daily with the registered manager and undertook formal supervisions every few months.
- The registered manager understood their regulatory responsibilities and submitted statutory notifications to the CQC as required.

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

- People, staff and relatives were able to engage with the running of the service. We saw minutes of meetings and survey responses from people, relatives and staff. Results from surveys showed people were positive about their experiences of care.
- People were able to discuss things they wanted with management.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.
- The provider and management team valued their staff team. Each month nominated staff were presented

with a 'star award' for going above and beyond in their role. These included, for flexibility towards shifts, exceptional support to the team and representation of the home when a television team did a media event at the home.

- Staff were able to engage with the provider through regular meetings, supervision and surveys. Minutes of meetings showed staff involvement and engagement with the service. Meeting discussions covered people's care, training, infection control and a variety of different topics.

Continuous learning and improving care

- The registered manager and deputy manager were committed to ensuring a culture of continuous learning and improvement.
- There were quality assurance systems in place to monitor both the care and safety of people in the home. The checks and audits were carried out by the deputy manager and designated staff. These were used to review the quality and safety of the service.
- We saw audits completed on infection prevention control, incidents, medicines management, first aid boxes and health and safety. Where recommendations had been made, actions had been undertaken to improve how the service worked.

Working in partnership with others

- The registered manager and senior team worked alongside other health and social care professionals to ensure people had access to appropriate care and treatment. There was a weekly session with the local nurse practitioner to triage people's needs. They told us, "They engage every week and are supportive of the virtual home round (VHR) they have always been proactive with questioning and supporting their patients."
- GP's were contacted promptly with any concerns.