

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: 28 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	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

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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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 28 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that the staff were friendly and helpful and they were happy with the home.

Relatives of people using the home said that it was welcoming and that staff knew each person and were always willing to talk and listen to them.

We observed policies and procedures being put into practice in ways which were appropriate and respected the rights and dignity of people.

We saw that care plans were appropriate and identified people's strengths and preferences as well as needs. We saw that people were encouraged to use their strengths and to exercise choice but that when people needed extra help or support it was available for them.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with four people and they told us about how they made choices. We spoke with three relatives of people and they told us that the staff were good and treated each person as an individual and listened to their preferences.

Staff explained to us the initial assessment process which included assessing people's strengths and preferences. They told us how they used this information to help support people in making choices. They also explained how they learned over time if people's choices changed or they needed different types of help to make choices.

We reviewed four care plans and other documents. These showed that people's strengths and preferences as well as needs were recorded. They showed that when people had difficulty in expressing choices staff would work with the person and relatives to help the person express their preference. Where people lacked capacity to make any particular decision then best interest principles in line with the Mental Capacity Act 2005 were followed.

We observed staff working with people using the service in all the different areas of the home. We observed that people were treated with dignity and respect. We saw that people were encouraged to make choices whenever possible and those that needed it were given assistance in making choices. We saw that choices were respected.

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

We spoke with four people. They told us that they were happy with the service and liked the home. One said that there were plenty of activities. Another said that they liked the food and the friendly staff.

We spoke with three relatives of people. They all said that people were treated as individuals and all staff knew their names. They said that staff welcomed visitors, were always happy to answer questions and kept the relatives informed of any changes.

We read four care plans and other documents including medication records. These showed comprehensive initial assessments that they were regularly updated if and when things changed. They showed close working with other services such as GPs and district nurses. The care plans identified the person's strengths and preferences as well as needs. They showed how staff were working to help maintain people's strengths whilst minimising avoidable risks. They showed that people's choices, such as preferred bed time or style of clothing, were built into care planning. We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

In addition to care staff the home employed catering, maintenance, domestic and garden staff so that care staff could concentrate on providing care. There was an activities coordinator.

We observed staff interacting with people using the service in all areas of the home. These interactions were conducted with dignity and respect. People who needed more help, for example with eating at meal times, were given specific help and attention.

We saw the activity programme and menu choices. We saw people making menu decisions and participating in and enjoying the arranged activities. We saw that people who chose not to join in the arranged activities had this choice respected.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

The systems and practices in place were designed to ensure that people were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with catering and care staff about choices, menus and nutritional standards. Our observations and their replies showed that the policies and procedures of the provider were being followed. The policies of the provider were appropriate for the type of care provided.

Staff told us that as food was freshly prepared on site making changes to meet clinical, cultural or personal preferences were easily accommodated. The menus demonstrated that people were provided with a choice of suitable and nutritious food and drink.

We observed the service during breakfast and lunch times. We observed that people were supported in making choices and using their strengths. Some people needed more time or additional help with their meals and this was managed in ways which protected their dignity and showed respect to them.

Care plans showed that nutrition was carefully considered and any need for special diets or additional assistance was included in the care plan. Staff told us that if people did not eat adequately for any reason this information was passed on to other staff in the daily handover notes. If nutrition continued to cause concern then the issue would be escalated through management. In these cases the care plans would be altered and other professionals, such as the GP or District Nurse, would be alerted.

We spoke to four people and they said the food was good. We observed others at mealtime praising the food.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We reviewed the provider's policies and procedures for obtaining, storing and issuing medication. These were all appropriate for the type of care provided. We saw that the medicines trolleys were appropriately placed and secured and that the system for storing and recording controlled drugs was appropriate.

We were told that in addition to the regular deliveries from the external pharmacy provider there were systems in place to access medication urgently. We were told that there was close working with other healthcare professionals, especially district nurses and GPs, to ensure that people's need for prescriptions were reviewed in a timely manner.

We reviewed four care plans and these showed appropriate planning for the use and review of medication. We reviewed medication administration records and these were appropriately completed and corresponded to the relevant care plans.

We spoke with care and management staff, all of whom understood the systems in relation to consent and capacity. They knew what to do if someone lacked capacity to make choices in line with the Mental Capacity Act. Staff reported receiving training in capacity and consent as well as in medication administration and this was confirmed by training information held by the home.

We observed some people receiving medication and the medications were administered appropriately and in ways which respected the privacy and dignity of the individual.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home could accommodate up to 70 people because nine rooms could be used for single or double occupancy. The manager said that in practice it was rare for more than one room to be used for double occupancy. We were told that nine care workers worked during the day, and five worked at night, and this was appropriate for up to 62 residents. The provider had a staffing demand calculation system which meant numbers of care staff on shift could be increased if necessary. There were also management staff, domestic staff, catering staff, grounds and maintenance staff and an activities coordinator employed at the home. Outside normal working hours staff could speak to the duty manager by telephone if they needed extra advice or support. Staff and managers told us that in addition to telephone support duty managers attended the home to give additional direct help and support if this was necessary.

We reviewed staffing records held by the provider. These showed that appropriate employment checks were carried out in a timely manner. The provider had a clear training matrix and system for managing mandatory training. There was a policy in place for staff supervision and appraisal.

We spoke with five staff. They said that they were encouraged and supported to do training including National Vocational Qualifications (NVQs). The staff we spoke with said their relationships with managers were good and managers were frequently seen out and about within the home. Their descriptions of their memories of induction training and their experience of annual training tallied with what the policies and reports of managers said should be happening, and these seemed appropriate for the type of care provided.

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 receive and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke with four people. They told us that staff listened to them and were helpful.

We spoke with three relatives of people. They told us that staff welcomed comments and feedback and were always willing to speak with visitors.

We spoke with five staff and the manager who told us they carried out regular reviews of the service. Staff explained the processes by which they passed on comments and feedback to management. Staff were clear how they would escalate any concerns that they might see or be told about regarding the quality of care.

We reviewed policies and procedures for receiving and responding to feedback, comments or complaints. We were told about and shown examples of changes made in response to comments and audits. There was a regular system of quality audits undertaken by the provider.

We were told that as the home was part of a group run by the provider, opportunities and lessons had been shared across all the provider's services. We were told about and shown refurbishment work being undertaken to enhance the en-suite areas as a result of these quality review processes.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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