

Willbern Care Limited

Courtlands Care Home

Inspection report

Rosudgeon
Penzance
Cornwall
TR20 9PN

Tel: 01736710476

Date of inspection visit:
23 February 2016
24 February 2016

Date of publication:
30 March 2016

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

Courtlands Care Home is a care home which provides accommodation for up to 35 older people who require personal care. At the time of the inspection 33 people were using the service. Some of the people who lived at Courtlands Care Home needed care and support due to dementia, mental health needs sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Courtlands Care Home on 23 and 24 February 2016. The inspection was unannounced. The service was last inspected in May 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "It is very good, a very high standard," and "I am very fond of the place...I like it here" A health professional told us "It is very good, I come here regularly, it is probably the best home we go to. A member of staff told us "I am very proud to work here."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included two written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs.

The service had a programme of organised activities. These activities included musicians, group activities such as flower arranging, gentle 'sports' activities and arts and crafts. Some external entertainers such as musicians and singers visited. The service had two small vehicles to enable people to go out on occasions. The service had introduced an additional afternoon / evening shift, each day, to enable more individual activities with people.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with the Mental Capacity Act 2005 legislation and guidance.

People were happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included, "There is lots of choice. I never feel hungry" and "Food is good ." People said they received enough support when they needed help with eating or drinking.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint. A relative told us, "They are very proactive in managing any difficulties as they arise through discussion and appropriate action if required."

People felt the service was well managed. We were told "(The service) is improving with the new management." Staff told us the new owner had been, "A really positive change" and the owner would, "Always have a chat with us and is involved. They ask if there is anything we want, and likes to find out as much as they can." There were satisfactory systems in place to monitor the quality 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 was safe.

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was generally very good.

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.

We visited Courtlands Care Home on 23 and 24 February 2016. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed the information we kept about the service such as previous inspection reports. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with eleven people who used the service. We had contact (either through email or speaking to) with fifteen relatives. We also spoke with the registered manager and five members of staff. Before the inspection we had written contact with three external professionals including GP's, trainers and specialist nurses who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the service.

Many of the people at the service could only answer simple questions or were unable to speak with us due to their disabilities. As a consequence, we used the Short Observational Framework Inspection (SOFI) on the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included; "Yes I feel safe." A member of staff told us: "No one is left in pain or neglected. I am happy to be here. A relative told us; "I have no doubt that Courtlands is a safe and caring environment...that is appreciated by relatives." Another relative told us; "I feel extremely relaxed knowing that my mother's needs are being fully met by Courtlands and that her individuality is being maintained."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor diet, skindamage, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. This showed staff were proactive in helping people to minimise risks of falling.

People's medicines were administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets, and trolleys in the medicines room. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which needed refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicines had received comprehensive training. Staff we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

Some monies and personal possessions were kept by the service on behalf of people. A satisfactory system was in place to manage these appropriately. Records were kept of money received and spent. Receipts were provided for any expenditure. Relatives received a statement of expenditure when requested.

There were enough staff on duty to meet people's needs. For example, rotas showed six care staff on duty in the morning, four staff in the afternoon and three staff in the evening. During the night there were three staff on waking night duty. The registered manager and deputy manager worked at the service, during the day, from Monday to Friday. Ancillary staff such as catering, administrative, cleaning and maintenance staff were also employed.

People told us staff would help them promptly and there were enough staff on duty to meet their needs. For example we were told staff were; "Very nice, quite pleasant," "I like them all, they are very nice," "Staff are

lovely, good as gold" and "It is not overstaffed, but staffing is certainly sufficient."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. The owner had recently installed a biomass boiler (fuelled by wood chippings) and solar panels to reduce the home's dependence on fossil fuels. Records showed the passenger lift and manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills.

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "It is nice here and very friendly," "It is wonderful, I am quite happy" and "It is all very good. Professionals commented; "I am very impressed by Courtlands. It is a fantastic home." Relatives told us; "I visited many homes in the area...and found none comparable to Courtlands especially where it came to their attitude to and care of residents.

Staff had received enough training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said she was introducing a new mentoring system, where experienced staff would be allocated to work with new staff to help them learn their role. One new member of staff said they completed shadow shifts and the registered manager spent time with them to discuss policies and procedures. Staff members told us, "We have had a lot of training" and "The training we have had is very good. Staff told us they had initially worked alongside experienced staff to help them to get to know people's needs and the routines at the service. However, one person said they thought it would have been helpful to have the opportunity to have more shadow shifts before working on their own. Staff files all contained an induction checklist. The registered manager said he was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. A training plan was in place for 2016 so new staff who needed to complete required training, or staff who needed to complete refresher training, would receive this.

Staff told us they felt supported in their roles by colleagues and senior staff. There was a system of staff receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

People told us they did not feel restricted. However due to some people having dementia, the internal corridor and the front door was locked for security reasons and to maintain people's safety.. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example people told us staff involved them in how they wanted their personal care provided and they were able to choose when they got up and went to bed. One person, who did not have dementia, told us; "They allow me to do what I like...I go out in the evening...and do exactly the same activities as I did at home."

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. We inspected suitable documentation when applications had been submitted and approved. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were very happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes. A choice of meal was on the menu. People also told us they had a choice at breakfast and tea time. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink. Comments received about the meals included; "I never feel hungry, there is lots of choice, "We do very well for food here" and "(My relative) is very happy with the food provided. We observed people receiving appropriate support to eat their meals. For example, staff helped people to cut up their food, encouraged people to eat their meals and help make the meal time a sociable occasion through encouraging conversation.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. Professional's comments included, "The home is very good. I have no concerns. It is probably one of the best homes we go to."

The home had appropriate aids and adaptations for people with physical disabilities such as a specialist bath designed for frail people and there was also a 'walk in' shower facility which could be used for someone who used a wheel chair.

People with dementia were primarily situated on the ground floor of the home. People could not leave the area without leaving through a coded locked door. People's bedroom doors had been personalised. For example, they were painted a particular colour, and people chose a symbol, for example a flower, to help people to find their bedrooms. Corridors were also named to help people to find themselves around.

The service's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. Staff told us the owner had spent a significant amount of money, since purchasing the home, to upgrade the building. We were told new furnishings had been purchased for many people's bedrooms, and shared spaces, and the home was in the process of being extensively redecorated.

Is the service caring?

Our findings

People were positive about the care they received from staff. We were told; "It is very good. They are lovely staff...very helpful....I am quite happy to call this my home," "Staff are very caring and very pleasant." Relatives told us; "The staff consistently give the impression that they are always prepared to do anything to meet the needs of residents with consistent dedication" and "We visit at different times of the day and always find the staff very pleasant and forthcoming with any questions we ask."

Staff worked in a professional and caring manner. For example a member of staff helped a person to walk down to have their lunch. The member of staff walked at the person's pace, explained to the person where they were going, and what they needed to do next in order to progress their journey. There appeared to be no rush, and the member of staff demonstrated empathy and a caring attitude. At lunchtime staff talked with people, asking them if they needed any help and chatted with people in a friendly manner. People told us care was provided in a kind and caring manner and their staff were very patient. Although the service was busy, staff were always calm, and did not rush people. People were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The registered manager said where possible care plans were completed and explained to people and their representatives. We also spoke to some people, and relatives, about whether they had been involved in drawing up and the review of care plans and they confirmed they had. For example, one told us; "They went through it (care plan) with me."

People said their privacy was respected. For example, staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. People were said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also one of the lounges, if they wanted to meet with visitors.

Is the service responsive?

Our findings

People were very positive about the care they received from staff. We were told staff were; "Lovely" and "Very nice." We observed staff acting in a kind and considerate manner. When people rang call bells for help these were answered promptly.

Before moving into the home the registered manager told us senior staff went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. The registered manager would also, where possible, obtain copies of assessments from GP's and social workers to help staff to get to know the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments. For example, assessments of the person's physical and mental health, personal care, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged regular organised activities for people. Staff told us two activity sessions were arranged each day. Activities included arts and crafts, board games, indoor sports, reminiscence and visiting musicians. One relative said; "I was there when they were doing ping pong one day and it was lovely to see residents involved laughing and giggling and I got a sense of how they must have been in their younger days. It was so great to witness."

The registered manager said a Care Support Worker post had just been created. There was now two shifts from 11am to 3pm and 6pm to 10pm each day dedicated to providing 'meaningful occupation' with individuals or small groups of people. The registered manager said the home also had two cars to enable people to go out. Most people were positive about the activities provided, although some people said activities tended to be more appropriate for people with dementia. Those people who did not have this condition felt they wanted more activities aimed at them. For example, one person said they would like to go out more on trips, for example for coffee or a ride around, as they said trips were only arranged occasionally. Two people said it would be helpful to have more exercise sessions. People said if they had any concerns or complaints, they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

The service provided end of life care for some people. People needing end of life care had an individual 'Advanced Care Plan' written with them when they moved into the service. This was developed, where possible with the person and their representatives. Information held in the care plans was comprehensive. A member of staff said the end of life care provided at the service was "a real strength" of the service and "The

team are very experienced at providing palliative care." Staff told us they received good support from local GP's and community nurses when palliative care was provided, and there was always good communication between different agencies. A relative told us; "My mother is always clean and comfortable. Care is taken to make sure music or television is playing when she is awake as requested. Much time is dedicated to making sure she is kept as hydrated and nourished as she will tolerate. I have been given the opportunity to discuss my wishes as to how to care for her during her final days, and these wishes have been listened to and respected."

People were encouraged to make as many choices as possible at the end of their lives. For example, if they wanted any specific support from religious leaders, friends or family. Staff said there were good links with the local GP and pharmacist to provide people with suitable support where this was required.

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service). For example, people told us the registered manager and owner were approachable, and people were happy about improvements made since the owner had purchased the home. For example, one person said the manager was; "Very, very nice." A relative told us; "I was impressed with how enthusiastic the care manager was about improving standards for dementia care and the fund of ideas she had about how this could be achieved. Staff told us managers were supportive and helpful. For example, the new owner had been; "A really positive change" and the owner would; "Always have a chat with us and is involved. They ask if there is anything we want, and likes to find out as much as they can."

People said there was a positive culture at the service. People told us, "I am very fond of the place...I like it here" and "I have been here several months...staff are very nice." Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by a staff member, "I am very proud to work here. It is the small things. Everyone helps out irrespective of role. No one is ever too busy to help one another...I am happy to be here," and there is a "Good culture. Things do not fall apart when there is not a manager present."

People, most of their relatives, staff and external professionals said communication was very good. For example relatives told us "When I phone...everyone knows instantly how she is and what she has been up to. I also receive emails to keep me up to date with news about my mother and social events at the home." However, another relative told us; "I am not always informed other than when visiting of doctor visits." A health professional said, "Communication is always appropriate".

The service had a clear management structure. The owner of the service visited at least weekly and was in regular contact with the manager and staff electronically and by telephone. The registered manager worked in the service Monday to Friday, supported by deputy manager and two care managers. There were four team leaders in charge of shifts. A senior member of staff was always on call out of office hours, including at the weekends.

We observed the registered manager working with less senior staff in a constructive and professional manner. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, infection control, health and safety, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. There was also a development plan for the service, outlining the planned changes which were due to take place in 2016.

The registered persons ensured there was a range of meetings to encourage communication. We saw copies of minutes for staff meetings and team leader meetings. Written team briefs were produced weekly. The registered manager said there was also a weekly senior management meeting. She also said she would meet with the owner on a weekly basis. We also saw minutes of the relative and residents committee. This met on a three monthly basis with the management of the service to discuss ideas and changes to improve the service.

The manager was registered with the CQC in 2016. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.