

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Courtfield Lodge

81A Marians Drive, Ormskirk, L39 1LG

Tel: 01695570581

Date of Inspection: 05 September 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Flightcare Limited
Registered Manager	Mrs Caroline Kenwright
Overview of the service	<p>Courtfield Lodge is a purpose built care home situated in a quiet residential area close to the town centre of Ormskirk. There are 61 en-suite bedrooms, 52 of which are single and nine which can be used for single or double occupancy. Accommodation is on two floors and two lifts are provided. Communal areas are available on both floors. There are outdoor garden and patio areas.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Courtfield Lodge had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found -

Is the service safe?

We spoke with nine people who lived at the home and five visiting relatives. All of the people we spoke with were able to tell us or indicate that they felt safe living at Courtfield Lodge. No one cited any issues regarding unsafe practices or unreasonable behaviour or attitudes of staff. During our observations throughout the day of the inspection there were no issues with how staff spoke to people living at the home or any issues with how staff assisted people.

Is the service effective?

A key-worker system was now in place within the home, each person living at the home had two key-workers who were their main point of contact. Families had been made aware of this as appropriate and care plans indicated who each person's key worker was.

Is the service caring?

Each person who lived at the home had a detailed life history in place via a document entitled 'My Life Story'. They included pictures and details of peoples past life, interests, hobbies and family ties and relationships. Each story built up a very good picture of the life that each person had led and meant that it was easier for staff to relate to people and reminisce with them, particularly for those people who were unable to fully converse.

We spoke with nine people who lived at the home and five visiting relatives. The vast majority of comments were very positive, some of the comments received were as follows;

"We have no issues at all. My mum is very happy so we are happy. We can see that a lot of improvements have been made over the last few months."

"I'm more than happy with the care my wife gets. Nothing is perfect in life and if there are any issues they are sorted out on the day."

"I can't fault the staff, they work very hard and are absolutely wonderful."

"Oh yes, I'm happy here. The staff are very kind."

Is the service responsive?

We found evidence of the involvement of, and referral to, other professionals such as the speech and language therapy service, incontinence service, GP's and opticians.

Is the service well-led?

We saw that weekly internal checks were carried out by Flightcare's Care Quality Manager. These reviews looked at different areas each cycle and included checks to the physical premises as well as equipment, policies, documentation and talking to people who lived at the service, relatives and staff. Some of the examples we saw included reviews of care plans, minutes of meetings, staff training, bedrooms and the information placed on notice boards. Any actions needed were noted progress from actions previously set were detailed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our last two inspections of this home, on 18 and 19 September 2013 and 6 and 7 March 2014, we found that people's care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Following both previous inspections the provider wrote to us and identified how they would become compliant with this outcome.

It was clear during our inspection that a number of improvements had been made to the environment within the home. Policies and procedures had been revised, staff training had taken place and care plans and risk assessments had been updated, particular in relation to those people with a diagnosis of dementia who lived on the ground floor.

We looked at twelve care plans during our inspection and found that all contained an initial assessment of the person's needs. People's needs were risk assessed, risk management plans had been put in place and reviews had been carried out to ensure that any further support needs had been identified and acted upon. Examples included additional 'extra care monitoring' documentation for identified issues such as turning, personal care and nutrition. We saw that daily records were completed by day and night staff which then informed other parts of the care plan. There were some instances found where information was not transferred into the relevant parts of the care plan, which we fed back to the homes management team, but the majority of care plans had been completed correctly. Care plans were easy to follow and had improved greatly since the previous inspection.

We found evidence of the involvement of, and referral to, other professionals such as the speech and language therapy service, incontinence service, GP's and opticians.

We found improvements had been made in relation to applications for best interest decisions or deprivation of liberty safeguards (DOLS) for those people who may have lacked capacity. We saw evidence within people's care records and within the homes documentation that 33 referrals had been made to the relevant local authority, most

applications were still awaiting a decision but some had been approved and DOLS had been granted.

A key-worker system was now in place within the home, each person living at the home had two key-workers who were their main point of contact. Families had been made aware of this as appropriate and care plans indicated who each person's key worker was.

Each person who lived at the home had a detailed life history in place via a document entitled 'My Life Story'. They included pictures and details of peoples past life, interests, hobbies and family ties and relationships. Each story built up a very good picture of the life that each person had led and meant that it was easier for staff to relate to people and reminisce with them, particularly for those people who were unable to fully converse.

We spoke with nine people who lived at the home and five visiting relatives. The vast majority of comments were very positive, some of the comments received were as follows;

"We have no issues at all. My mum is very happy so we are happy. We can see that a lot of improvements have been made over the last few months."

"I'm more than happy with the care my wife gets. Nothing is perfect in life and if there are any issues they are sorted out on the day."

"I can't fault the staff, they work very hard and are absolutely wonderful."

"Oh yes, I'm happy here. The staff are very kind."

One person we spoke with raised issues with the quality of the food and one relative had an on-going issue regarding people's bedroom doors no longer being locked downstairs. We fed back these issues to the management team so they could liaise with the people who raised the issues. The issue raised by the relative we spoke to looked to have been resolved prior to us leaving as a sensor had been put on the door of their family member to alert staff if someone had entered their room.

We spent lunchtime on the ground floor eating with people who lived at the home. We also spent time during the afternoon on the first floor undertaking a 'Short Observational Framework for Inspection' (SOFI). SOFI is a tool we use to obtain information about people's mood, their engagement with the world around them, and the quality and frequency of staff interactions. We found that on the whole, people showed signs of positive well-being, and that they were enabled to engage with people around them. There were adequate staffing levels in place to assist those people that required help eating their lunch. People were spoken to in a respectful manner by staff at all times during our inspection.

Each person had a Personal Emergency Evacuation Plan (PEEP) in place which indicated what would happen in the case of an evacuation from the building was needed, i.e. in the event of a fire or other emergency. We also saw that the majority of staff had undertaken recent fire drills, evacuation and prevention training.

Staff we spoke with were able to explain what to do in the event of an emergency such as a fire or someone falling who lived at the home.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to safeguard those living at the home.

Reasons for our judgement

At our last two inspections of this home, on 18 and 19 September 2013 and 6 and 7 March 2014, we found that people who used the service were not always protected from the risk of abuse, because the provider had not always taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Following both previous inspections the provider wrote to us and identified how they would become compliant with this outcome.

We looked at training records for all staff via a training matrix. We also looked at a selection of staff files. The staff training matrix showed that 94% of staff had recently completed safeguarding training, 97% had attended recent DOLS training and 97% had attended recent Mental Capacity training. In addition to this all managers had attended a two day dementia 'train the trainer' course in May 2014. We were informed that the same trainer who delivered this training was booked to attend Courtfield Lodge in September to provide additional dementia training to the staff in the home

Safeguarding procedures were now on display throughout the home so staff and visitors were aware of what the correct reporting procedures were. When speaking with staff they were able to describe what safeguarding was, how to recognise different types of abuse and who to raise issues with both internally and externally.

We found that improvements had taken place in relation to people living on the ground floor who had previously been deprived access to their own rooms in the day due to bedroom doors being locked. All bedroom doors were unlocked on the day of our visit and relatives we spoke to confirmed this had been the case for a number of months. To prevent people entering into other people's rooms without permission a number of physical changes had been made to the home. Peoples bedroom doors were now painted different colours to help people living at the home recognise their own door from others. People's pictures, names or favourite drawings/paintings were placed on their bedroom doors and memory boxes had been introduced to further assist people recognise their own room.

Other improvements made were the introduction of tactile boards on corridors. These helped to distract and occupy people who liked to walk around the building and we saw

people who lived at the home were drawn to them throughout the day. There were also paintings, hat stands with scarves and hats as well as lit displays and paintings. All these items helped prevent people from entering other people's rooms. Door sensors had been placed on the majority of people's doors on the ground floor and we saw that new sensors were being fitted to doors on the day of our inspection. This alerted staff to the fact that people may have entered into a room that was not their own. One relative we spoke to still raised concerns regarding the fact that his relatives room was still being entered by one person in particular. The management at the home were aware of this and a sensor was fit to the door in question during our visit. All the relatives we spoke to understood the reasons for internal doors needing to be unlocked as it had been discussed at the last relatives meeting and individually with people who had concerns.

People were now able to use the lifts within the home as they desired as codes had been removed that were previously in place. Relevant risk assessments were in place however we were informed that people rarely used the lifts to gain access from one floor to another without being accompanied by staff.

Relevant risk assessments were in place for all the people who lived at the home and there was clear evidence of reviews within all twelve of the care plans we looked at. Previously bed rails had been used without the necessary consent or best interest decisions in place. We saw evidence that consent had now been gained from the person living at the home or their relative. There was no evidence of any restrictive practices used within the home that had not been clearly risk assessed, reviewed and consented to.

We spoke with nine people who lived at the home and five visiting relatives. All of the people we spoke with were able to tell us or indicate that they felt safe living at Courtfield Lodge. No one cited any issues regarding unsafe practices or unreasonable behaviour or attitudes of staff. During our observations throughout the day of the inspection there were no issues with how staff spoke to people living at the home or any issues with how staff assisted people.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Service users were safe and their health and welfare needs were met by staff who were fit, appropriately qualified and were physically and mentally able to do their job.

Reasons for our judgement

At our last two inspections of this home, on 18 and 19 September 2013 and 6 and 7 March 2014, we found that recruitment procedures followed could not always give assurances that people were cared for, or supported by, suitably qualified, skilled and experienced staff. Following both previous inspections the provider wrote to us identifying how they would become compliant with this outcome.

We found evidence that there was an effective recruitment process in place and saw that policies had been implemented to back the process up. Two staff files were looked at, including one of the most recent employee's. The files all included the original application form, professional and personal references, information with regard to the induction process, training certificates and Criminal Records Bureau (CRB) or Disclosure and Barring (DBS) disclosure numbers. We saw evidence that interviews were scored and that appropriate scoring benchmarks were set to ensure the appropriateness of each new recruit.

Since our last inspection there had been a number of new staff employed including care assistants, a new chef and an activities coordinator. All posts were now advertised externally as well as internally to ensure the best possible candidates for each post were found.

We found evidence of inductions taking place prior to people taking up their post and during the first few weeks of their employment with the home. We saw certificates on file that supported this. We also spoke to two staff recently recruited into the service who were both happy with how their recruitment had taken place. They also confirmed that they had gone through a robust recruitment process and that they had had a thorough induction process.

We spoke to people living at the home and their relatives about the competence and attitude of staff working in the service. Everyone we spoke to was happy with the staff at Courtfield Lodge and we received a number of complimentary comments, some of which were as follows;

"I can't fault the staff, they work very hard and are absolutely wonderful."

"Oh yes, I'm happy here. The staff are very kind."

"Staff are great."

"They (staff) are absolutely brilliant, nothing is too much for them."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

At our last two inspections of this home, on 18 and 19 September 2013 and 6 and 7 March 2014, we found that the provider did not have a comprehensive and effective system to regularly assess and monitor the quality of service that people receive. Following both previous inspections the provider wrote to us and identified how they would become compliant with this outcome.

It was evident during the inspection that the provider had introduced a number of new audits and quality checks and that systems were in place to identify, assess and manage risks for those people who used the service. We saw that monthly accident logs were kept and a summary was produced at the end of each month to identify any possible patterns. Actions were noted on both the monthly logs and summaries as necessary. One example we saw of such actions resulted in a referral to the local falls team and a movement sensor being used to alert staff to when that particular person moved from their chair.

We saw that weekly internal checks were carried out by Flightcare's Care Quality Manager. These reviews looked at different areas and included checks to the physical premises as well as equipment, policies, documentation and talking to people who lived at the service, relatives and staff. Some of the examples we saw included reviews of care plans, minutes of meetings, staff training, bedrooms and the information placed on notice boards. Any actions needed were noted progress from actions previously set were detailed.

All the homes policies and procedures had been reviewed and there was a process in place to ensure that all staff had read and understood these changes. This involved staff reading ten policies per week and signing to state that they had done so.

We saw that arrangements were in place to audit care plans. We saw that family were involved and that appropriate consent forms were in place as well as best interest decisions for people who were unable to consent themselves. We saw that people's weight was monitored and audits took place to ensure appropriate actions were taken in the event of any significant weight loss or gain.

Details of a forthcoming residents/relatives meeting were seen on notice boards and the people we spoke to knew that a meeting was taking place. People who had attended meetings previously told us that they were able to express their views openly within the meeting.

The people we spoke with who lived at the home told us they felt comfortable raising issues when they needed to. A complaints procedure was in place and was available for people to see in various places throughout the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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