

Bupa Care Homes Limited

Court House Care Home

Inspection report

3-5 Court Road
Malvern
Worcestershire
WR14 3BU

Tel: 01684572271

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10 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an inspection on 9 and 10 March 2017. This was an unannounced inspection.

Court House Care Home provides personal and nursing care. The provider is registered to accommodate up to 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. Beacon Unit provided accommodation for 16 older people. The third unit, Holly Bush Unit provided accommodation for 19 younger adults. On the day of our inspection there were 57 people living at the home.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 we spoke with said they felt safe at the home. Relatives told us their family members were supported in a safe way. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, these focussed on encouraging their independence in a safe way. People were supported to receive their medicines by staff that were trained and knew about the risks associated with people's medicines.

Staff had up to date knowledge and training to support people living at the home. Staff always ensured people agreed to the support they received. The management team ensured people were supported in the least restrictive way and were assisted to make their own decisions where possible. People told us they enjoyed the food at the home and were encouraged to make their own choices. They explained that they were supported to make their own decisions and be as independent as they could. People and their relatives told us staff would access health professionals as soon as they were needed.

People said the staff and the management team were caring and always treated them with dignity and respect. People were supported in a way that respected their wishes and staff were aware of people's individual needs and preferences. Relatives told us they were involved as part of the team to support their family member. Staff understood people's human rights and adapted their communication skills to ensure people understood them. People said their cultural needs were met.

The staff team were adaptable to changes in people's needs and knew people well enough to recognise when additional support was needed. All the people we spoke with and the feedback collected by the registered manager and provider said people were happy to be living at the home. People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings and one to one time with the management team to share their views and concerns about the quality of the service.

The registered manager and the provider had systems in place to monitor the quality of care provided. The registered manager ensured there was a culture of openness and inclusion for people using the service and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported by staff that knew how to provide care in a safe way. People benefitted from staff that knew their identified risks and managed them to ensure they remained safe. People were supported with their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People were supported by staff with up to date training and who were knowledgeable about how to support them. Staff respected people's right to make their own decisions, and where support was needed with decisions this was provided in a least restrictive way. People had the choice of healthy meals they enjoyed. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People received caring and compassionate support from staff and the management team. Staff adapted their communication techniques to ensure people understood them. Staff respected people's dignity and worked with people to follow their wishes and support them in a way they were happy with.

Is the service responsive?

Good ●

The service was responsive

People were supported by staff who listened and were adaptable to their needs. People were regularly asked for their opinions on the care they received. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was to focus on each person as an individual and to involve them with all aspects of their care. The provider and registered manager regularly completed checks monitor the quality of the care provided, and improvements were incorporated into an improvement plan.

Court House Care 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 was an announced inspection which took place on 9 and 10 March 2017 and was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. The specialist advisor was a specialist in nursing care for people with learning disabilities. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority if they had any information to share with us about the services provided at the home. Local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promote the views and experiences of people who use health and social care.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with 14 people, and eight relatives. We looked at how staff supported people throughout the day. As part of our observations 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 spoke with a local pharmacist who regularly monitored the medicine administration at the home. We also spoke with a Deprivation of Liberty Safeguards assessor who was visiting the home to complete an assessment in line with legislation.

We spoke with 14 staff, the clinical lead, the registered manager and the regional director. We looked at the care records for seven people including medicine records, and other records relevant to the quality monitoring of the service such as visits from the provider. We also looked at minutes from meetings

involving, people and their families, staff and other professionals.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they were happy where they lived and knew staff well. One person said, "We're alright here, we enjoy it. We're all very friendly here." Another person told us, "I like it here very much, I don't like being on my own." We saw positive interactions between staff and people living at the different units at the home. People appeared relaxed and confident with staff throughout the inspection. Relatives told us their family member was supported to remain safe. A relative said, "Staff do their paperwork in the lounge so they stay available for supporting people here." Another relative explained how they would know from their family member's non-verbal communication if they were unhappy at the home, and they were reassured their family member was happy.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They had a good knowledge of the people they supported and said they would know if people living at the home had any concerns. They told us they completed regular training on potential abuse and safeguarding concerns. This was also reviewed in team meetings and one to one discussions with their line manager.

People we spoke with said staff helped them stay safe. For example, one person explained how they were unsteady when they walked outside. They went onto say staff were aware of this and accompanied this person to enable them to access the outside areas safely. We saw people's risks to their health and welfare were identified and plans were in place to mitigate these risks. For example, we saw when people need specialist equipment to prevent sore skin, this was in place and staff were aware when they needed to use it. Staff explained how they managed risks to people while maintaining people's independence as much as possible. For example, one relative explained how staff had put equipment in place for their family member to support their independence in a safe way.

People we spoke with said there were staff available when they needed them. Relatives told us there were sufficient staff on duty to meet their family member's needs. One relative explained how their family member was always well supported. They went onto say they popped in regularly at different times and there was always staff about and people's needs were met. Another relative confirmed their family member was able to do things they enjoyed with support available from staff. We saw and staff told us there were sufficient staff on duty to meet the needs of people living at the home. One staff member said, "When completing the rota skill mix and knowledge is taken in to account and also experience to ensure a positive experience for the residents."

The registered manager told us staffing levels were determined by the level of support needed by people. The registered manager ensured there were sufficient, appropriately skilled staff to meet the needs of the people living at the home. She was regularly recruiting to ensure staffing levels were maintained. She went onto explain where there were vacancies agency staff were used to ensure there were sufficient staff to meet people's needs. The regional director told us on one unit where people needed extra support there were extra staff arranged to ensure people had their needs met.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager said they checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with said they received their medicines when they needed them. One person told us, "They always check to see if I am in pain and need a tablet, it's very reassuring." Relatives we spoke with said their family member was supported with their medicines in a safe way. One relative explained how staff managed their family member's medical condition effectively and had improved their well-being as a result of this. We saw staff administering medicines in a safe way. They were patient and gave people time to understand what the medicine was and why they were receiving it.

We saw people's plans guided staff in how to support people with their medicines. Staff told us these plans were updated when needed and they were aware of any changes. We saw medicines were kept and disposed of in a safe way. We spoke with the pharmacy representative, who regularly checked how the home supported people with their medicines. They said the staff at the home knew people well and sought advice when they needed to, and followed safe practice.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about how to support them. One person said about staff, "They are all really good at helping me and knowing what to do." Relatives we spoke with told us staff knew how to support their family member's. One relative said, "They all seem well trained and able to manage [family member]."

Staff told us new staff received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. The clinical lead explained how staff had their practice assessed and monitored to ensure people living at the home were effectively supported. One member of staff said, "Training is given at induction before anyone starts on the unit, and this is then refreshed yearly". We saw examples during our inspection when staff demonstrated good practice as they supported people to mobilise.

Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged by the registered manager to complete regular training to improve and update their skills. This training included the Mental Capacity Act 2005 (MCA); staff we spoke with explained what this meant for people they supported and had an understanding of the legislation.

The 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 we spoke with told us staff always asked before they supported them. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. Staff told us they always ensured people consented to their care and we saw examples of this throughout our inspection. For example, we saw one member of staff regularly checked with one person if they wanted their nails cleaned and manicured, they initially refused however we saw staff went back later to ask again. Staff were aware of who needed support with decision making and who should be included in any best interests decision for people.

The registered manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. For example, one relative explained about how a best interests meeting had been arranged for their family member when they needed support with a particular piece of equipment which increased their independence. We also saw staff received guidance which clearly showed how people needed to be supported with decisions. This supported staff to understand the process and promote people's rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA.

We spoke with a DoLS assessor from the local authority. They advised they received the information they required to support their judgement, and that applications were made appropriately. We saw the registered manager had completed applications to the local authority when they needed to. Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw staff practice showed their understanding of least restrictive practice. For example, we saw where people needed to be restricted, other options were considered where appropriate.

People we spoke with said they enjoyed the food provided and they had plenty of choice. One person said, "The food is lovely and there is lots of choice, sometimes too much and you can't decide what you want." We saw people were offered choice and had prompts available to guide them with their menu choices. We also saw there was personalised cutlery to support people to eat independently. Staff told us they promoted people's independence as much as possible. We saw staff offered wipes to support people to clean their hands before they ate their meal, to maintain their dignity. Staff we spoke with said they encouraged people to make healthy choices to ensure they were maintaining a healthy diet with both food and drink. We saw through-out our inspection people had drinks available.

We spoke with the kitchen staff and they knew people's individual diet requirements and ensured these were met. One relative told us they regularly ate with their family member, and how much they enjoyed their meal. They also said their family member enjoyed sharing their company during the dining experience.

People told us they received support with their all aspects of their health care when they needed it. One person said whilst living at the home, "I have always seen a doctor when I needed to." Relatives explained how staff were quick to act if their family member was unwell, and they were confident the appropriate action was taken. Staff had involved other health agencies as they were needed in response to people's needs. For example, one person told us they saw a physiotherapist regularly and representatives from the speech and language team. Another person told us they saw an optician at the home, when they needed their glasses updating.

Is the service caring?

Our findings

People we spoke with said the staff were caring and kind. One person told us about staff, "They have a lot of patience." Another person said they were happy living at the home and really enjoyed the company. People we spoke with said they enjoyed spending time with staff and other people living at the home.

Relatives told us the staff knew their family members needs and preferences well. One relative said, "Brilliant staff, we always feel we are important to them. There is always a lot of laughter, and [family member] says it feels like home." Another relative told us about staff, "They are always patient and understanding."

We saw many positive interactions between staff and people. For example we saw one person reach out and hug a member of staff, the hug was reciprocated and the person was reassured. We also heard people say kind words of gratitude towards staff. For example, one person said to a staff member, "I think you're a lovely lady, I do honestly."

People we spoke with told us staff treated them as individuals and took into account their needs and preferences. One person we spoke with said, "It's very good, you're free to do what you want. You don't have to get up at a certain time. The thing I like about it is that you can stay in your room or come down here (lounge), I can stay up and watch a film on the television and have a glass of wine." They went on to say how this helped with their well-being. Another person explained how well staff knew them, "They know when I am playing them up, and go along with it. We have a laugh."

Staff we spoke with explained how they adapted how they communicated with people according to their needs. We saw staff spent time ensuring people understood their conversation, making eye contact so they could look for visual clues about the person's well-being when they needed to. One relative explained how their family member had picture cards, to support them to communicate with staff. We saw there were visual prompts for meals to support people to make informed choices.

People we spoke with told us staff supported them to maintain their independence. One person explained how staff only supported them when they wanted assistance which helped them feel more independent. Staff told us they adapted their support according to the persons needs at that time. For example, one person had fluctuating mobility so they would adapt their support depending on the person's current needs.

People we spoke with said they were treated with dignity and respect. One person said, "Staff just naturally respect my dignity, it feels very comfortable. Relatives we spoke with said staff always maintained their family member's dignity and treated them with respect. One relative explained how staff always ensured they made eye contact and touched their family member's arm when communicating which helped them understand what was said. They went onto say how this supported their family member's understanding and dignity.

Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened to people's views. For example, one relative told us how they had

suggested involvement of a particular religious group and staff had acted on it straight away and now there was regular involvement for those that wanted to participate. Staff had a good knowledge of people's preferences and history. For example we saw gender preferences were clearly recorded to ensure staff were knowledgeable and treated people respectfully as they wished to be treated.

People and their relatives told us they were supported to maintain important relationships. Relatives said they always felt welcome to visit. One relative said they felt they were part of the team to support their family member.

We saw people had access to independent advocate services who supported people to have a voice when they needed to.

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. They told us they were consulted about all aspects of how they were supported. One person said they could have help if they needed it, however they went onto say, "I do everything myself." People told us they knew staff well, and staff knew how they liked to be supported. Staff said they knew people's support needs could change from day to day, and understood people well enough to recognise when they required additional help. People we spoke with said when they needed extra help staff always supported them. Relatives told us staff were adaptable to meet the needs of their family members. One relative explained how their family member enjoyed living at the home, and staff encouraged them to interact with other people.

People we spoke with said they were involved in sharing their needs and preferences. Relatives told us they had been included in how their family member was supported from the start of them arriving at the home. They also said staff kept them involved and up to date. One relative said how reassuring their relationship with staff was, they told us, "I am more than please with how staff support my [family member] it was difficult at the beginning, but staff really went out of their way to reassure us."

Staff explained how they gathered information about how people wanted their needs to be met when they arrived at the home. They said this information supported them to supported staff to deliver personalised care that was about what the person wanted as an individual. We look at nine people's care records and saw people's wishes and needs were recorded for staff to note. Staff told us care plans were regularly reviewed with people to ensure they were up to date and accurate.

People had interesting items around them that they could look at and staff could use as conversation prompts. For example, there were rummage boxes of colouring books, magazines, tactile items, books, board games, and fresh flowers. On one unit we saw a partially completed jigsaw puzzle on a table, and a fish tank. One member of staff said, "[People] just does their own thing, in the evenings, they like to do the jigsaw with a glass of wine in their hand." One person told us, "I like to go outside if the weather's nice. I thoroughly enjoy it."

People told us they could choose what they wanted to do with their time. Some people did activities together and others chose things to do on their own. People told us could join in with events which were held on the different units and people were welcome to join in. For example we saw there was an exercise class which people participated in on the first day of our inspection. People that attended said they really enjoyed the event and joined in regularly. One person told us there was a regular skittle tournament between the different units; they said they really enjoyed the competition. People told us they were able to sit outside when the weather was fine, which they enjoyed. One person told us they went to the shops when they needed to, and another went to a local hairdresser which they preferred. They both appreciated being able to access the community with the support they needed.

Staff told us that each person had a day every month where they were resident of the day. Staff would review their paperwork and check with people that they were happy with the service provided. The cook

would visit the person and check they were happy with the food choices available. One person we spoke with understood what 'resident of the day' meant for them, and they enjoyed speaking with the cook about any special treats they may like.

Relatives told us their family members had access to interests to pass their time. One relative explained how their family member enjoyed attending events in the community, such as shopping, concerts and the cinema. Another relative told us staff spent time with their family member chatting with them in their room.

People said they were regularly asked if they were happy with everything. One person told us they were confident that if they were not happy with something the registered manager and staff would listen and help them resolve the issue. Another person said, "I would happily complain if I wasn't happy, it's a family, they will listen to what I want." One relative told us they attended meetings with the management team. They went on to say they had made suggestions for improvements at these meetings and the management team had responded and implemented their suggestions.

Relatives said they were confident to speak to staff, the unit manager or the registered manager if they had any concerns. There were clear arrangements in place for recording complaints and any actions taken, including lessons learnt to prevent re occurrences.

Is the service well-led?

Our findings

There was a registered manager in post and they were supported by a clinical lead and unit managers to directly manage each of the units at the home. At the time of the inspection there were two unit managers in post and the registered manager was recruiting for the third unit manager.

People we spoke with said they were happy at the home and the management team and staff listened to their wishes. One person told us they liked the registered manager and thought the service was well managed. They said they could always speak with staff or the registered manager at any time, and they would take the appropriate action. People told us they were listened to by the registered manager and the staff supporting them.

The registered manager met with people living at the home and their families at their regular meetings. People told the registered manager was approachable and they were confident to discuss any concerns with her. She encouraged an open culture where people could raise concerns and they would be listened to and action taken. One person told us the registered manager operated an open door policy and they could speak with her if they were not happy about anything. We observed a meeting for people and their families on one unit and saw that people and their relatives were relaxed and open with her.

The registered manager told us about her priority to involve the local community with people living at the home. For example she was working on a project to bring representatives from the local community into the home to create stronger links and provide more effective resources for people living at the home. The registered manager also told us she was in the process of refurbishing one unit to ensure the environment was suitable for people living at the home. We saw improvements had been made in other areas since our last inspection. One relative told us how the registered manager had listened to suggestions from family members about the layout of one lounge and had agreed to make the changes suggested. We saw these changes were in place.

People said they were asked to share their views about the service and the quality of care through satisfaction questionnaires. We saw the results of these questionnaires for 2016 were positive. We saw where concerns were raised about the lack of activities; the registered manager had changed how the activity co-ordinators worked to provide more effective support across the home. The registered manager said she was monitoring the results to ensure people had interesting things to do with their time.

Staff said they were supported by the management team. They told us they could always speak to someone if they had any concerns. One member of staff explained how their unit manager supported them with whatever they needed. For example, if they needed support with hands on care the unit manager was happy to help them. They went on to say how much they appreciated this support. They also felt this led to a good understanding of people's needs and effective support for the staff team.

Staff told us they had regular one to one time with the management team, when they were able to share information and ideas. They said they felt well supported and listened to as a result of this. Staff told us how

any compliments were always passed on so they felt valued and appreciated.

The registered manager completed regular checks to ensure they provided quality care. Any improvements were incorporated into a plan which was reviewed regularly with the provider to improve the quality of the care provided.

Staff told us they always reported accidents and incidents. We saw documentation available for staff which was completed when needed. The management team investigated the incidents to ensure any actions that were needed were made in a timely way. The registered manager explained how they would review through a practice discussion with staff and resolve any on- going actions when needed.

We saw the provider regularly completed checks to ensure people living at the home received quality care. They regularly spoke with people living at the home to ensure they were happy with the support provided.