

Court Lodge Limited

Head Office - Court Lodge Limited

Inspection report

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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

This inspection took place on 28 April 2017 and was announced.

Court Lodge Limited provides a supported living service to people with learning disabilities and mental health conditions. The service is provided to people living at two locations in the local area. At the time of our inspection, the service was supporting five people.

There was a registered manager in post. 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.

Staff found creative ways to meet people's needs in a person-centred way. Where people could not inform staff of their preferences verbally, staff found ways to meet their needs in a way that involved them. People were involved in important decisions about their home.

People spoke fondly of the activities they had been supported to take part in. Staff knew people's goals and aspirations and plans were in place to support people to achieve them. People's needs were regularly reviewed and where changes were identified, staff took action.

The registered manager got along well with people and knew people very well. Staff felt supported by management and were involved in the running of the service. Regular staff meetings took place and staff received regular one to one supervision.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse or potential harm. Where incidents occurred, staff documented them. These were analysed to ensure people received care that was responsive to their needs.

Staff worked alongside healthcare professionals to ensure people's needs were met. People's medicines were managed safely and administered by trained staff. Staff received an induction and had been trained in how to support people with learning disabilities and mental health conditions.

People were supported by kind and caring staff that they got along well with. Staff were respectful of people's privacy and dignity and promoted people's independence. People's feedback was regularly sought to ensure they were happy with the care that they received. Robust audits were carried out to ensure people received a good standard of care.

People's nutritional needs were met. Staff understood people's preferences and where people had specific dietary requirements, staff were aware of these.

Checks were undertaken to ensure that staff were suitable for their roles. Staff were deployed in a way that ensured people's needs were met safely.

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.

Risks to people were assessed and appropriate measures were in place to keep people safe, whilst promoting independence.

Where accidents or incidents occurred, staff learnt from these and took action to prevent them reoccurring.

Staff understood their role in safeguarding people.

There were sufficient staff deployed to meet people's needs safely. Checks were undertaken to ensure staff were suitable for their roles.

Is the service effective?

Good ●

The service was effective.

People's nutritional needs were met and people were served food that they liked.

People had access to a range of healthcare professionals.

Staff were suitably trained for their roles and received regular one to one supervision.

People were supported in line with the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff that they got along well with.

Staff knew the people that they were supporting.

People's independence was encouraged and promoted by staff.

People were involved in important decisions about their care

and where they lived.

People's privacy and dignity was respected by staff.

Is the service responsive?

The service was responsive.

Staff knew people's interests and aspirations and helped people to achieve them.

Staff provided person centred care that was responsive to people's needs. Where changes in need were identified, these were implemented by staff.

There was a system in place to document complaints.

Good ●

Is the service well-led?

The service was well-led.

People got along well with the registered manager, who was easily accessible.

Staff felt well supported by management.

Staff were involved in the running of the service.

Systems were in place to monitor the quality of the care that people received.

Good ●

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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 28 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector due to the small size of the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at two people's care files, including care plans and risk assessments. We looked at two staff files and training records. We looked at records of accidents and incidents, complaints logs and quality assurance monitoring records.

We spoke to four people and two relatives and observed caring interactions between people and staff. We spoke to four members of staff and the registered manager.

This was the provider's first inspection since registering in August 2015.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I feel safe as there's staff on duty." Another person said, "I'm safe when I go out (with staff)."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person had a history of depression. A risk assessment identified they were at risk of low moods. To manage the risk, staff noted any changes in the person's mood or behaviour and informed healthcare professionals if they had any concerns. The person was supported to take part in activities that they enjoyed and found fulfilling. They were also regularly supported to see their relatives and talk to them on the phone. Staff ensured the person took their prescribed medicine. Staff knew the person well which demonstrated they could identify changes in need. We observed staff providing comfort to the person on the day of inspection, as they were not feeling well. Another person sometimes behaved in a way that may have caused them to harm themselves or other people. This risk was assessed and measures identified to support the person safely. Staff identified that the person liked to keep to structured routines. When routines were not kept, the risk of the person becoming agitated increased. Staff kept to the person's daily schedule and informed them of what was happening each day and at what time. We observed staff supporting the person in this way. Where incidents did occur, these were recorded. Staff recorded detailed accounts of incidents, including what the person was doing before their behaviour changed. This helped them to identify causes. They recorded what interventions had worked in order to establish suitable techniques for the future.

Appropriate actions were taken where incidents or accidents occurred. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. Analysis of incidents identified triggers and how people were supported following incidents. Where appropriate, changes were made to people's care plans and risk assessments. One person had become aggressive and hit out at staff. Staff followed the guidance of the person's care plan, allowing them time to calm down and ensuring they were safe. A record of the incident was kept, this could then be used to inform staff and healthcare professionals in how to support the person in future.

People received their medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test. Staff shadowed an experienced member of staff before being signed off as competent to administer medicines. People's records contained a photo of them, so staff knew who they were administering medicines to. People's allergies and medical information was clear in their records. Medicines administration records (MARs) were completed accurately with any gaps explained. Regular audits were carried out to ensure that records were up to date.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. Staff had attended safeguarding training and it was discussed at one to one meetings with their line manager. An up to date safeguarding policy was available to staff with clear information on where to report suspected abuse. Staff

demonstrated a good understanding of what to do if they suspected abuse had occurred. One staff member told us, "I'd report anything straight to (registered manager) or I'd just call MASH (Multi Agency Safeguarding Hub)."

There were sufficient staff present to meet people's needs safely. A relative told us, "There are always enough staff when I visit." Staffing numbers were calculated based upon people's needs and any activities taking place that day. During the inspection, we observed enough staff present to safely meet people's needs. Staff were observed spending time with people and engaging in conversation. People went out for activities as planned in their schedules.

Safe recruitment practices were followed before new staff were employed. In their PIR, the provider told us that, 'There is a robust recruitment policy in place. A family member and an external consultant sit on the interview panel to support decision making with successful recruitment.' Our findings supported this. We saw evidence of interviews carried out before staff were employed, to ensure they were skilled and competent for their roles. Checks were made to ensure staff were of good character and suitable. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People were kept safe in the event of an emergency. Staff were trained in how to keep people safe in the event of a fire. The provider had a clear procedure in place to respond to emergencies, such as fire, flood or pandemic.

Is the service effective?

Our findings

People told us that they liked the food that they were served. One person told us, "We talk about food and go shopping. I like salad with egg and ham." Staff told us they had all the dietary information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Staff knew what foods people liked and people were supported by staff to plan meals and go shopping. Information about people's dietary requirements were clear in care plans. One person was diabetic and maintained a balanced diet to stay healthy. The person told us, "I have diabetes, (healthcare professional) visits me here every month. I can't have much sugar." The person had a care plan for their diabetes which staff were aware of. Their care plan detailed types of meals they should eat. Staff talked to them regularly about their diabetes to help them gain a better understanding of the condition. The person was administered medicine to control their diabetes and staff regularly supported them to see their GP for reviews.

Staff supported people to access healthcare professionals and provided input where needed. In their PIR, the provider told us that, 'Customers have detailed Health Action Plans (HAP) which are reviewed on a regular basis in conjunction with the local GP surgery. The HAP identifies what support each customer requires to maintain their health and how they should access each health facility.' Our findings supported this. People had health action plans in place, detailing their health needs and how they would be met. Records contained information from specialists and consultants, as well as evidence of staff working alongside healthcare professionals to meet people's needs. One person had epilepsy. Information about their condition was in their care plan. There was a clear plan to follow when the person had a seizure and we saw evidence staff were following this. Staff recorded each seizure and kept accurate records, detailing the length of the seizure and what action was taken. Where people had involvement from specialist teams, guidance from healthcare professionals was added to care plans.

People were supported by staff who were trained to carry out their roles. One staff member told us, "I did a two week induction with lots of training. (Registered manager) got me to read policies and get to know the ethos of the home. I spent time shadowing to get to know the people." All staff had completed an induction. Staff training included safeguarding, health and safety and the Mental Capacity Act (2005). Staff training was regularly refreshed to keep staff knowledge up to date. Staff demonstrated a good understanding of safeguarding procedures and how the Mental Capacity Act applies to their work.

Staff received training specific to the needs of the people that they supported. People living at the home had learning disabilities and mental health needs. Staff had received training in these areas. A staff member told us, "(Registered manager) is very hot on training, we're all being enrolled at college." Staff were being enrolled on a course about the principals of supporting people with learning disabilities. We saw evidence that this was discussed in one to one supervisions. All staff had completed specialist training in de-escalation techniques and they told us that this made them confident in handling any incidents.

Staff received regular supervision. One staff member told us, "We have supervision every month." These one to one meetings were used to improve practice and discuss people's needs. Staff supervision was up to date

and records were kept of discussions. One staff member had discussed their induction training at a recent supervision. Another staff member discussed starting their college course.

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.

We checked whether staff were working within the principles of the MCA. We found that the registered manager and staff understood their responsibilities in relation to the MCA. As a supported living placement, applications to deprive people of their liberty were made through social workers to the Court of Protection. The registered manager had a good understanding of this process and we saw evidence of staff working alongside social care professionals. Staff had undergone training in this area and demonstrated a good understanding of how the MCA applied to their practice. We also saw evidence of staff following the correct legal process where one person was unable to manage their finances.

Is the service caring?

Our findings

People told us that they thought staff were caring. One person told us, "I'm happy here with (staff members)." Another person said, "They (staff) are friendly." A relative told us, "(Staff member) is really good. (Person) would play up if she wasn't confident in them."

Caring interactions that were observed and staff showed kindness and compassion. People were enjoying spending time with staff and the registered manager. It was clear that people and staff got along very well. People hugged staff warmly and shared jokes. Where one person became upset, staff comforted them and talked to them. They were quickly smiling again and joining in the discussion. Staff and the registered manager were committed to improving people's lives. A staff member told us, "I've witnessed (registered manager) go over and above."

People were supported by staff that knew them well. Staff told us that they had the information they needed to get to know people. One staff member told us, "We read their care plans and talk to people. (Person) talks a lot about their life history." People's care plans contained detailed information about their preferences and how they liked to be supported. Staff demonstrated a good understanding of people's needs. Some staff had supported people at their previous homes and they had a very good understanding of their backgrounds. Where people had particular ways of communicating, staff had a very good understanding of these. We observed staff communicating with people effectively throughout the inspection. Staff knew people's backgrounds and personalities, such as where they had lived before or what made them laugh.

People were supported to be as independent as possible. People's records contained information about what they could do and what they needed help with. Staff understood the importance of promoting people's independence and we observed them doing so. Staff were supporting one person to learn new words, developing their communication skills. Since being provided support, the person had learnt a number of new words. Their relative told us, "It's amazing to us. (Person) has started to use a lot more words than we're used to." People's care plans told staff what tasks they could do themselves. One person was able to clean their bedroom and do laundry, with some support from staff. People were involved in household chores which created an inclusive atmosphere.

People were involved in all aspects of their care and decisions about their home. In their PIR, the provider told us that, 'Customers are encouraged to express their views in an informal way by discussion, one to one weekly meetings with key workers, house meetings, review of support agreement and reviews of support plans.' Our findings supported this. Each person had a keyworker. A keyworker is a member of staff who works closely with a person, ensuring they are involved in their care. People met with their keyworkers regularly. Care records set out people's goals, with pictures to illustrate them. This helped staff to establish with people what they wanted to achieve. People gave us numerous examples of staff supporting them to do things that they wanted to do. People were supported to decorate their rooms in ways that reflected their needs and personalities. Communal areas had lots of pictures on the walls that people had been involved in choosing. One person told us, "I like art and I drew this picture." People had their say at meetings. A recent meeting had discussed designs for a new kitchen. People had chosen the style of kitchen they wanted at

their home.

People's privacy and dignity were respected by staff. Where people received personal care, this was done discreetly. As a supported living service, everybody's room was their own space and staff respected this. We observed staff knocking on people's doors before entering. Staff demonstrated a good understanding of how to promote people's privacy and dignity. One staff member told us, "I always say good morning and have a chat first. I make sure the curtains and door are shut before any personal care."

Is the service responsive?

Our findings

People told us that they liked the activities they did. One person told us, "I go swimming." Another person said, "We go out, I go out on my own sometimes." A relative told us, "It is great because (person) is doing things and is happy."

People had access to a wide range of activities, based on their interests and preferences. Everyone had a personalised time table that included shopping, crafts, films, music and outings. Staff had developed links with local community groups that people attended. A staff member told us, "We recently linked with a local voluntary group, People do different things there every week; like dancing, drama and music therapy." People were involved in choosing activities that they wanted to do, they made choices during meetings or reviews. People went on holiday every year and enjoyed showing us photos and talking about their holidays. One person had been to Las Vegas with staff to see their favourite singer. They showed us photos and sang their favourite song to us. Another person was very happy that their favourite pop group had reformed. They told us, "Steps are back together and we are going to see them. They (staff) have arranged a meet and greet." We observed the person laughing and showing excitement that they were going to see them perform soon. Information on people's goals, interests and ambitions were in records, and staff knew these well.

People received person-centred care. Care plans contained information about people's needs as well as what was important to them. One person had a history of problems sleeping. Staff noted that the person slept well after they read stories with them at bed time. This was written into the person's care plan and their daily schedule, staff read stories with them before they went to sleep. The person had previously been prescribed medicine to help them to sleep. With this support, they no longer require medicine to help them sleep. Staff told us that the person's overall mood and wellbeing had improved as a result of them sleeping better.

Staff were dedicated to finding out about people's needs and routines, in order to provide them with a personalised service. People had a thorough assessment before receiving support and regular reviews were carried out. Staff found innovative ways to meet people's needs. One person required a lot of staff support with daily living tasks. The person had autism and their routine was very important to them. Their care plan stated, '(Person)'s autistic traits mean they like a predictable environment.' There had been a number of incidents in which the person had become agitated or distressed. Staff identified triggers to incidents and noted that this often came when the person's routine was interrupted. To support the person in a more personalised way, staff had produced a video care plan. This was a series of videos of the person doing different tasks as part of their day. It showed staff the stages in which the person liked to complete tasks. When making breakfast, the person liked two options to be put in a certain place in the kitchen. The person then pointed to what they wanted and staff prepared it with them. Other videos showed the person out in the community. Staff had involved a shop keeper in a video to show how the person liked to select a snack from the shop. Staff had a very good understanding of how the person liked to make choices and their routine. Since implementing this plan, incidents of aggressive behaviour had reduced in the last four months. Relatives told us they were very happy with the progress the person was making.

Where reviews identified changes, staff took action. Care records contained evidence of regular reviews and people's care plans were updated where necessary. At a recent review, changes in one person's behaviour were identified by staff. This meant they required more support in the community. A mental capacity assessment and best interest decision were documented as the person was not able to consent to the changes in care themselves. Additional support was then put in place, and the care plan was updated to reflect this.

People were told how to make a complaint. A relative told us, 'I haven't had to (complain) but if I had a problem I'd just speak to (registered manager). In their PIR, the provider told us that, 'Each person has a copy of the complaints procedure in their bedroom for easy access.' Our findings supported this. Information on how to complain was also visible within the home and there was a complaints policy in place. Complaints procedures were available in easy read format. Staff regularly talked to people about their care and whether they were happy. At the time of our inspection, there had not been any complaints. Audits and surveys were in place to identify any potential complaints that people may have.

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. One person said, "We have a laugh with (registered manager)." A relative told us, "(Registered manager) is very approachable and seems like a nice person." Staff told us the support they received from management was good. One staff member said, "(Registered manager) is so good. I could not actually imagine working anywhere else." Another member of staff told us, "(Registered manager) is salt of the earth. Her experience is superb and she has a very clear vision."

The registered manager knew people very well. They demonstrated very detailed knowledge of people's needs, backgrounds, family lives and preferences. We observed people interacting warmly with the registered manager throughout the inspection. People hugged and shared jokes with the registered manager. Systems were in place to regularly ask people and relatives for their feedback of the service every year. The registered manager also maintained contact with people and relatives, which involved them in all aspects of people's care. People and relatives told us that the registered manager was easy to contact and approachable. Staff told us that the registered manager was always available for staff and people and we observed this during our inspection.

Staff were involved in the running of the service. In their PIR, the provider told us that, 'Team meetings are held on a monthly basis and attendance by staff is monitored to ensure active participation. Minutes of each team meeting are typed and circulated to all team members. This promotes accountability and ownership.' Our findings supported this. Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. A recent meeting had been used to discuss audits and ways of promoting people's independence. Meetings were used to discuss people's needs and any changes. Staff also discussed training and shared good practice at meetings. This helped create an inclusive culture which staff told us meant they could contribute ideas and make suggestions when necessary. Staff were observed working together and communicating well on the day of inspection. This ensured people's needs were met safely whilst activities and outings were able to take place.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Areas such as medicines, records and the environment were audited every month. The provider also commissioned an external auditor to visit annually. Where actions were identified from audits, these were added to an improvement plan. The registered manager then actioned improvements. The last audit had identified that a clear system needed to be in place for complaints and compliments. This had been actioned by the provider and we found a system was in place to document any complaints and compliments that the provider received.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had

resulted in an injury.