

Court House (Cheddar) Ltd

# Court House Retirement Home

## Inspection report

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Date of inspection visit:  
06 July 2017  
10 July 2017

Date of publication:  
28 July 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Court House Retirement Home is registered to provide care and accommodation for up to 29 older people. At this inspection there were 24 people living at the home. One person was in hospital for the first day of inspection and had returned to the home by the second day. The home is separated into three buildings; the main house, the Cottage and the Courtyard. The home has a number of people who wish to live a more independent lifestyle within the safety and security of the care home. The provider offers respite (short stay) care.

The main house is an older building; it has two floors with communal spaces such as lounges and a dining room on the ground floor. The Courtyard has one storey and the Cottage has two storeys; each have their own communal spaces. There are a number of garden areas surrounding the buildings which have patios with tables and chairs. People were able to freely move between the buildings and gardens. At this inspection everyone had their own individual bedroom. All bedrooms were en-suite with telephone and television aerial points.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

### Why the service is rated Good

The home continued to ensure people were safe. There were adequate numbers of suitable staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The registered manager and staff continued to encourage people to remain independent. People received their medicines safely and where possible were supported to administer their own medicines. People were protected from abuse because staff understood how to keep them safe and informed us concerns would be followed up if they were raised.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special diets had their wishes respected and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us and we saw their healthcare needs were met. Staff respected people's choices about whether they wanted support from staff at their medical appointments.

The home continued to provide an extremely caring service to people. People told us, and we observed that staff were kind and patient and went above and beyond for them. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected. When people were unable to visit people staff made special arrangements for family members to visit them. People had their end of life preferences recorded and staff ensured these would be carried out. respected them.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Activities provided a range of opportunities both in the home and the community. These considered people's hobbies and interests and as far as possible reflected people's preferences. People knew how to complain and there were always opportunities for them to discuss concerns with the management.

The service continued to be well led. People, relatives and staff spoke highly about the registered manager and deputy manager. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs. When concerns were raised during the inspection the management were proactive in responding to them. Staff and the management were continuing to strengthen their links with the local community to provide wider opportunities for people.

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?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service remains Outstanding

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Court House Retirement 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 checked 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 6 and 10 July 2017 and was an unannounced comprehensive inspection. It was carried out by one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They specialised in care for older people and dementia.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We spoke in depth with 13 people that lived at the home and had more informal conversations with others. We spoke with the registered manager, deputy manager and four staff members, including a chef and care staff. We spoke with seven visitors, including relatives and a health worker who regularly visited the home.

We looked at four people's care records and observed care and support in communal areas. 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 looked at three staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints book, complements book, safeguarding records, minutes from staff and resident meetings and a selection of the provider's policies.

Following the inspection we asked for some information from the registered manager including some actions taken for things we identified during the inspection. The registered manager returned all information within the required time frame.

# Is the service safe?

## Our findings

The home continued to provide a safe service to people. People told us they felt safe and their visitors confirmed this. One person said, "I do feel very safe here. It's just the general care of the staff really. I took a long time today as I had a funny turn a few days ago, but it didn't matter; they just said take your time and be safe". Other people told us, "They look after us so well; that makes me feel safe" and "I feel very safe". One relative said, "I feel she is safe. Absolutely. Staff are available, and staff from the previous shift bring them up to date every time".

The PIR told us and we saw risks of potential abuse to people were reduced because staff were trained in how to recognise and report any concerns.. All staff knew who to report concerns to. One member of staff said, "Go straight to [registered manager's name] or [deputy manager's name]". All staff were confident action would be taken by the management to protect people.

People were supported by enough staff. Staff explained there had been some recent unavoidable absences and were confident this had not impacted upon people safety. The registered manager and deputy manager explained they were still recruiting more staff. They had begun advertising for a cleaner, so the care staff did not have this added pressure. All people told us and we saw their call bells were answered quickly. We saw no one was rushed by staff throughout the inspection..

People were supported by staff who had been through a suitable recruitment procedure. This included checks on staff suitability to work with vulnerable people and references from previous employers. However, we found some staff did not have a full employment history in line with current legislation. Following the inspection, the registered manager showed us they had resolved the issue including changing their recruitment process.

The PIR told us and we saw people were kept safe because accidents and incidents were regularly analysed. When patterns had been identified, actions were taken. For example, one month a person was identified as having more falls. Their dependency on support from staff was reviewed and staff had begun monitoring them more closely. Records demonstrated this had prevented further falls for this person.

Risk assessments were carried out to ensure people's health and well-being and to promote independence. For example, one person who self-administered their medicine had a risk assessment which said they had "Been administering the medicine for eight years with no concern". It informed staff of signs which may indicate the person was not taking their medicines. By doing this staff were able to recognise the person may be at risk. Other risk assessments included risks associated with people's mobility, nutrition, and pressure area care; control measures were in place to minimise risks.

However, two people had recently moved in whose risk assessments were incomplete. This meant staff did not have thorough guidance to refer to when providing support. The deputy manager explained due to staff sickness they had prioritised working 'hands on' with people. They wanted to make sure there was no impact on daily care people received. We saw things had already been put in place to mitigate the

risks such as special mattresses and cushions on their bed due to risks of developing pressure related wounds. By the end of the inspection all risk assessments had been completed for both people.

People's medicines were safely managed and administered by staff who had received appropriate training. There were systems to audit medication practices and clear records were kept to show when medicines had been administered or refused. The registered manager regularly completed an analysis on the medicine administration records to ensure mistakes were followed up. However, the room some medicines were stored in did not have the temperature checked daily. This meant there was a risk some medicine might be ineffective. During the inspection the registered manager returned some medicine to the pharmacy. Daily room temperature checks began; a fan and air conditioning unit was also purchased to maintain a safe room temperature for the medicine.

People were kept safe because the risks in the event of a fire were regularly considered. Recently the registered manager had completed updated risk assessments for each of the buildings. However, these had not considered some safety measures which could help slow the spread of smoke in the event of a fire or how to help people with poor mobility evacuate quickly and safely. Following the inspection the registered manager contacted the fire and rescue service for further advice including a visit. The fire brigade recommended further improvements such as additional door seals which the registered manager had started putting in place.



# Is the service effective?

## Our findings

The home continued to provide an effective service to people. People were asked for their consent before staff supported them. One member of staff said, "I always say what I am doing and get consent" when supporting people with intimate care. The PIR told us and we found all staff had received training about the Mental Capacity Act 2005 (MCA) and were able to tell us about their responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. At the time of inspection no one had been assessed as lacking capacity for day to day decisions. The deputy manager and registered manager told us they were ensuring they had copies of specific documents; these would demonstrate relatives rights to make decisions should it be necessary in the future due to people's health deteriorating.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. At the time of this inspection no one was being deprived of their liberty.

People were supported by staff who had received training to meet their needs. All care staff told us and we saw they had additional training in health and social care qualifications or were working towards them. When people had specific health needs, staff were sent on training so they understood how to support them. For example, one member of kitchen staff had recently completed training in preparing food for people to prevent them choking; one person had required this. By doing this the provider was ensuring staff understood how to meet people's needs. The registered manager explained staff can choose to attend workshops for training or complete them individually and staff confirmed this.

All staff received regular supervision from the registered manager. This meant they could discuss any performance or training needs. The PIR and registered manager told us they had started exploring holding these outside of the home. They wanted staff to have the opportunity to be able to discuss things in a more informal setting. The deputy manager was positive about this new way of supervision because they were more relaxed and able to speak freely.

People told us the food was of a high standard and their dietary requirements were met. One person said, "I had a bad mouth so they give me soft things to eat". Other people told us, "I get everything I want", "The food is good" and "We get a choice of meals. We fill in a menu choice sheet every week. The food is always

good and nicely presented".

The chef told us, "There is a run of a four week menu and at least three choices at each meal". They continued to explain if people change their mind they would accommodate this. For example, during the inspection it was very hot and the chef went round to each person asking if they wanted to change their meal choice to something cold like a salad with cold meat. One person said, "The chef came over and gave options for cold food".

People were able to choose where they ate. During the inspection we saw people were served food in their bedroom whilst others chose to eat in the dining room. The registered manager said, "They can have meals in their bedrooms. They can choose where to eat". Each meal was made a social occasion. For example, at lunchtime people were sipping glasses of sherry before their meals whilst talking with each other and with the staff.

People saw healthcare professionals according to their individual needs. One person said, "I see the dentist". Another person told us, "The hairdresser and Chiropractor come every week". One health care professional told us, "They [meaning the staff] are informed and follow any instructions we give them". Staff were proactive and contacted healthcare professionals if they needed advice. For example, during the inspection one person had a wound appear on their leg so staff had arranged for the district nurse to visit them.

# Is the service caring?

## Our findings

The home continued to provide an extremely caring service to people. One person said, "They have been absolutely wonderful. Can't ask for better. They are there for you. They never grumble and never moan". Other people told us, "This is wonderful. The girls here are marvellous", "They do a good job", "Everybody is so caring and helpful. You only have to mention something and it gets done", "Staff treat residents kindly and respect is high on the list. They are always calm and have so much patience" and "Very well looked after". A health professional said, "We [meaning the health professionals they work with] all rate [this home] really highly" and continued to say "They [meaning the staff] treat residents with a lot of respect". Staff told us and we saw they all knew how to respect people. One member of staff said, "I always go out of my way" when talking about supporting people. This included getting in early and leaving late. They said, "I feel passionate" about the job.

Complements reflected what people, visitors and staff told us about the home. Some examples were, "[Name of person] family were so grateful for the wonderful care given to their mother" and "You have created a lovely home with a very homely feel". There were complements recorded from people. "[Name of person] has been at the Court House for six weeks and told the registered manager how happy they were and what a good decision they made to come to Court House", "Food and care are excellent" and "Everything is perfect. What more could we ask for?"

The PIR told us and we saw the extremely caring culture originated from the management. We saw each person was greeted in a kind and caring way by the registered manager and deputy manager. They always spoke with people at eye level and maintained eye contact. During lunchtime they both positively interacted with people including laughing and joking with them. For example, the registered manager was joking with two people about who would do the washing up at the end of the meal. Staff received positive interactions from the management too. One member of staff said, "[The registered manager] does praise us and thanks us quite a lot".

People were encouraged to feedback so improvements could be made when required. There were regular resident's meetings and action was taken when it was required. For example, at one meeting people wanted a way to post letters at the home if they were unable to use the post box in the community. As a result, a mini one had been sourced. There was a collection on a daily basis when staff would take post from the home's mini post box and repost it in the community. Other suggestions included cling film being removed from food before it was served. During the inspection we saw no cling film on served food. This meant when improvements were suggested or required they were made.

People were encouraged to make choices and these were respected at all times. For example, one person with some memory loss chose to attend the doctors independently. The deputy manager telephoned the doctors so they knew the purpose of the visit in case the person forgot. Another person with a health condition told us they had chosen to eat less healthy foods. Staff respected this choice telling us there was always fresh fruit on offer should they want it.

The PIR told us and we saw all staff knew how to protect people's privacy and dignity. We saw they knocked on people's doors and waited to be invited in. One member of staff said, "Someone had a visitor to their bedroom and we respected their privacy". When supporting people with intimate care they knew to cover private areas of the body with a towel and close curtains and doors. They promoted independence at all times. For example, one person was encouraged to wash themselves first with a flannel and then the staff would support if necessary.

People received care which demonstrated staff and the management went above and beyond for them. For example, one person had a significant birthday and was unable to travel to be with relatives. Staff and the registered manager arranged for 15 of their family members to have afternoon tea in part of the home at a private party. Another person had a relative from overseas visit and they were made welcome for lunch and dinner on every day of their two week visit. One person told us, "If ever there is a family event like a birthday or anniversary they will bake a cake and make it a special day". On the second day of the inspection a person returned from hospital. The registered manager and staff had set up a table in the gardens with fresh flowers so they could have lunch with their relative undisturbed.

People's religious and cultural needs were respected. For example, one member of staff told us they helped people attend holy communion. Another member of staff said, "I treat people how I want to be treated" no matter what their religion, cultural differences or sexual preference. We were told when people had wanted to attend church in the past they had supported them.

People were supported at the end of their life by staff who understood their needs and wishes. These were discussed with each person and recorded in their care plan. For example, one person's care plan said, "I would like my rings to be removed and given to [name of relative]". It continued with their favourite hymn which was to be played at their service. One member of staff was training to be an 'end of life champion' to ensure current best practice was followed. The registered manager and deputy manager had been liaising with local hospices so the member of staff could access training and spend a day at a hospice to improve their practice.

## Is the service responsive?

### Our findings

The home continued to be responsive. People were encouraged to participate in activities both in the home and the wider community. One person said, "I couldn't be in a better place than this. What I can do they let me do and what I can't do they help me with". All activities centred on people's interests and needs. The registered manager told us and we saw "One lady had a piece of garden". This reflected their gardening hobby. The person's bedroom was next to their area of garden so they could admire the work they had done.

Every month the provider produced a "Court House and the Community" newsletter. This highlighted all the local events people could access. For example, some people attended a weekly shared reading group in the local library. One person said, "I go to a book club in the library every week where we discuss the book we have agreed to read. It's nice to get out". This meant people were still able to be part of their local community.

Throughout the year the staff and provider organised themed evenings at the home. This included everyone dressing up and themed food prepared by the chef. One member of staff told us, "They [meaning the people] got to taste different things". We saw recent themes had been 'back to school', 'Halloween' and 'the carnival'.

People had care plans which were personalised to their needs and wishes. They provided staff with information to help them support people. For example, one person's care plan said, "[Name of person] likes to be as independent as possible". It then gave clear instructions for staff about how they wanted support with their intimate care. All staff we spoke with knew these instructions and provided appropriate care.

The PIR told us and we saw care plans contained people's personal history so staff could support people effectively whose memory was beginning to fail. For example, one person's care plan said, "He fondly remembers a memory with his wife after his father passed when they found all nine of his glass eyes in different shades of blue". It went on to explain after the initial shock they had a good laugh about it. By staff having these sort of details they could reminisce with people.

When people's needs changed the staff were responsive to amend their care and treatment. For example, one person required some medical tests so they had adjusted when the person had their medicine administered. All staff knew about these changes which were communicated through detailed, daily handovers. One person told us, "They have adapted well to my change of mobility. I have a walking aid in the room as well as downstairs where we go for lunch, but I want to stay as independent as possible if I can".

Detailed assessments were completed prior to people moving in so their care and health needs could be identified. For example, one person's assessment identified their hobbies as "Enjoys housework and knitting". It also gave staff information about their mobility needs. The registered manager encouraged people to spend time visiting prior to moving in. They said, "When people look around they are invited to stay for lunch". This meant they could find out if it was a place they wanted to live. Recently, a person who

had been visiting for lunch every month for about a year had a crisis and immediately chose to move in. The registered manager explained this made it a smooth transition for the person.

The PIR told us and we saw people knew how to complain. One person said, "I have never had to make a complaint, but I would be happy to chat with staff if I have a concern. The registered manger and the Deputy Manager are very easy to talk to. We know everyone by their Christian names; we talk about problems if they come up. We are more like a family really". Other people said, "I have not had to make a complaint, but I would complain if I needed" and "I have never had to raise a concern but would be happy to do so as all the staff from the [registered manager's name] down to the carers show such an interest and would listen and try to resolve it". One relative told us, "The registered manager is out on the floor and visible and would rather talk than let things fester".

There had been no formal complaints since the last inspection. Every small concern raised was recorded and action was taken to rectify it. For example, one person was concerned a duvet cover got lost; it was returned shortly after by staff who found it. Another person was concerned their food had been overcooked; the registered manager discussed this with the chef and no further concerns had been raised about their food being overcooked.

## Is the service well-led?

### Our findings

The home continued to be well led. There was a registered manager in post who was the provider. 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 registered manager said, "I am passionate about the home. It is a lifestyle". They continued to tell us they, "Put a lot of time into relationships" at the home with staff and people.

People spoke highly about the registered manager and deputy manager. People told us, "[Name of registered manager] is very caring", "The registered manager is always bobbing in and out", "The registered manager and deputy manager are so easy to talk to. They are every bit approachable" and "[The registered manager] is very easy to get on with". One health care professional told us the registered manager was "Very approachable and helpful". One member of staff said, "Nothing I can't talk to [name of deputy manager] and [name of registered manager] about". Other staff told us, "[Registered manager's name] is good and I wouldn't be here if he wasn't", "[The registered manager name] is approachable" and "[The registered manager's name] is really fantastic".

The registered manager and PIR told us there was a clear culture and vision for the home. People told us, "It's like home from home" and "It's just like home here, everyone is like a family". The registered manager explained their vision and said, "I want it to be very homely. I want to create opportunities for people to sit and chat". This was communicated to staff through the hands on support they gave and more formal settings like staff meetings and supervisions. All staff understood this culture. One member of staff said, "[The registered manager] likes it to be homely and friendly and inviting. [They do] that very well".

The registered manager had quality assurance systems which enabled the quality of the care and the environment to be monitored and improved. We looked at some in house audits which included health and safety, infection control, medicine administration and fire safety. When concerns had been found they were rectified. However, these audits had occasionally missed concerns found during the inspection. The registered manager and deputy manager were very proactive at resolving these during and following the inspection then sending us updates about their actions.

The PIR told us and we saw the registered manager and deputy manager continually wanted to make improvements by involving people and staff. For example, they told us they had begun to develop staff champions so they could ensure best practice was being followed in areas such as equality and diversity, dignity and end of life care. Some staff had volunteered to be champions following discussions at a recent staff meeting. The registered manager and deputy manager were now looking into making these possible, including providing staff with appropriate training opportunities. When staff fed back other ideas, the management team tried to make the improvements. One member of staff said, "[The registered manager] is generally open to ideas on how to improve things". Another member of staff explained problems they raised do get resolved.

The registered manager told us they had developed strong links with the local community. They wanted to ensure people felt part of it and the community were welcome to visit. The regular newsletters helped people understand what was available for them including clubs and theatre shows.