Life Care (UK) Limited

Courtlands Lodge

Inspection report

25 Langley Road
North Hykeham
Lincoln
Lincolnshire
LN6 9RX

Tel: 01522693800
Website: www.superiorcarehomes.com

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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

Courtlands Lodge is a care home situated in North Hykeham, on the outskirts of Lincoln. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Courtlands Lodge provides care for up to 29 men and women whose main needs are associated with mental health.

At our last inspection in March 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide safe care. Staff protected people from avoidable harm and abuse, whilst not unnecessarily restricting their freedom. They completed individual risk assessments and took steps to reduce risks to people's health and safety. When incidents and accidents occurred, they were reported and investigated to identify themes and learning to reduce the risk of recurrence.

Sufficient number of staff with the appropriate skills and experience were available to care for people and people told us staff responded quickly when they required support. People received their medicines as prescribed and plans were in place to manage medicines prescribed for emergency situations such as when a person had a prolonged seizure.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Arrangements were in place to maintain good standards of hygiene and cleanliness and people were protected by procedures to prevent and control infection.

People continued to receive an effective service. Staff had the knowledge required to provide high standards of care and they used this knowledge effectively. They liaised with other professionals to ensure people had access to specialist care and treatment when required.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of meals and staff were knowledgeable about their food preferences. People told us they enjoyed the meals provided and we observed staff monitored people who were at risk at mealtimes.

Staff showed understanding and compassion for the people they cared for. They provided reassurance and emotional support and encouraged people's independence. People told us staff were kind and supportive and they enjoyed living at the home.

People continued to receive a service that was responsive to their individual needs and preferences. They

were supported to maintain their interests and develop new ones. Staff had a good knowledge of the people they cared for and used this knowledge to ensure care and support was tailored to each person's individual needs. People were treated equally and without discrimination. People knew how to raise a concern and make a complaint and they told us that when they had a concern staff responded promptly to resolve the issue for them.

The service continued to be well led by an experienced registered manager who had access to the provider on an ongoing basis. Staff and people using the service had confidence in the registered manager and they told us the registered manager was fair and approachable. People were encouraged to provide feedback on the service provided and were involved in planning future developments. Quality audits were undertaken to monitor the quality of the service provided and to encourage continuous improvement.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Courtlands 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 was a comprehensive inspection. The inspection took place on 17 December 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service to obtain their views about the service they received. We spoke with the registered manager, the deputy manager, two care staff, a housekeeper and the cook.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area. Staff recognised their duty to act as advocates for people who were vulnerable to the risk of exploitation and abuse and take steps to maintain their safety whilst enabling them the freedom to enjoy their lives without unnecessary restrictions.

Staff completed Individual assessments to identify and reduce risks to people's health and safety, such as risks associated with their mental or physical health and behaviour, their risk of falls and nutritional risk. For example, staff undertook a series of road safety assessments for a person, to ensure they were safe to go out in the local community independently. Staff had an excellent knowledge and understanding of the specific risks to each person and the steps they could take to control the risks. When people showed signs of distress or anxiety, staff responded effectively. This was because of their knowledge of people's preferences and the approach to take to calm them. Staff completed incident forms when incidents and accidents occurred and the registered manager reviewed these to identify any learning from them.

There were plans in place for emergency situations and each person had a personal emergency evacuation plan.

People told us there were enough staff to provide them with the support they needed and that staff responded quickly when they called them. The registered manager used a tool based on the dependency of people using the service to provide an objective assessment of the staffing levels required. Some people had some allocated hours for one to one support, to enable them to access the community and activities they wanted to participate in; these were planned, delivered and records maintained of how the hours were utilised.

Processes were in place for the supply, storage and administration of medicines. People told us staff always made sure they were given their medicines regularly and they did not experience any problems with medicines running out. Medicines administration records (MARs) indicated people received their medicines as prescribed. MARs contained a picture of the person to aid identification, a record of any allergies and information about how they liked to take their medicines. We saw a person had a plan in place to enable staff to give emergency medicines when a person had a prolonged seizure to ensure it was administered safely. Staff had received training about managing medicines safely and had their competency assessed. However, we observed an occasion during the administration of medicines, when the medicines trolley was left unlocked and unattended briefly, although it was within the eye sight of the member of staff. We discussed this with the member of staff and the registered manager; they apologised and assured us this was not usual practice and would not happen again. The registered manager told us they observed medicines administration regularly and they had never observed this previously. Audits were carried out monthly, to check that medicines were being managed correctly.

The premises and equipment were maintained to ensure people's safety and the required safety checks

were completed regularly. Housekeepers kept the home clean and tidy and kept records to show that all areas were cleaned regularly. Staff were aware of the steps they needed to take if a person developed an infection, to reduce the risk of the spread of infection to others.

Good

Is the service effective?

Our findings

Staff assessed people's needs prior to admission to the service and care was reviewed regularly to ensure it was effective; any changes to the person which affected their needs, were considered. We saw records which indicated that following a period at the home, some people with complex needs had shown improvements in their well-being and reduced distressed behaviours.

Staff had the knowledge and skills to provide effective care and completed a range of training to ensure their skills were maintained. A person using the service told us staff had received training in an emergency procedure and had allowed their relative to be included in the training, due to their individual risk of choking. They praised staff for the action they took when such an emergency occurred and told us they 'had saved their life'. This showed staff applied their learning effectively to improve people's outcomes.

People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. A person said, "The food is good and you can have what you want." The main option of the meal served during the inspection, was several people's favourite and they told us how much they were looking forward to it. We saw the menu was discussed at the meeting for people using the service that took place during the inspection. People were able give their ideas and views for alternative choices. Where people were at risk of poor nutrition, staff monitored the amount they ate and drank and sought additional advice when necessary.

People had access to ongoing healthcare services and people told us staff ensured they had access to regular services such as a chiropodist and optician. People were facilitated to attend hospital appointments and staff made referrals to appropriate specialists as required. Due to the nature of people's health problems, staff liaised closely with mental health services and arranged for urgent reviews when required. People were encouraged to live healthier lives, and the registered manager had recently introduced a sports mobility session. Notes of a recent meeting held with people, indicated that people were enjoying the sessions.

Staff sought consent from people prior to providing care and treatment and records showed people had provided consent for care such as the administration of their medicines. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked that the principles of the MCA and DoLS were followed and we found they were. Staff had a good understanding of the principles, and people were supported wherever possible to make their own decisions. Mental capacity assessments and best interest decision making processes were documented when people were unable to make some decisions themselves.

The premises and environment was well maintained and furnished appropriately to provide a safe, homely environment, that met people's needs. Facilities were equipped for people with reduced mobility to enable them to maximise their independence and access all areas of the home.

Good

Is the service caring?

Our findings

People told us they were happy living at the home; a person said it was like a family. Another person, said, "I am happy with everything; it is much better than other place I lived. Staff are all friendly." A third person said, "Staff are understanding and they are genuinely nice."

We observed staff showing concern for people's well-being, and staff responded to people in a way that increased their feeling of self-worth. They showed unfailing patience when people required constant reassurance and had repetitive behaviours. We heard about frequent occasions when staff went the 'extra mile' for people, taking them out to places they wished to go, on visits to family, and to hospital, in their own time. Staff supported people in developing their personal interests and supported their diverse needs. For example, staff respected a person's right to express their sexuality as they wished. Another person was supported to go to church regularly.

We observed people were supported to express their views and be actively involved in making decisions about their care, support and treatment. We observed people speaking enthusiastically about the forthcoming Christmas celebrations and what they wanted to do.

Staff knocked on people's doors and checked with them before entering their bedroom. They respected people's choices to spend their time in the way they wished and provided them with appropriate support. They protected people's privacy and dignity, sensitively reminding people when they acted in a way that might not be acceptable to others. A person told us they received emotional support when they had suffered a family bereavement unexpectedly and they said staff showed understanding and kindness at that difficult time. Staff also told us of the impact on other people, when a person using the service had come to the end of their life and how they had supported them through this time.

A person was involved in undertaking daily housekeeping tasks such as hoovering the lounge and dining areas. They told us how they enjoyed doing this and they were pleased they could contribute in this way. We observed it gave them a sense of purpose and value. Other people proudly showed us how they kept their bedroom tidy and one person said they were still able to dust their furniture and ornaments despite mobility problems. This promoted their independence and gave them a pride in their surroundings.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs.

Staff knew people's likes, dislikes and preferences and they used this knowledge to care for people in the way they wanted. Needs related to the protected equality characteristics were identified. Care plans provided a good level of detail about people's care and support needs along with their preferences in relation to this. Care plans were reviewed and updated regularly and people were involved in this according to their wishes. When people had long term health conditions, care plans provided information to enable staff to maintain their health and respond effectively in the event of a change in their condition and seek specialist advice when necessary.

People were encouraged to maintain their interests and access the community. Activities were planned individually for people based on the things they enjoyed. For example, we saw a collection of photographs and memorabilia a member of staff had put together in a book for a person interested in local history, showing visits to the local bomber command centre, nearby castle, civil war museum and Battle of Britain memorial. The person also enjoyed walks in the local parks.

People's bedrooms contained considerable personal possessions and were decorated according to each person's individual wishes. They contained personal items of furniture and belongings and expressed the person's individual interests. The registered manager told us how they were sensitively managing the need to redecorate and update a person's room, involving the person and responding to their wishes.

The registered manager was aware of the accessible information standard. They said they were further developing accessible information, although provided information in large print and easy read format. We saw measures in place to enable people to be orientated to the day of the week and their surroundings. For example, there was a large print calendar and daily weather forecast chart with pictures in the lounge and door signage was in pictorial format. In addition, the daily menu and the names of all staff on duty were written on a blackboard in the dining room.

People knew how to provide feedback to the management team about their experiences of care and how to raise any concerns. All the people we spoke with knew the registered manager well and we observed they were confident to approach the manager and discuss the things that we important to them. The complaints procedure was displayed in the front entrance to the home. The registered manager responded to complaints in a timely manner. We saw evidence of a complaint that was fully investigated and the written response provided. This addressed the content of the complaint and explained the action taken to prevent recurrence.

There was no one at the service receiving end of life care at the time of the inspection. However, the registered manager said they had good links with the local hospice who were able to provide support and advice. Staff had received training in end of life care.

Good

Is the service well-led?

Our findings

The home had a clear philosophy of care, to provide people with a secure, relaxed, and homely environment in which their care, well-being, comfort and development were of prime importance. There was a positive atmosphere and culture and the service provided was person centred, encouraged independence and achieved good outcomes.

The home had an experienced registered manager. 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.

The service was well-run. Staff at all levels understood their roles and responsibilities and their contribution to the overall running of the service. Staff expressed their confidence in the registered manager and told us they were involved in a daily basis, were supportive and fair. They were thanked regularly for their contribution and were given recognition when they went the 'extra mile' for people they cared for. They received regular supervision and an annual appraisal. The registered manager had a system in place to ensure that supervisions and appraisals were provided regularly.

The management team positively encouraged feedback and acted on it to continuously improve the service. For example, they held regular meetings for people using the service and suggestions were listened to and acted on. The registered manager told us they provider made regular visits and spoke with staff and people using the service.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly quality audits were completed by the registered manager and two monthly quality audits were undertaken by the provider. Actions to address areas for improvement identified in the audits were documented and dealt with promptly. The provider had a whistleblowing policy and staff were aware of it. The provider and registered manager welcomed external independent audits of the quality of care including medicines audits and acted to continuously improve the quality of the service provided.