

Court House Care Services (Devon) Ltd

Court House Residential Home

Inspection report

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Date of inspection visit:
28 October 2019
29 October 2019

Date of publication:
17 December 2019

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

About the service

Court House is a care home providing personal care to a maximum of 29 older people. They provide care and support for frail older people and those people living with dementia. It does not provide nursing care. Court House is the main building with an attached annexe; there is also a separate building called The Cottage. The Cottage has its own sitting and dining room, and a kitchen that can be used by the people living there. The Cottage, which is based in the grounds of the care home accommodates six people. There were 26 people living at the service during this inspection. The provider had just completed an extension to the home of four further bedrooms and a café. They had applied to register these extra bedrooms with the Care Quality Commission and were awaiting registration.

People's experience of using this service and what we found

People lived in a service that kept them safe. Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken.

There were sufficient staff to meet people's needs and they had been recruited safely. Medicines were safely managed. There were appropriate control of infection processes in place which meant people lived in a home which was clean although some areas were a little tired and in need of redecoration. There were checks and audits in place to protect people from the risks of unsafe and unsuitable premises.

The provider was working to ensure staff received the appropriate training. They had recently changed training provider and were working with staff to complete all the mandatory training and refreshers where required.

People at Court House were supported by staff who knew them well. They were attentive, caring and kind. They demonstrated compassion and were sensitive and reassuring in their manner. The atmosphere at the home was calm and welcoming with people living there appearing 'at home'.

People were provided with personalised care which was centred around them as individuals. People had been assessed prior to going to the home and had a care plan in place with relevant assessments completed, from initial planning through to on-going reviews of care.

People's social needs were met, they enjoyed a variety of social activities which included in house activities and entertainers, trips out, social events and family visits.

People were very positive about the staff and the management team and said they were treated with dignity and respect. People's, relatives', staff and professionals' views were sought, and opportunities were taken to improve the service. Staff were supervised, supported and were clear about their roles and responsibilities.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People and relatives said they liked the food and could make choices about what they had to eat.

People were supported to access healthcare services. Staff worked closely with health professionals, including the GP and community nurses and referred people promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured people living with dementia had given consent or received care in their best interests in line with current legislation.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it.

Staff worked closely with local health professionals and together they ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity. Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.

The service continued to be well led and benefitted from clear and consistent leadership. Systems were in place to monitor the quality and safety of the service. Regular audits were completed and where improvement had been identified, these had been addressed. The management team engaged with other organisations and provider's which demonstrated a commitment to ongoing improvements and learning to ensure best practice at the home.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was Good (published 30 May 2017). At this inspection we found the service remained good.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Court House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

Court House Residential Home is a 'care home'. 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 had a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people, two relatives and eleven members of staff. This included the registered manager, deputy manager, senior care workers, care staff, the cook, maintenance person, activity person and housekeeping staff. We also spoke with the two owners.

We reviewed a range of records. This included two people's care records on the computerised care system and medication records. We looked at three staff files in relation to recruitment, training and induction. We also reviewed a variety of records relating to the management of the service, including policies and procedures, complaints, quality assurance and quality monitoring.

Throughout the inspection we were able to observe staff interactions with people in the communal areas to see how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the lunchtime meal time experiences and used the SOFI to observe how staff interacted and cared for people.

We had been unable to find the provider information return prior to the inspection. The provider kindly gave us a second copy at the inspection which we reviewed. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

After the inspection

We sought feedback from a local GP and the community nurse team who supports the home. We also sought feedback from the local authority quality assurance team who had visited the provider to introduce themselves and offer their services.

Is the service safe?

Our findings

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores.
- Environmental risk assessments to identify any potential hazards had been completed and were scheduled to be reviewed using a new format.
- The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures and room audits. Where water temperatures had exceeded the health and safety recommended temperatures action had been taken during the inspection to make these safe.
- Staff recorded maintenance issues in a maintenance file highlighting whether they were urgent or non-urgent which the maintenance person reviewed each day. The registered manager and providers held a manager meeting each month and discussed maintenance requirements at the home.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance.
- Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting was undertaken. Fire checks and drills were carried out in accordance with fire regulations.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation. The provider also had a business continuity plan in place to keep people safe in the event of a major incident at the home.
- In November 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.
- Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. The management team monitored accidents and incidents at the home and to look for patterns and trends.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "Very happy here, they are very good" and "I am well treated".
- People were protected from the risk of abuse and avoidable harm. Staff had a good understanding about abuse and their responsibility to report any concerns to the management team.

- The registered manager understood their safeguarding responsibilities and had reported concerns when necessary.

Staffing and recruitment

- The provider carried out the necessary recruitment checks before staff commenced employment. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.
- People, relatives and staff said there were enough staff to meet their needs and said call bells were answered promptly.
- The registered manager was actively recruiting new staff as several staff had left the service in the past few months. The registered manager said staff were very good at stepping in to undertake additional duties to cover for staff holidays and unexpected absences. When required they used the services of a local care agency.

Using medicines safely

- Medicines were safely managed.
- The pharmacist providing medicines to the home had undertaken a review in May 2019. Where they had identified small issues, these had been addressed. For example, implementing PRN (as required medicines) protocols to guide staff.
- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines.

Preventing and controlling infection

- The home had a pleasant homely atmosphere with no unpleasant odours and was clean throughout.
- Housekeeping staff undertook regular cleaning of people's rooms and communal areas and completed a cleaning schedule. Audits were completed to monitor the cleanliness of the home.
- The laundry was well managed and had adequate chemicals. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.
- Staff used protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- The provider's infection control policy had been reviewed and was in line with current best practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual health needs were assessed before they used the service. Assessments were completed, and people's individual care and support needs were regularly reviewed and updated. The provider offered a day care and respite service, so some people had become familiar with the home before moving in.
- People had their care needs reviewed monthly. Staff involved family members appropriately to help ensure the care received was appropriate. Families said they were kept informed about their relatives and involved in decision making.
- Staff updated people's care records when changes occurred. This meant people's support was up to date to ensure they received the right care and support.

Staff support: induction, training, skills and experience

- Staff completed the provider's induction when they started working at the home and worked alongside experienced staff to get to know people. The deputy manager was supporting staff new to care to complete the care certificate as some had fallen behind. They were introducing workshop sessions at the home to support staff to complete. The provider also supported care worker apprentices at the home.
- The provider was working to ensure staff received the appropriate training. They had recently changed training provider and was working with staff to complete all of the mandatory training and refreshers where required.
- People and relatives had confidence in the staff's abilities. We observed that staff had the skills to support people safely.
- Staff had regular individual supervision sessions and appraisals, where they could highlight any learning needs. Staff said they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated.
- There was a four-week menu with a minimum of three choices using fresh foods. Meals looked appetising and well presented. Where people had special dietary requirements these were catered for, for example vegetarian diet.
- We observed a lunchtime dining experience for people. The tables were laid with tablecloths, fresh flowers and condiments. The registered manager explained that they used different colour table cloths for each mealtime for a different atmosphere and feel to each mealtime. Staff were attentive and offered people choice and the option of additional portions.

- The management team were working with people to find an appropriate format to display the daily menu, so people were reminded of the choices available.
- People and relatives said they liked the food and could make choices about what they had to eat. Comments included, "There is always something I can eat... I get reasonable meals... if I didn't like it I wouldn't eat it... they would not let you go hungry."
- People's dietary needs and preferences were known by the cooks and staff. Staff used a pre-populated template each day identifying people's dietary needs to ask their meal preferences.
- People were regularly weighed and in the event of weight loss, action was taken to consult with the person's GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recognised changes in people's health and sought professional advice appropriately and followed that advice. Records showed staff contacted local GPs and health care professionals promptly and followed their advice. Health professionals confirmed staff contacted them promptly if they identified concerns.
- Records confirmed people had access to a GP, dentist, an optician, dentist and a chiropodist when required.

Adapting service, design, decoration to meet people's needs

- The home was clean and tidy with some areas of the home a little tired and in need of redecoration. This was in hand for the winter period as building work on a new extension was reaching completion. We discussed with the provider that there was very little signage to guide people around the home. They said they would review the signage throughout the home.
- In the main house there were two lounge areas and a dining room which people could use as they chose. The cottage had its own kitchen, lounge and dining area in the conservatory. There was a well-maintained garden with raised vegetable beds and seating areas and a new enclosed secure courtyard. The communal areas and corridors were adorned with people's and staff's art work and themes chosen by people. For example, a garden theme, a beach theme, postcards to each other and a textured tapestry.
- The provider was completing a new extension of four further high specification bedrooms and a café area. These were not in use at the time of the inspection. The provider told us as part of their ongoing commitment to excellence they planned to hold a coffee club in the café and make the facilities available to appropriate local community groups. As part of this project they were creating an enclosed seating area and undertaking ground works around the new extension for further outside areas.
- People's rooms were individualised with pictures, paintings and small items of furniture.
- The provider had recently upgraded the call bell system at the home to enable silent call bell requests to stop people being disturbed by bells. Staff carried smart phones to receive prompts of people's care needs and alerts of call bell requests. The provider said, this was 'an attempt to enhance the experience of residential care, reducing the institutional feel of the environment making a big difference to dementia sufferers particularly in the evenings'.
- There was a suitable range of equipment and access adaptations to support the needs of people using the service

Ensuring consent to care and treatment in line with law and guidance

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 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where restrictions, such as the use of alert mats, a best interest decision had been made in consultation with the relevant people involved.
- The registered manager had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications had been put in place for people having their liberties restricted.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks.
- Staff were attentive, caring and they engaged with people with kindness and compassion and were sensitive and reassuring in their manner. They spoke respectfully to people, and were appropriately tactile, giving people a gentle reassuring touch. One person said, "I am very lucky- I have always been respected and I am sure everybody else would say that. They are always very helpful."
- Staff showed respect and regard for people's wellbeing and comfort. Staff were continually in and around the communal areas checking on people and asking if they required anything.
- Staff recognised the importance of people's families and relationships. People's relatives and friends were able to visit without being unnecessarily restricted. People and relatives said they were made to feel welcome when they visited the home.
- Staff ensured people's rights were upheld and treated people as their equals.

Supporting people to express their views and be involved in making decisions about their care.

- People were encouraged to make decisions about their day to day care and routines where possible. Staff asked people for their consent before any care was delivered. For example, where they spent their day, where they sat and if they wanted to join in activities.
- Staff asked people's permission before providing them with support. This was carried out in a gentle and unrushed manner and care was taken to ensure people understood as much as they were able to.
- People with close family, friends or those with the legal authority were consulted to make decisions on behalf of people if required.
- Staff knew people's individual likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect when helping them with daily living tasks and promoted their independence. People who were able were moving freely around the ground floor. People who chose to remain in their rooms were regularly checked.
- People were supported to be as independent as possible. One person liked to wash up dishes and another laid the tables.

- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were provided with personalised care which was centred around them as individuals. People received care and support that was responsive to their needs because staff had a good knowledge of them. Staff were able to tell us information about people's backgrounds and life history from information gathered.
- People's needs were assessed before they began to use the service and were reviewed regularly thereafter. Following each assessment, the registered manager completed an easy read profile of new people's needs, likes and dislikes. This gave staff a quick reference point to support people safely and as they chose. For example, what newspaper they liked, how they mobilised and what dental care they needed.
- People had a care plan in place on the provider's electronic care system. There were relevant assessments completed, from initial planning through to on-going reviews of care. Information included people's history, their likes and dislikes and how they liked to spend their time.
- Staff ensured where possible people and their families were involved in their monthly reviews to ensure they were happy with the care they received. Where relevant and appropriate families could access people's care records remotely on the provider's computerised system to monitor how they were getting on.
- Information was easily accessible to staff who had their individual passwords to access the electronic care system which ensured people received the care required.
- There was a staff handover meeting at each shift change and a handover book with key information. This helped ensure staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.
- The provider employed an activity co-ordinator to ensure people's social needs were met. They undertook activities along with staff as well as external entertainers and therapists visiting the home. During our visits we observed people enjoying arm chair exercises, watching a film and 1970's sitcom and clapping along to a music man.
- People undertook monthly trips to local places of interest in a community minibus. These included, the donkey sanctuary and local garden centres.
- Local community groups visited the home. These included the local majorettes who gave a demonstration at the home's summer fete. Army cadets who visit and undertake gardening at the home as part of their Duke of Edinburgh award and two visiting school choirs at Christmas. The activity person said they were in discussions with a local nursery to arrange visits to the home.
- People were supported to attend the local church if they chose and a service was held at the home every four weeks and at Harvest festival and Easter.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced people's communication, was recorded.

Improving care quality in response to complaints or concerns

- People and relatives said they were happy they could make a complaint if they needed to. Comments included, "Can raise any concerns with (registered manager) if unable would go to (provider)" and "I would go to (registered manager) and she would sort it out."

- The provider had a complaints procedure in the main entrance in their statement of purpose which was available to people and visitors.

- Where complaints had been made the registered manager had responded to the complainants and taken action in line with the provider's policy. The management team also addressed niggles, when they were raised to prevent the concern becoming a complaint.

End of life care and support

- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

- Staff worked closely with local health professionals and together they ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.

- There were numerous messages of thanks which had been sent to the management team and staff from relatives with message of how well their loved ones had been cared for by the staff at Court house.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The service continued to be well led and benefitted from clear and consistent leadership. There were clear management structures in place. The registered manager was supported by the deputy manager and senior care staff. Staff were aware of their responsibilities and the reporting arrangements in place. There was an on-call system so staff can access support if they require out of hours.
 - People knew the registered manager and deputy manager as they had an open-door policy and people; relatives and staff were confident about approaching them.
 - The registered manager was also supported by the two directors/owners who were at the home several times a week. They were visible and were liked and respected by staff, people and visitors alike.
 - People received good quality care because the management team set high expectations about standards of care and led by example.
 - Staff worked well as a team. During the inspection they appeared happy and engaging. Staff said they felt well supported. Comments included, "I can go to (registered manager) about anything, she always listens."
 - Arrangements were in place to monitor the quality and safety of the service. Regular audits were completed, for example, bedroom audits, housekeeping, night shift cleaning tasks, kitchen and medicines. Where improvement had been identified, these had been addressed. For example, a bedroom audit had identified a wardrobe and drawer were broken and these had been mended.
 - Accidents and incidents were reported, and lessons learnt when things went wrong. The management team reviewed all accidents and incidents to ensure all appropriate steps were taken to minimise risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred.
- It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection was on display at the home and highlighted on the provider's website.
- People and their relatives were involved in decisions about the care and support delivered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Relatives said there was good communication with the service and confirmed they were informed of any incidents or accidents.
- Where concerns had been raised the management, team took these seriously. They investigated the concerns and took action. For example, following a recent concern raised about confidentiality staff had discussed and relooked at the provider confidentiality policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to give feedback regularly through residents and relatives meetings in the house and cottage. The registered manager and providers were very active at the home and spoke with people and staff most days.
- The provider had sent out questionnaire to health and social care professionals who support people at the service. Where a suggestion had been made action had been taken to find an area where GP's could meet people in private.
- Regular staff meetings took place. These included specific meetings for senior care staff, kitchen staff and whole team meetings. Meetings were used to keep staff informed about ongoing development, concerns and gather ideas from staff. For example, a whole team meeting held in October 2019 discussed oral health training, plans to have a silent call bell system and checking people's skin.
- The provider had completed a staff survey in September 2019 to ascertain their views and were reviewing comments to see if there was any learning.
- The provider produced a seasonal quarterly newsletter to keep people informed. This included photographs of people enjoying outings and the summer garden party, outcome of a family and friends survey, quotes and sayings chosen by a person at the home and update on the new extension. They also had a twitter feed, Facebook page and website which kept people and relatives informed.
- The service had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These were regularly reviewed and updated when needed and addressed topics such as, safeguarding, infection control and the safe management of medicines.
- A national care homes review website had received four reviews, since July 2018 from friends and relatives of people using the service. They all said they would be extremely likely to recommend Court House.

Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing.
- The providers and management team were active members of the local Devon Care Kitemark group. This group of independent care providers has a commitment to ongoing improvement, sharing best practice and instilling pride and positive values about life in care homes across Devon. They told us they undertook peer reviews of each other's services to see what was working and wasn't and share best practice ideas.
- One of the provider's is an elected representative of the Devon County Council Provider Engagement Network (PEN). The PEN group enables health and social care commissioners and local authority procurement teams to engage and work collaboratively with social care providers.
- The registered manager is an ambassador of 'Proud to Care, Devon'. This is where ambassadors use their own knowledge, passion and experience to encourage people to consider careers in care and health.

