

Willbern Care Limited

Courtlands Care Home

Inspection report

Rosudgeon
Penzance
Cornwall
TR20 9PN

Tel: 01736710476

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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 carried out an unannounced inspection of Courtlands on 20 August 2018. Courtlands is a care home which provides care and support for up to 35 predominantly older people. At the time of this inspection there were 31 people living at the service. People in care homes receive accommodation and nursing or personal care as 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 is on two floors with access to the upper floor via stairs or a passenger lift. Some rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas included two lounges, an open plan dining room with an adjoining conservatory. The service is situated in its own grounds with a large side garden area. However, as most people were living with dementia, they required support to access this due to its proximity to a main road. There was a separate administration building at the rear of the service.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

People told us they were happy with the care they received and believed it was a safe environment. The atmosphere was calm and relaxed. People moved around the building choosing where to spend their time and who with. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were. Care plans had been updated so staff knew how to manage those risks.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely.

Care plans contained information about the person and what their individual needs were and how they would be met. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff responsible for people's care.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Formal systems for supporting care staff were in place.

The premises were arranged to meet people's needs. People had access to quiet areas or could socialize with others in a sun lounge or the other two lounges.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

There was a variety of home cooked meals on offer and people told us they enjoyed their meals. When necessary food and fluid records were kept to help ensure people received enough to eat and drink.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

The provider had systems in place to monitor the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Courtlands 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 unannounced inspection took place on 20 August 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

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. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and deputy manager, eight staff members, including the cook and administrator. We also spoke with eight people living at the service and two visiting relatives. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People and their relatives told us they were happy with the care provided and felt the environment was safe. Comments included; "I think I am very much happier being here. It's a very comfortable place and the longer I live here the safer and happier I feel. At my age I don't want to worry about risks to my safety, and this is exactly where I want to be as long as I can stay here" and "I know I was becoming what my daughter called 'a wanderer' although at the time I thought I was quite safe to go out on my own, but I have to admit I often got lost. Living here now, I'm able to ask someone if I want help to go out, although I never seem to want to nowadays."

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been clearly identified there was guidance for staff on how to support the person. This was to minimise hazards and keep them safe, while maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person to move safely. Staff could tell us about people's individual risks and how they were being managed.

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of, or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. Staff were updated in safeguarding issues during personal supervision so their knowledge reflected current good practice.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Additional training called 'reflective practice' was provided. This helped staff to learn from incidents and mitigate the risks from occurring again. A staff member told us it gave them more confidence. "Nobody likes it when something happens but we have to learn from these things." There was an audit system in place to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the temperature was consistently monitored. The service was holding medicines that required stricter controls. The controlled drug records were accurately maintained. We checked one person's records and found the balance of this type of medicine was accurate. Records showed the administration of controlled medicines were always checked by two appropriately trained staff.

Staff had been recruited safely and had checks in place to help ensure suitable staff were employed. Staff confirmed they did not start work until all employment checks had been completed. We found staff completed an induction programme and training appropriate to their position.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Courtlands. Staff responded quickly when people asked for support and appeared unrushed and patient in their approach.

People told us staff responded to their call bells quickly. One person said, "Someone is always there if I need help. I don't often use the bell in my room, but when I do someone always comes to see what I need." The staff team included domestic and kitchen staff, a gardener and maintenance employee. People told us they were confident that the staff had the knowledge and skills to support them. A relative said, "People with dementia, like [my relative], need stability and familiarity with the people around them, even if they don't actually recognise individuals or recall their names. Agency staff come and go and are not as familiar with people's needs or wishes or what makes them tick. So, having a bank of staff who've worked here a lot before and can fill in the gaps and cover vacancies is a great idea."

The environment was clean and well maintained. There was a system of health and safety risk assessments. There were current service certificates for the gas supply, electric, water supply and fire systems had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. There were individual Personal Emergency Evacuation Plans (PEEPs) in place. These informed first responders of the support people would need to exit the building in an emergency.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service, and a relative told us they were confident that staff knew them well and understood how to meet their needs. People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. People told us if they did not feel well staff would contact healthcare professionals. One person said, "If I need to see the GP, if I'm not well or something, the staff can get me on the doctor's list when they visit. Sometimes they've asked the doctor to come out to see me urgently, if the staff think I need to see the doctor." On the day of the inspection the registered manager had requested a GP visit for one person who had been unwell. They told us, "It's important we get the GP in if we think a resident isn't well."

People's needs and choices were assessed prior to moving to Courtlands. The registered manager or deputy manager visited the person either at home or hospital, to carry out an assessment which took account of their physical and emotional needs. The registered manager told us it helped them assess whether Courtlands would be the right place for the person. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were restrictions in place including locked entrance and exit doors with key pad codes and pressure mats to monitor movement. In all instances 'best interest meeting's' had taken place and authorisations were being monitored and reviewed as required.

Staff were aware of the importance that people who lived at Courtlands were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf.

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

Staff told us they felt supported by managers and they received annual appraisals. They had regular supervisions in the form of meetings with senior staff. There were daily shift handovers attended and delivered by senior staff to the following staff team. This made sure all staff coming on duty had current

details for the people they would be supporting and caring for. Staff also said there were regular staff meetings which gave them the chance to meet as a staff team and discuss people's needs and any new developments for the service. The registered manager encouraged staff development and staff were given opportunities to work towards further qualifications.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, moving and handling, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. New employees spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The induction ensured staff new to care were familiar with the fundamental standards of care as outlined in the Care Certificate.

Staff completed a range of training to help ensure they could meet people's needs across a range of areas. For example, moving and handling, safeguarding, infection control and health and safety. Some staff needed to update their training in some areas to ensure their knowledge and skills were refreshed and up to date. Arrangements were in place for staff to have refresher training in infection control, moving and handling and safeguarding. Some staff had received additional training in areas specific to people's needs. For example, dementia and end of life care.

There was no current training in equality and diversity which would focus on the Equality Act legislation and ensure staff understood what discrimination meant and how to protect people from any type of discrimination. However, we spoke about this with the newly registered manager who was currently arranging for this to be implemented for all staff. Staff spoken with on inspection clearly understood how to protect people from discrimination. A staff member told us, "It's important we accept residents for who they are. We are all individuals."

People told us they enjoyed the meals at Courtlands. Comments included, "The food is wholesome and plentiful, and we eat well really. My appetite is still good, and I know what I like. I can tell you, I don't have any complaints at all about the food" and "It's the type of food I'd cook for us at home if I could, but less variety sometimes. It's always hot when it arrives, and we can select something else if we don't like what's on the menu on a particular day."

The service had recently improved the dining room environment and people told us it gave them much more space to move around. We observed the lunchtime meal. We found tables were nicely arranged, provided with clean table linen, place mats, condiments and cutlery. Staff supported people where necessary and gave people options. One person did not like the choice they had made. Staff acknowledged this and gave alternatives.

The service used a centralised company to provide the main meals. They were delivered and heated on the premises. There was choice available each day and fresh vegetables were used. A relative told us, "The choices are pretty standard, and I think it comes in from a central provider, but everyone seems to like it. [My relative] certainly does and is maintaining a healthy weight. I know visitors are invited to eat, but I don't often do that as I rarely have time, not because the food isn't good. The one time I did stay for lunch recently it was very nice. I've no complaints."

The environment was in the process of being upgraded. The dining room and conservatory were almost complete. Staff told us it had greatly improved the space and people had more room to move around which had helped people living with dementia. On the ground floor particular attention had been given to the needs of people living with dementia. For example, doors to people's bedrooms were in the style of an

external front door and were painted in strong individual colours. This helped people with dementia to easily recognise their own bedroom. There were also people's names on the door to their room and, in most instances, a photograph or picture of an interest specific to the person. A colour-code system and other visual cues were used to divide accommodation areas into 4 distinctive 'wings', each with their own care teams and senior carer. The corridors were wide on both floors which supported people who required mobility aids. There were plans in place to design a garden from the conservatory which suited the needs of people with dementia. This would include various levels, colour schemes and tactile equipment. It was proposed this would be completed by summer 2019.

Is the service caring?

Our findings

People who lived at Courtlands told us they were happy and felt the care provided for them was very good. Comments were positive and included, "They [staff] get everything done in an efficient way, but they are actually more concerned about how people are feeling on a particular day; how they can help them or make life a little easier for them. It's very refreshing and not what we've experienced elsewhere," "Everything that the staff do is because they are caring people" and "The staff are very caring. I have total trust in them."

The care we observed being provided throughout the inspection was appropriate to people's needs and supported their well-being. Staff were patient and discreet when providing care for people. They took the time to speak with the person as they supported them and we observed many positive interactions. For example, we observed staff encouraging a person to try and walk with their walking aid. They used attentive words and phrases such as, "You are doing so well, I knew you could do it [person's name]," "Just a few more steps and you'll be there." A family member told us they were always informed if there were any changes in their relative's health.

The registered manager and staff had a good understanding of protecting and respecting people's human rights. For example, there were lounges and private spaces in which families could sit with their relatives for a private discussion as an alternative to bedrooms. Staff members and people who lived at Courtlands were observed throughout the inspection to have easy and friendly relationships.

People told us that staff listened to them and respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared anyway confused or distressed.

Staff demonstrated they knew and understood people's life history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. A staff member told us getting as much information as they could about a person's life history helped them to understand who they are today. They told us they liked to use prompts from the information which helped them communicate more effectively. For example, the person's favourite colour, film or piece of music.

Where possible, and where people had capacity to make decisions, they could make choices about their daily lives. People had the option to get up in the morning and go to bed at night when they wanted to. On the day of the inspection two people had not slept well so staff supported them to rest in bed until later in the morning. People could choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We observed staff asking people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as

furniture, photographs and ornaments to help people to feel at home. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People could see their visitors in one of the lounges or in their own room. We observed staff greeted visitors on arrival and made them feel comfortable. One relative told us; "The staff do discuss everything with me and my family and they keep us fully informed of everything. They make a point of it, and always have time to listen to what I need."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Courtlands. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "Because we work as a team we get all the information we need to provide a very good level of care to residents." A person using the service told us, "They [staff] have been very good at sorting things out for us [family]. They really have been very good."

Care plans were personalised to the person and gave clear details about each person's specific needs and how they liked to be supported. The care plans included information about people's care needs as well as their emotional and social support needs and how they would be met. For example, end of life care and what activities they enjoyed. Where necessary, this information was shared with other relevant health professionals, with consent to ensure they had information about people's individual needs. Care plans were continuously reviewed so they reflected the current needs of people.

Daily handovers provided staff with clear information about people's needs and kept staff informed as those needs changed. Daily records maintained by staff on duty detailed the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. Monitoring records were completed appropriately. This meant staff could monitor and respond to people's health effectively.

There was evidence that people had access to a range of activities. There were designated staff supporting people called the 'Meaningful Occupation Team'. They were experienced care staff whose time was spent focusing on small group or individual support. Activities included, group games and exercises. There were also music sessions and singing sessions. Where staff provided one to one support this focused on the person and their mood determined if they would do something active or relaxing such as reading or hand massage.

The service responded to people's needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. The service had arranged for medicines to be used if necessary to keep people comfortable. The registered manager and staff gathered as much information during the assessment and review process to record information that would support the person and their family when entering the final stage of their life. For example, choice of funeral and informing people who were significant in the person's life.

The service had a complaints procedure which was available to people. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. A relative told us they were very confident in the service listening and

responding to issues because they were dealt with straight away. They told us, "I don't have to complain really because things get done straight away as soon as they are mentioned."

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The registered manager had recently gained registration with CQC. They worked closely with the deputy manager and administration team. People told us that the registered provider was at the service regularly and they were there throughout the inspection. Family members told us they had every confidence in the management team. They felt that there was a strong sense of community and staff teams worked well together. They told us the plans the service had for the future were discussed with them through informal discussions and through resident and family meetings. For example, people were aware of the progress in the recent improvements to the ground floor dining room and corridor.

There was a positive culture within the staff team and it was clear they all worked well together. They told us they enjoyed working at the service. Comments included; "It's a great team here, it's a really nice place to work" and "There have been some changes but I think they have been managed well." Staff were motivated and keen to ensure the care needs of people they were supporting were met. One member of staff commented, "We come to work to do a good job."

Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two-way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of everyone. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. There were policies and procedures to support the management team in this.

The management team had a range of audits in place to continually monitor and improve the standard of the home. These covered, for example, medication, the environment, care files and infection control. All audits included dates of when completed, any identified issues, actions to be undertaken, due date for completion. Actions were signed off when achieved. This demonstrated the registered manager had good systems to maintain everyone's welfare.

People's views were considered through annual surveys. The most recent survey showed people were satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. However, there were no specific issues found during the most recent survey.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.

There was regular engagement between all stakeholders of the service. For example, visitors told us staff always took the time to ask if they were satisfied with everything. Staff told us they had the opportunity to share any issues informally and through formal meetings. Senior managers met regularly to discuss the business and its operations. This meant the service was open and transparent in the way it operated.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it.