

## Bupa Care Homes (CFHCare) Limited

# Court House Nursing Home

### Inspection report

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Barnards green  
Malvern  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Court House Nursing Home provides personal and nursing care for a maximum of 60 people. The home was split into three units; two were for older people and one for younger adults. Midsummer Unit provided accommodation for 25 older people, on the day of our inspection there were 23 people living on this unit. Brecon Unit provided accommodation for 16 older people, and there were 16 people living on this unit on the day of our inspection. The third unit, Holly Bush Unit

provided accommodation for 19 younger adults and there were 18 people living on this unit on the day of our inspection. On the day of our inspection there were a total of 57 people living at the home.

The inspection took place on the 25 and 26 June 2015 and was unannounced.

There was not a registered manager in post when we inspected, however the provider was taking all reasonable steps possible to remedy this. The provider was advertising the position to be filled as soon as possible. There had not been a registered manager in

# Summary of findings

post since 15 January 2015. The provider had made suitable arrangements by covering the post with an experienced registered manager from another home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. Staff we spoke with understood they had responsibility to take action to reduce the risk of harm for people. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

People who lived at the home were supported by staff with up to date knowledge and training. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. We saw the manager had a system to ensure there were enough trained staff on duty.

People were protected against the risks associated with medicines because the manager had appropriate arrangements in place to manage medicines. People's preferences were taken into account and respected. We saw staff treated people with dignity and respect whilst supporting their needs.

The manager had followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing people's ability to make specific decisions for most people living at the home.

Applications had been submitted to the supervisory body for most of the people living at the home where their liberty was restricted. However we found that this was not universal and other people who were subject to some restrictions also needed to be referred to the local authority. This was to ensure that any decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People had food and drink to maintain a healthy diet. We saw at mealtimes there was a relaxed atmosphere and people and their relatives told us they enjoyed the food. People were supported to eat and drink well and had access to health professionals in a timely manner.

All the visitors we spoke with told us they were made welcome by the staff in the home. People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home.

People and relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements.

The provider promoted a positive approach to including people's views about their care and service development. People who lived at the home and staff were encouraged to be involved in regular meetings to share their thoughts and concerns about the quality of the service.

The provider had systems were in place to monitor and improve the quality of the service, however these systems did not always identify short falls in assessments to ensure people were not deprived of their liberty unlawfully.

# Summary of findings

## 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 safe

People told us that they felt safe and staff were able to tell us what actions they would take if they had any concerns about the people they supported. People were supported by staff who provided their individual care needs safely. Relatives were happy with the support available to their family members.

Good



### Is the service effective?

The service was not consistently effective

Some people were subject to restrictions on their liberty without formal authorisation being sought to ensure that any restriction was appropriate. People's needs and preferences were met by well trained staff. People were confident staff had contacted health care professionals when they needed them. People enjoyed meals and were supported with a healthy, balanced diet which offered them different choices.

Requires improvement



### Is the service caring?

The service was caring

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes. Staff had positive caring relationships with people and knew what was important to them.

People had been involved in decisions about their care and their

Independence and privacy had been promoted and respected.

Good



### Is the service responsive?

The service was responsive.

People were confident that they received the care and support they needed which included supporting people to follow their own interests. Staff knew when people's needs changed and shared information with other staff at daily handover meetings. People told us they were aware of how to make a complaint and were confident they could express any concerns

Good



### Is the service well-led?

The service was well led.

People and their families benefited from staff that felt well supported by their management team. People were able to approach the management team at any time. People were supported by staff who were monitored by the management team to ensure quality care.

Good



# Court House Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 June 2015 and was unannounced. The inspection team consisted of three inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that

the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We spoke with 10 people who lived at the home, and five relatives. We observed how staff supported people throughout the day. We observed staff interactions with the people who lived in the home.

We spoke with the manager, unit manager, chef and 15 staff. We also spoke to the pharmacist that supports the home. We looked at seven records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person said, "I feel safe there is always someone around." Another person said, "Everything is alright being here." Some people were unable to communicate easily and therefore unable to tell us if they felt safe. We saw that staff were kind and aware of people's needs. For example, we observed staff communicating in a specific way to reassure one person who appeared anxious and unhappy. The staff were able to communicate effectively with the person to reassure them they were safe. We saw the person smiled at staff and appeared reassured.

Relatives we spoke with said they felt their family member was safe. One relative told us, "They meet [my family member's] needs and they feel safe, I can see this because I know they are happy." A further relative told us how they could not visit as often any more but felt very reassured their family member was safe and well looked after. They said they would know if there was a problem by their relative's behaviour. The relative said they received regular updates from the staff at the home, and felt very included in their relatives support.

People said they had their needs assessed and their risks identified as they arrived at the home. Staff were able to contribute to the safe care of people by giving information to their colleagues at handovers, or as it arose during the shift. They said they would discuss each person's wellbeing at handover and raise any issues they had observed. For example, any concerns about a person's health which may have resulted in a doctor being called, or risk assessments needing reviewing. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff supporting a person to move to another area of the home using a specific piece of equipment. They had been trained to operate the equipment, and knew why it was needed to support moving people safely.

The staff we spoke with able to tell us how they would ensure people were safe and protected from abuse. They said they would report any concerns about any kind of abuse, to their senior on duty and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. One member of staff said, "I know about how to whistle blow, I would if I needed to." Procedures were in place to support

staff to appropriately report any concerns about people's safety. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or was being harassed in any way.

People told us there were enough staff on duty to meet their needs. One person said, "Always plenty of staff, any time of the day." Relatives told us that there were staff available when they visited. One relative said. "There are always staff about for a chat to update me." We saw staff respond to people's needs without delay. We saw people were supported by staff who had time to respond to their individual needs and care for them. For example, we saw a member of staff chatting about a television program that was the person's favourite program.

We saw systems in place to ensure there were sufficient staff available to provide people with the support they needed. The manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

Staff we spoke with said they worked alongside experienced staff as part of their induction. Then their working practices were assessed as competent to ensure people's safety and provide effective care. A nurse told us, "I worked as carer for a week to get to know people (who lived at the home) before I started as a nurse." The staff told us the appropriate pre-employment checks had been completed. We looked at three records that confirmed these were undertaken. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

One person said, "I am happy for staff to do my tablets, it saves my worry." Another person said, "You only have to tell one of the nice carers and they will get a nurse if you want any tablets." A relative said, "They (staff) always encourage [person] to take [the person's] tablets, [the person] always takes them for them (staff)." All medicines checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines and found people received their medicines as prescribed to meet their needs. Some people found it difficult to say when they needed additional medicines

## Is the service safe?

prescribed by their GP. These risks had been assessed and there was clear guidance for staff to follow for each person to ensure they administered medicines effectively, in line with advice from the GP.

Staff told us and we saw secure storage of medicines. The room temperatures were monitored regularly to ensure the medicines were kept at the temperature recommended by the manufacturer. There were systems in place for stock checking medicines and for keeping records of medicines

which had been destroyed or returned to the pharmacy. Medicine records were checked at the end of every shift to ensure all medicines had been administered as prescribed. The local pharmacist completed a full audit of all the medicines at the home on a six monthly basis. The pharmacist told us procedures were always followed by staff at the home and they had no concerns about the administration of medicines.

# Is the service effective?

## Our findings

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with had received training and were knowledgeable about the safeguards. The manager had submitted applications and was waiting for further confirmation from the local authority. They understood the process and were aware of how to access any further support. The manager told us they always rang the local authority if they were unclear on how to proceed. During the inspection we found that on one unit some people were subject to restrictions which impacted on their liberty and referrals had not been made for authorisation. The manager undertook to ensure that appropriate referrals were made to the local authority for these people.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the manager had completed this process for most of the people when it was needed. For example, we saw one person needed the use of bed rails to prevent them falling out of bed at night. The manager started the process by assessing the person's capacity to make that specific decision. When they established the person did not have capacity the manager ensured that decisions were made in the person's best interest which had included consulting with the person's relatives.

People told us they were asked before staff supported them, one person said, "I am always asked by staff before they do anything." Staff we spoke with understood the importance of ensuring people agreed to the support they provided. One staff member said, "If someone does not want help with their personal care, we will go back later and try again. Everyone has a choice about what they do." All staff we spoke with had an understanding of the MCA and how important it was for people to give their consent. They said they always passed on any concerns about people's ability to make decisions to the manager.

People told us staff were trained to meet their needs. One person told us, "Staff are brilliant, they are all well trained." Another person said, "Staff know how to do what I need." A further person said, "They seem to know what they are doing when they look after me." Relatives said staff were

competent to meet their relative's needs. One relative told us, "I feel staff are well trained, they know how to keep [family member] happy." Some staff we spoke with said they had previous experience of working in care when they started at the home. They refreshed their learning as part of their induction to ensure they had the up to date skills to meet people's needs. Staff said they were supported to achieve their vocational qualifications and this was important to them.

The staff we spoke with said they had received training to ensure they had the skills to effectively support the people who lived at the home. For example, One member of staff told us about the dignity in care training they had attended. They said the training, "Made you think about what it might be like to be a resident, and I have even more empathy now." We saw there was a training plan that was monitored by the manager to ensure staff were up to date with the skills needed to meet people's needs.

People told us they enjoyed the food and were offered choice. One person said, "The food is good on the whole, we have at least two choices." Another person said, "The food is marvellous, they will make you an omelette when you want one." One relative told us, "They offer snacks and extra drinks, and make their own cakes, which are fab." Another relative said, "There are always people laughing, and staff chatting at lunch time, it's lovely, very relaxed." Relatives told us they knew the food was good. For example one relative told us their family member was a diabetic but staff always made food look the same as everyone else's so their family member didn't feel left out.

We observed that people were offered a choice of hot and cold drinks throughout the day. Where people required support to eat their meals, we saw staff assisted people and chatted with them whilst they had their meal. Staff gave people time to eat at their own pace. We saw some people were supported with eating aids such as plate guards to help them maintain their independence at mealtimes. We saw menu cards were available showing pictures of the choices available supporting people's different abilities. We found instructions in people's care records to inform staff of people's individual needs. We saw these instructions were followed at mealtimes. For example we saw a person that needed support to eat having the support they required.

We spent time with the cook and they showed us how people's nutritional requirements were met. The cook had

## Is the service effective?

recently undertaken nutrition training and specialist training with the speech and language therapy team. They used their knowledge to improve the service they provided. They were aware which people had special dietary needs, and worked with the care staff and people to ensure everyone had the food they needed and enjoyed.

Staff told us they monitored peoples food and drink to ensure they maintained their health. Staff told us these checks were completed in a timely way, and any concerns such as a person losing weight, were actioned by the nursing staff. One person told us that they hadn't been eating but they were now as staff were so lovely and helped them. Their relative confirmed that they were weighed regularly, and action taken, for example fortifying their food to ensure it was as nutritious as possible with the support from the GP.

People told us their GP comes out every so often to monitor them, and their dentist and optician visited them at the home when needed. One person said, "I see a GP when I want one." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "They (staff) will access a GP when they need one." Another relative said, "They (staff) really know [family member] and make sure all their health needs are met." Relatives said they were always informed about any changes with their relative, and the staff asked them for advice and support when needed. The staff we spoke with told us the importance they placed on monitoring the health of each person. A relative gave an example of when staff at the home and hospital staff had liaised effectively to provide an important operation for their relative. They were impressed how well it had gone for their relative, and how much better the experience had been for their relative and for themselves.



# Is the service caring?

## Our findings

One person told us, “I like it here, the staff are really nice, they smile a lot and they make me happy.” More people’s comments were, “Staff are so caring, so very kind, I can just ask for anything,” and, “Staff are sensitive, kind and thorough.” One relative told us, “Staff are amazing, patient and caring, they were genuinely excited for [my relative] to come.” Another relative said, “There is a real homely feel.” None of the people or their relatives we spoke with raised any concerns about their family members care. We observed many interactions between people and staff, staff were patient and kind, and we saw through peoples facial and hand gestures they enjoyed talking to staff.

Staff we spoke with said they were able to spend time talking with each person and supporting their individual needs. One member of staff said, “We always spend as much time as we can chatting to residents.” They said the care they provided was person centred as each person had different level of ability and understanding. For example, we saw staff using different techniques to communicate with people, such as using simple words and hand gestures with some people to ensure they could understand. Staff were able to tell us about people’s likes and dislikes and knew about their life histories. There were care records in place that gave an overview of people and their needs to ensure that new staff were able to meet people’s needs.

People told us they were treated with dignity and respect. One person said, “Staff always knock before they come into my room.” A relative told us, “Staff always maintain [my family member’s] dignity, they are always happy and singing.” The staff we spoke with told us how they maintained people’s privacy and dignity. The staff said

ensuring people maintained their dignity was very important to them. One member of staff said “I would always make sure the door was closed before we did personal care to keep their dignity.”

We saw staff all had their individual tasks but found time to respond to the needs of each person as they arose. We heard staff calling people by their preferred names. Staff said every morning they took time while supporting people to dress to ensure they gave them a choice in what they wanted to wear. One person said, “I can choose my own clothes, of course.” We saw people were dressed appropriately.

We observed and staff said some people living at the home were not always able to understand or process all information. We saw staff spend time with people so they could understand what was being said or asked of them. A relative told us how all the staff that supported their family member knew them so well, they could communicate effectively which ensured the family member’s health needs were met. The relative told us this was a real achievement, and meant that they could go away on holiday with less concerns about their family member. We saw staff using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs.

People told us their visitors were welcome anytime. One person said, “My visitors are treated well, staff always make them a cup of tea when they come in.” Relatives told us they were welcome to visit at any time. They told us they felt involved and included in the care for their family member and welcome to the home. One relative told us they regularly brought their dog to visit, and everyone enjoyed meeting the dog. This helped people who lived at the home to maintain important relationships.

# Is the service responsive?

## Our findings

People told us that staff met their needs in the way they wanted them to and at time they needed support. One person told us, “I am not kept waiting for anything.” Another person said, “My room is lovely, we can have all sorts of our own things here.” A further person told us, “I love it, I can talk to other residents and I have my paper every day.”

All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate that something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences had been assessed and planned for. For example, one person liked to walk around the garden and we saw this happened with staff to support the person. One person told us they preferred to stay in their room. We saw that staff regularly checked on the person to ensure they were not isolated.

We saw staff provided support and care that responded to people's needs as assessed and planned for. For example, when people were identified at risk of developing sore skin, such as pressures sores, staff made contact with the specialist nurse, known as the tissue viability nurse to ask advice. We saw that one person who had come to live at the home did have a pressure sore but this had now healed due to the good wound management care they had received from staff.

Staff we spoke with described how people received care personalised to them. One staff member said, “How we do things depends on the residents, they are the be all and end all.” Staff we spoke with said they had handovers which gave them information about people's current needs together with any changes to people's needs. They told us it was important to keep up to date with people's needs as they could change quickly. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, “They always call me, anytime if they are worried.”

The provider had an initiative called ‘Resident of the day’ where each person had a nominated day where their individual needs were reviewed. This initiative involved people in having their say in how their care was provided and responded to. For example, people would have the opportunity of speaking with the staff member responsible for updating their care documentation to discuss whether their health and social care needs were met and to consider any improvements. People told us they were able to speak with the staff and the management team about their needs at any time and these were responded to. For example, a person had asked for a more suitable walking frame for outdoors on the day of our inspection. Staff responded promptly to their request and were looking for a solution.

We saw that people could join in quizzes, group games, watching films or do something they enjoyed on their own, such as, reading. There were posters around the home with details of activities that were planned. These were made suitable for the people living at the home with photographs to describe the activity. A person told us, “I like bingo, we go to one of the other houses to play this all together.” We also saw staff took time to chat with people on a one to one basis and we saw smiles and laughter shared. One person said, “There are lots of activities but I don't like to chat much and this is respected.” Another person told us, “We did patchwork the other day, I really enjoyed this.” We spoke with staff about how they supported people with their individual interests. The member of staff responsible for arranging social engagements told us, “I ask people what they would like to do. It helps to talk to families and friends too about people's interests before they came here. Depending on what the majority of people want to do we organise group activities. Some people like to be on their own so we spend time with them on a one to one basis.” Events were arranged and people attended as they wished, such as, entertainers and people could attend religious services.

People told us they could choose how they decorated their rooms. One person said, “I have my special chair in the lounge, it helps me get up independently.” We saw people's rooms were personalised with their own belongings and decorated to their choice.

People and relatives who we spoke with told us that they would raise any concerns or complaints' they had with the

## Is the service responsive?

staff and management, if they needed to. They told us that they would feel comfortable in doing this. One person said, "I would be happy to raise any concerns with staff, but there have never been any."

We looked at the complaints policies and procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were

unhappy or happy. We looked at the complaints and found these had been investigated in line with the procedures and action taken where required to resolve the concerns raised. People told us and we saw that meetings were held with people at the home and their relatives. They were informed and consulted about some aspects of the running of the home. For example, we saw that people had the opportunity to give their views about the standards of meals at the home and where improvements could be made.

# Is the service well-led?

## Our findings

There was not a registered manager in post when we inspected, however the provider was taking reasonable steps to remedy this. The provider was advertising the position to be filled as soon as possible. There had not been a registered manager in post since 15 January 2015. The provider had made suitable arrangements by covering the post with an experienced registered manager from another nearby nursing home. The manager was familiar with the home and knew many of the staff as they worked across both homes.

Support was available to the manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw assistance was available from the three unit managers to monitor, check and review the service and ensure that good standards of care and support were being delivered. Senior managers visited the home on a regular basis and they provided their feedback about the standards of care. The manager worked to an ongoing plan to continually improve the quality of the service people received. However on the day of the inspection the monitoring system had not identified that some people needed further assessment of their capacity to ensure they were not deprived of their liberty unlawfully. The manager gave us assurances that these concerns would be resolved.

People and their relatives told us they were happy with the quality of care they received. They told us the manager, unit managers and staff were approachable and available if they needed to speak with them. One person told us, "I feel very confident with the new manager." Another person said, "I have met the new manager they are very approachable." A relative told us, "The unit manager will sit and chat; they take time to explain what's happening with my [family member]." Staff we spoke with told us the home was well organised and that their new manager was approachable and would action any concerns they raised.

One person told us, "We can have our say, the manager asks us and we can go along to meetings." We found that there was a positive culture which was inclusive and supportive to both people and staff which enabled them to provide their feedback and suggestions about the service. For example, people could have their say about many aspects of their care and support by completing

satisfaction surveys. The outcomes of these surveys were shared with people and their families and staff. We saw people said they would like the pond cleared. This suggestion had been listened to and the pond had been cleared, improving the area for people living at the home.

The manager was supported by three unit managers and senior managers in the provider organisation. The unit managers work alongside staff to monitor practice and support staff. Staff said they liked working at the home and wanted to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we observed staff using equipment to support people to move from one area to another, They talked with the person and worked at their pace, explaining what would happen next at each step. The two members of staff worked together with clear understanding of each other's role so there was no confusion for the person about what would happen next. We saw the person was smiling through the process.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. One staff member told us, "I feel listened to" They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not resolved by the management team.

Our discussions with the manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had set duties to complete such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were able to share ideas for the benefit of people who lived at the home.