

Christchurch Court Limited

# Christchurch Court - 2 Christchurch Road

## Inspection report

Abington  
Northampton  
Northamptonshire  
NN1 5LL

Tel: 08442640533  
Website: [www.christchurchcourt.co.uk](http://www.christchurchcourt.co.uk)

Date of inspection visit:  
16 January 2020

Date of publication:  
05 February 2020

## 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

### About the service

Christchurch Court – 2 Christchurch Road is a care home providing personal and nursing care to 10 adults with acquired brain injuries at the time of the inspection.

The service can accommodate up to 13 people in one adapted building.

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

People were cared for safely. Risks to their care were assessed and measures put in place to mitigate identified risks. There were enough staff to support people and people could be assured they were cared for by staff who had been recruited using safe recruitment procedures. The home was clean, and staff ensured people were protected from abuse or harm.

Staff were well trained and supported to fulfil their roles. People received the support they required to eat and drink enough, and staff supported people to live healthier lives and access healthcare services.

People's privacy and dignity was maintained. 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 were treated with respect. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them. Relatives and friends could visit at anytime and people were supported to visit family and friends.

There were activities for people to participate if they wished and people were encouraged to fulfil their rehabilitation goals. People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's individual needs and guided staff to provide consistent care.

There was an open culture and ideas to develop and improve the service were welcomed. People and staff were confident if they had a complaint they would be listened to and action taken to address the issue.

There were systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon, and staff were valued.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 19/07/2017)

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Christchurch Court - 2 Christchurch Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Christchurch Court - 2 Christchurch Road

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Christchurch Court – 2 Christchurch Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had left the organisation in October 2019 and had yet to cancel their registration. There was a manager in post who was applying to become the new registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six staff including the provider, the manager, a team leader, rehabilitation and therapeutic support staff.

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

#### After the inspection

We spoke with two relatives of people using the service about their experience of the care provided and we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely; they looked calm and relaxed around staff. One person said, "You can talk to any of the staff, they are very good."
- People were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse; there was up to date procedures and information available to support them.
- The manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. We saw when one person's behaviour potentially put themselves at risk, staff and the person knew what they needed to do to minimise the risk.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency. There was information about people's health, communication needs and abilities which ensured people got the level of support required.
- Fire and health and safety checks were in place, these ensured people and staff were safe in the home environment and understood what to do in the event of a fire. Equipment to support people was regularly maintained.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- Staff were visible and responded to people in a timely way.
- There was enough staff to provide the care and support people required. Staff had time to spend with people, they sat chatting with people and supported them with activities.

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- People were given the medicines they required at the time and intervals prescribed.
- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.
- The home was clean and tidy, regular cleaning took place. One person said, "My room is cleaned every day."

#### Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence.
- Lessons learnt from incidents were discussed with staff at regular staff meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into the service. This ensured their needs could be met effectively, and staff had a prior understanding of people's needs and preferences.
- Most people had lived together for several years. The manager told us they took the needs of all the people living at the home into account when assessing people, to make sure staff could continue to meet everyone's needs.
- The manager considered protected characteristics under the Equality Act during the assessment process. This meant if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs.
- Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. Staff told us they received training regularly and records confirmed this.
- Staff had regular opportunities to discuss their performance and training needs. One member of staff said, "[Manager] is very supportive, any concerns they sort things out and you can ask for more training if you want it."

Supporting people to eat and drink enough to maintain a balanced diet

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- People told us the food was good. One person said, "There is always a choice of two meals and if you don't want them they will make you something else. Some people can make their own meals, some people can do more for them self."
- Staff sat and ate their meals with people. This encouraged social interaction and supported people in their rehabilitation around meal time etiquette. There was a calm and social atmosphere at the lunch time we observed.
- Staff knew people well and planned meals around the knowledge of people's likes and dislikes. At regular house meetings food menus were discussed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had support from a multi- disciplinary team of health professionals to reach the goals set out in their rehabilitation programme. This included occupational therapists, speech and language therapists and psychologists.
- Staff supported people to attend health appointments which ensured people were understood and listened to. Records confirmed people regularly visited the GP, dentist and opticians, and health and social care professionals regularly visited the service and liaised with staff.

#### Adapting service, design, decoration to meet people's needs

- People had their own room that reflected their personal tastes and interests. The environment was well maintained, homely and offered plenty of personal space. One person said, "I chose the colours, curtains and carpet in my room. I am involved in my life."
- There was signage around the home to help orientate people and promote people's independence.

#### 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 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.

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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been assessed and where people had been assessed at lacking capacity to make certain decisions, best interest decisions had been made and recorded. Professional, family and other interested parties had been consulted.
- The manager had sought the appropriate authorisation and where conditions had been made these were being met. Paid representatives visited the home regularly to check any conditions in place were being followed.
- Staff sought people's consent and understood the principles of the MCA. They promoted people's independence and for them to have as much freedom as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff who were kind and caring.
- We observed positive relationships between people and staff; the atmosphere was calm and relaxed with people and staff enjoying each other's company. There was friendly banter between people. One member of staff said, "We are like a family here."
- People's care plans contained information about their equality characteristics and preferences which ensured staff provided consistent support.

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

- People and/or their relatives were involved in making decisions about their care. One person said, "[Member of staff] is helping me with my goal to move out."
- Staff were intuitive and recognised people's moods and body movements when people were unable to verbally express themselves. Various aids to communicate such as pictures and sign language were used, if required, to support people to express their views and preferences.
- There was information available about a local advocacy service and we saw people had accessed the support of an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. Staff knocked on doors before they entered a person's bedroom and checked with people it was okay to enter.
- People were encouraged to do things for themselves and were supported to go out in the community when they expressed a wish to do so. One person said, "I can get up and go to bed when I like, if I need any help, the staff will help me."
- Families and friends could visit at any time. Staff supported people to visit family if needed. One relative said, "Staff are always very welcoming and keep us informed. We can visit whenever we like."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans and rehabilitation programmes which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people and help them reach their goals.
- Staff knew people well which was demonstrated in the way they responded to people. They knew what people wanted and how they liked to spend their time. For example, a person had set themselves a goal to eat more healthily and lose weight, staff supported them to go to a gym and out for regular walks.
- People's care was personalised to meet their rehabilitation goals and preferences, including the time they got up and went to bed and the level of support they required to develop and maintain their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individualised communication plans and emergency grab sheets which provided detailed information about people's communication needs.
- There was information in pictorial forms, such as activities and tasks to support people to communicate their wishes. Staff were aware communication styles differed for each person and had developed individualised ways to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had programmes of activities to support them in regaining and maintaining skills they had lost through illness or injury. Some people were supported with daily living activities such as cooking and shopping.
- People were encouraged and supported to take part in activities both in the home and in the local community. For example, people planned and took part in a quiz, others went out to a gym, visited local shops and went to the Cinema. Some people were supported to undertake voluntary work. One person said, "It's good here, there are lots of activities, lots of laughter, many happy days."
- People's culture was celebrated, and people were supported to practice their religion if they wished.
- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people at their home and spend time together as they wished.

#### Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I would talk to [manager] or any of the staff, they will always try and sort a problem out." A relative said, "I have had no complaints but if I did I would speak to [manager, name of staff] or any staff, they are all very helpful."
- There was a complaints procedure in place which was made accessible to meet people's different communication needs. Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

#### End of life care and support

- At the time of the inspection there was no one who required end of life care.
- People had been asked about their wishes as to how and where they wished to be cared for at the end of their life. Some people had advanced care plans in place.
- Staff had undertaken training in end of life care. The manager and staff were committed to providing the care and support people needed at the end of their life; systems were in place in the event of a sudden death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives spoke positively about the culture and atmosphere in the service. One person said, "There's a family feeling here, not them and us [staff and people]. When I go out it's like going out with a pal."
- Staff were supported and focussed on providing people with the individual support they needed. One staff member said, "This is a good place to work. [Manager] is very kind and caring, she listens and respects us."
- People knew who the manager was; they spent time around the home each day, providing care and support when needed and clearly knew who everyone was. Staff were friendly and approachable, and people commented they felt listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of the duty of candour and there were systems in place to ensure compliance with this. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to monitor the quality of the service. Regular audits were undertaken, and any shortfalls found were addressed.
- Staff were clear about their roles and responsibilities towards the people they supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The manager notified the CQC of events they were required to by law and had displayed the service's previous CQC rating as required.

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

- People had regular meetings with the manager and staff which enabled them to talk about the service and how it could be improved. Relatives told us they were kept regularly updated about the service and their loved-one.

- Meetings with staff were regularly held. Staff told us they could openly discuss what was happening in the service and learn from any incidents. One member of staff said, "We have monthly meetings, we can discuss everything and put forward suggestions if we have any."

#### Continuous learning and improving care

- The provider ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improve the quality of care people received.
- The service had achieved the foundation level of the Gold Standard Framework (GSF) for End of life care. The GSF is a model of good practice that enables a 'gold standard' of care for people who are nearing the end of their lives.

#### Working in partnership with others

- The manager had developed close working relationships with district nurses and GP along with other specialist health professionals.
- As a member of the Independent Neurorehabilitation Provider's Alliance the service had been re-accredited with Headway, the brain injury association. Headway provides information and support to people with brain injuries, their relatives and carers. This helped to keep the provider up to date with developments and share their experiences.