

Christchurch Court Limited

Christchurch Court - 2 Christchurch Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

2 Christchurch Court is registered to provide accommodation and personal care for up to 21 people who have an acquired brain injury. There were 11 people living at the home at the time of this inspection. At the last comprehensive inspection, in May 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to carry out their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager and deputy manager were positive role models in the home. People and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership to the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service remains good.

Good ●

Is the service effective?

This service remains good.

Good ●

Is the service caring?

This service remains good.

Good ●

Is the service responsive?

This service remains good.

Good ●

Is the service well-led?

This service remains good.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector on 26 June 2017 and was unannounced.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with four people who used the service and five members of staff including the registered manager and care staff [Rehabilitation staff]. We looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

Is the service safe?

Our findings

People received care from a dedicated and caring team of staff. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People told us that staff were available when they needed them and that they never had to wait to receive the support they needed. One person said "The staff are brilliant, couldn't ask for more; good girls [care staff] they are." Our observations supported these views and we saw that staff responded to people's requests for care in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "I would raise any concerns with the manager; and if it wasn't dealt with I would take it higher or report my concerns to the local authority." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People told us that they always received their prescribed medicines and the medicines management systems in place were clear and consistently followed. Staff had received training in the safe administration of medicines and had been observed by senior staff to ensure that they were competent in administering medicines to people. One person told us "I get my pills on time, no worries there for me." There were medication profiles in place for each person which gave staff information on the medicine people were prescribed and any side effects they would need to be vigilant of. When a person regularly declined medicine there were clear guidelines in place to support care staff. For example: A person who can sometimes decline to take any medicine after the first few tablets had a priority medication list which detailed the order in which medicine was to be administered to ensure the most important medicine was taken first.

People had personal emergency evacuation plans (PEEPS) in place for staff and emergency services to follow, should there be a need for an emergency evacuation from the building. Fire, gas, water and electrical systems and equipment were appropriately checked and maintained by certified engineers.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, staff had received specialist acquired brain injury training and were supported by the clinical lead to put what they had learnt into practice. There were also opportunities for ongoing professional development for staff and all staff had regular supervision and appraisal; one staff member said "I have regular supervision, I feel really supported and settled."

The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights regarding choice and were able to tell us how they offered choices to people on a day to day basis. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. One person told us "The staff are really supportive of any choices and decisions I make; they may not always be the best choices but they check with me I have thought everything through. I couldn't ask for better support."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. People had regular access to healthcare professionals including speech and language therapists and occupational therapists who formed part of the in house multidisciplinary team. Specialist equipment to assist people to eat which reduced tremors and therefore offered people more dignity while eating had been purchased and were in daily use. All staff were vigilant to any changes in people's health and prompt and appropriate referrals were made to healthcare and social care professionals.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "The staff have been fantastic; I am here for a short stay and it has been a difficult time but it has been made easier by the staff." Another person told us "Brilliant staff, I don't know what else I can say, always smiling and joking with me and they know their job."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to; staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if people wanted to visit the local coffee shops or what activity they wanted support with.

People were treated with dignity and respect. We saw that people were asked discreetly if they required any support. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and had a positive approach to supporting people. Staff referred to people positively and described how they maintained people's dignity by ensuring that people's curtains were closed when they provided care and by knocking on people's doors and waiting for a response before entering. One person told us "The staff always knock on my bedroom door and wait for me tell them to 'come in'; it's not just my door they knock on everyone's door."

The deputy manager told us about the outreach support they offer to a person who no longer lives at the service, they said "We invite the person for dinner once a week and on special occasions like Christmas and Easter. The contact with the service plays a key role in avoiding isolation for this person as they have no relatives to support them." We checked with other people using the service that they were happy for this person to visit on a regular basis and everyone agreed it was a positive experience.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person. People and where appropriate their relatives and other health and social care professionals were involved in developing their detailed care plans. Staff knew people very well; their backgrounds and what care and support they needed and they were able to tell us what care and support people required. One staff member said "It is really important that we [care staff] know people well; for example if we didn't support a person to stop brushing their teeth they would just keep going." One person told us that "I've got a care plan and I have a meeting with my keyworker and talk about what activities I want on my planner."

People were encouraged and supported to pursue their hobbies and interests. For example; people enjoyed arts and crafts, visits to local parks and café's, bowling, meals out and visiting the cinema. Other people had gym memberships and undertook work placements in the community. A couple of people were in the process of planning a spa day and another person was on holiday abroad when we inspected. People had requested a new games table in the resident's forum which was facilitated by an external advocate, we saw this had been purchased and people used it throughout the day. One person told us "We asked for a new pool table and we got one; but it also turn into an air hockey table which is brilliant."

People and their relatives knew how to make a complaint if they needed to and were confident that their concerns would be carefully considered. We saw that there had been one formal complaint made and it was investigated in a timely manner, records of detailed action that had been taken were maintained and in line with the provider's policy. There was information in easy read format about how to complain on the notice board so people could access it at any time.

Is the service well-led?

Our findings

There was a registered manager in post who was visible and accessible to staff, people and their relatives. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The senior management team and provider created and promoted a positive person centred culture. Feedback from a health professional included "I have never worked with another provider who has given so much information, time and help; you are absolutely committed to your clients." One member of staff told us "We are here to promote independence through rehabilitation and we always focus on that person's achievements."

The providers ethos was based on integrity, transparency, compassion and positivity, it was clear that these values were embedded within the culture of the management and staff team. Staff and the management team spoke positively about the service they provide and about how the close working links with the multi-disciplinary team (MDT) ensured good outcomes for people who used the service.

Staff felt listened to and were in regular contact with the management. Staff told us that they were involved with the development of people's care plans. The management team were receptive to staff ideas and suggestions and made the appropriate changes when necessary. Meetings were held with staff which enabled them to share good practice and keep up to date with any changes or developments within the company.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. Annual satisfaction questionnaires were completed by people who used the service and their relatives if people consented to this. Feedback from a relative included "It is a relief to know that [my relative] is in your care."

Systems were in place to encourage people, visitors and staff to provide feedback about the home and the quality of care people received. In addition to the monthly meetings people had about their care, there was also a 'resident's forum' which was facilitated by an independent advocate. It was clear from reading the minutes of the meetings people felt fully involved in their care and support and any actions points from the meetings had been addressed promptly.

Records relating to the day-to-day management of the home were up-to-date and accurate. There were policies and procedures in place which covered all aspects relevant to operating the home which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The service had achieved the recognition of being an accredited Headway provider. The accreditation ensures that services can demonstrate their provision of appropriate specialist care for those with complex, physical and/or cognitive impairment due to acquired brain injury.