

# Counticare Limited

# Court Lodge

## Inspection report

Church Road  
Mersham  
Ashford  
Kent  
TN25 6NS

Date of inspection visit:  
03 April 2019

Date of publication:  
26 April 2019

### 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 ●

# Summary of findings

## Overall summary

### About the service:

Court Lodge is a residential care home that provides personal care for up to six people with mental health and learning disabilities. At the time of our inspection there were five people living there.

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

### People's experience of using this service:

- Some aspects of the service were in need of repair, and despite being reported by management, the provider had not taken timely action to resolve them.
- People and their relatives had positive feedback about the service. People told us they decided how they spent their time, and the activities they took part in. Staff used information from people's histories and background to review different interests and hobbies they could revisit.
- Staff used technology to enhance people's care, by supporting them to access the internet to view film trailers or search for equipment.
- People were supported to take positive risks, accessing the community regularly, and being involved with food preparation. Risks has been assessed and there was clear guidance for staff to follow.
- People told us there were enough staff to keep them safe, support them to follow their interests and take part in activities.
- People were supported to maintain a balanced diet. Some people had healthcare conditions that effected their eating or drinking and were supported to manage these independently.
- People, their relatives and staff were positive about the culture of the service, and felt it was well-led.
- The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### Rating at last inspection:

At the last inspection the service was rated Good. (5 October 2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not consistently effective  
Details are in our effective findings below

Requires Improvement ●

### 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 ●

# Court Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Court Lodge 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

- Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities.
- We assessed the information we require providers to send us to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.
- We spoke with three people and two relatives, and spent time observing staff with people in communal areas during the inspection.
- We spoke with the registered manager, deputy manager, and two staff.
- We reviewed a range of records. This included two people's care records and medicine records.
- We looked at recruitment records, supervision and training records for staff.
- We reviewed records relating to the quality and management of the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had a good understanding of safeguarding. Staff told us, "There's lots of different safeguarding concerns to be aware of. We watch out for sexual abuse, looking for visible changes, behaviours. We check on financial abuse here."
- Staff were clear on how to escalate concerns about people, both internally and externally and told us they felt confident to whistle blow if they did not think their concerns were taken seriously.
- The registered manager understood their responsibilities under safeguarding.

Assessing risk, safety monitoring and management

- Staff continued to have a good understanding of risks to people, and how best to manage these. People had risk assessments in their care plans with clear directions for staff on how best to keep them safe, for example when supporting in the shower, or being in the community.
- Staff told us they supported people to take positive risks, one staff told us, "I really try to encourage them to do simple things, even things like cut a banana. To keep the brain working. That's a positive risk for me. As long as we are there, supporting and talking them through it."
- Risks to the environment had been assessed and reviewed. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire.

Staffing and recruitment

- There continued to be enough staff to meet people's needs and keep them safe.
- Staff had a group messaging system, where shifts were shared and covered at short notice. Staff told us, "I am really proud that we will all jump in and help like that. We are more of a team than just staff. It's changed."
- There was a display in the living room detailing which staff were on shift, alongside their photographs. This was to support people who could feel anxious about knowing which staff was on shift.
- Staff recruitment continued to follow safe practice, including ensuring each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- Medicines continued to be managed safely.
- We reviewed medicine administration records (MAR) and saw they were completed fully without any gaps. Where people had 'as and when' (PRN) medicines there were clear guidelines in place for staff to follow.

- People's medicines were reviewed on a yearly basis, or when people's needs changed to ensure they were still required.

#### Preventing and controlling infection

- The service was clean throughout and staff encouraged people where possible to take part in household tasks.
- Staff had access to personal protective equipment such as gloves and we saw these being used during the inspection.

#### Learning lessons when things go wrong

- Staff documented accidents and incidents, and managers reviewed these to ensure action had been taken to try to reduce the likelihood of it re-occurring. For example, following someone falling, risk assessments were updated, staff were more vigilant to trip hazards and focused on keeping walkways clear.

# 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.

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The registered manager told us they had done some work to improve the appearance of the service, however we observed some areas of the service to be tired and in need of improvement.
- For example, the stairs were in need of re-decoration, and the first-floor bathroom needed improvement. These issues had been logged by managers on the providers maintenance log since August 2018, but the improvements had not been made and there was no date they were due to be completed by. This is an area for improvement.
- People's bedrooms and the service was personalised with photographs of people enjoying activities. People told us they chose how they wanted their bedrooms decorated.

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

- Staff continuously assessed people's needs. For example, following a stay in hospital someone needed increased support with personal care. Staff were informed of the changes in the person's needs, and had the time needed to support the person in their preferred way.
- People's protected characteristics were considered and upheld in line with the Equalities Act 2010. For example, staff discussed when people wanted to peruse relationships.
- Within the office there was a range of documentation to remind staff of best practice and current guidance.

Staff support: induction, training, skills and experience

- The registered manager and deputy manager told us they had focused on ensuring staff received regular supervision. Staff told us they felt well supported. One staff member told us, "I have regular supervision. I prepare for it with things I want to discuss. It's a two-way conversation. It's important for me, to bring ideas for how to support the people."
- Staff told us, "We do e-learning and then extra courses for example to support our people when their needs change. For example, when someone had a seizure for the first time we all had epilepsy training after. It's been really helpful especially for staff who weren't as confident to deal with seizures."

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

- During our inspection we observed people making their own hot drinks.
- Some people had health conditions which meant they had restrictions on the fluids they consumed. We observed that people independently monitored their fluids, and staff checked occasionally to ensure there were no issues.
- People were involved in planning menus for the week and purchasing food.

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

- One person needed regular monitoring in relation to a healthcare condition. Staff were monitoring the person, but identified they needed clearer guidelines on what action to take if there were concerns about the results, for example if the person's displayed lower levels than required. Staff worked with healthcare professionals to implement this documentation.
- Another person had expressed they were anxious about an upcoming healthcare appointment. The person chose a staff member to attend all the appointments leading up to the procedure, and managers organised for that staff member to be on shift the day before the procedure to support them with their anxieties.
- People were supported to visit healthcare professionals regularly and when their needs changed. People had healthcare appointments with GP, district nurses and community mental health nurses.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were.
- When people lacked the capacity to make complex decisions, staff organised best interest meetings with advocates so support people's decision making. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- Staff showed a good understanding of the MCA and how to apply it to the people they supported.

# 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.

Good: 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

- During our inspection, we observed that staff knew people well, sharing jokes and light conversation.
- Staff had time to engage with people, to discuss their plans for the day, and discuss any activities they wanted to do.
- Staff knew people's backgrounds and histories and told us it was important to discuss these with people regularly. This information was used to encourage people to take up interests they once had. For example, one person was now doing crochet knitting more regularly as a result of a discussion.
- When people became anxious or upset staff recognised this and intervened. Staff told us about one person, "There's quite a lot of things that make them anxious. I sit with them and try and get them to tell me what's making them anxious. I ask them how we can change that, and if they can't think of anything I give them some choices. Try to encourage them to try something else. Little tiny steps. If I sit with them and listen it calms them a lot."

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

- Some people had communication passports in place to support staff on how to best communicate with them. In some cases, this included the use of picture cards, to prompt discussions of activities or food planning.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- We observed information throughout the service that had been adapted for people's understanding. For example, there was an easy read complaints process visible, alongside picture displays for food, and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity. One staff told us, "Respect is massive for me. I would always ask if they are decent, ask them to cover themselves if needed. It's being aware of what people are comfortable with."
- People were encouraged to be independent. Care plans detailed what people could do for themselves and staff encouraged people throughout our inspection, praising them often.
- Staff told us, "Remind them that they can do things. You want to look after them and do everything, but then it's important to remind them what they can do. That's where the care plans come in importantly as it tells you what people can do."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had an individual care plan that had been created in a format they could understand.
- Care plans included guidance for staff to follow to inform them of people's preferences and how to meet their needs in their preferred way.
- When one person's mobility, and desire to partake in activities declined, staff took action. Staff showed the person wheelchairs on the internet and supported them to visit the shop. As a result of the person's new wheelchair, their desire to take part in activities increased, which staff told us had a positive impact on the person. Photographs taken during the activities showed the person smiling and looking happy.
- Staff told us they had worked hard with people to increase the activities people took part in since our last inspection.
- There was a weekly meeting where people discussed the activities for the coming week, which were then displayed on an activities board. These were re-visited daily and alternatives offered if people no longer wanted to do the activity on the board.
- Staff used technology to increase people's interest in activities. For example, instead of asking people what they wanted to see at the cinema, staff would show people trailers for films to help spark interest and excitement.
- People's goals were documented in their care plans, along with photographs when they had been achieved. Goals were individual, for example one person wanted to see some fireworks.

Improving care quality in response to complaints or concerns

- Since our last inspection there had been two complaints raised and resolved in line with the provider's complaints procedure.
- People and their relatives told us they knew how to raise concerns and complaints.
- There was an easy read complaints process clearly displayed within the service.

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care, however, staff had received training in end of life care.
- People had end of life care plans in place. These were created in easy read format for those who required. The plans detailed people's wishes, including any music they wanted played at their funeral and what kind of service they wanted, religious or otherwise.
- Some people had organised their own pre-paid funeral plans.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- An internal compliance manager visited the service regularly to audit the effectiveness of the service. Actions from the most recent audit had all been completed and included ensuring all staff administering medicines had received competency checks within six months and referring one person to the dietician. However, when improvements were noted by staff, and reported by managers timely repairs were not actioned by the provider. This did not impact the care people received.
- The registered manager had notified the Care Quality Commission of important events as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager, deputy manager and staff told us they were most proud of how staff morale had increased within the last few months.
- Staff told us since the new management had taken over, "Everyone is more positive, it looks better, things are being done quicker. We are settling into a nice routine. Now things have changed it has moved forward so well. They are going out much more. They seem happier. Staff are communicating better, leading and planning the day better."
- Staff and the managers had shared ideas including what they were proud of. One staff told us, "Togetherness and team work is what I am most proud of. I told the manager the other day. The communication is so much better."

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

- A newsletter had recently been introduced at the service to share with people and their loved ones.
- People, their loved ones and healthcare professionals continued to be sent quality assurance questionnaires as a way of improving the service.
- Staff were involved in frequent meetings where they were given the opportunity to share best practice, and ideas for improvement.

Continuous learning and improving care; Working in partnership with others

- Since the last inspection, changes were implemented to documentation of daily service records. Staff now completed them, they were audited by seniors and then checked by managers. The registered manager told us this gave everyone more accountability and had helped to improve the quality of the information.
- The provider sent regular updates in relation to any incidents or learning from events within healthcare.
- The registered manager took part in local provider forums to learn and share good practice.
- Staff worked closely with healthcare professionals to support people with their changing needs, including the district nurse, community mental health nurse, dietician and GP.