



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Courtfield Lodge Nursing & Residential Home

**81a Marians Drive
Ormskirk
Lancashire
L39 1LG**

Lead Inspector
Vivienne Morris

Unannounced Inspection
20th September 2007 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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SERVICE INFORMATION

Name of service Courtfield Lodge Nursing & Residential Home

Address 81a Marians Drive
Ormskirk
Lancashire
L39 1LG

Telephone number 01695 570581

Fax number 01695 570885

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) Flightcare Limited

Name of registered manager (if applicable) Miss Maria Deegan

Type of registration Care Home

No. of places registered (if applicable) 70

Category(ies) of registration, with number of places Learning disability (2), Old age, not falling within any other category (70), Physical disability (1)

SERVICE INFORMATION

Conditions of registration:

1. The home is registered for a maximum of 70 service users to include: Up to 70 service users in the category OP (Old age, not falling within any other category) and 2 named service users in the category LD (Learning Disability) and 1 named service user in the category PD (Physical Disability)

Date of last inspection 19th June 2006

Brief Description of the Service:

Courtfield Lodge is a purpose built home situated in a quiet residential area close to the town centre of Ormskirk. The home provides both nursing and personal care for up to 70 older people. The accommodation is on two floors, the upper floor being reached by both stairs and a passenger lift. There is a lounge and dining room on each floor. The rooms are predominantly single but facilities are available if people choose to share accommodation. The bedrooms all benefit from the provision of en-suites. Those living at the home are encouraged to personalise their bedrooms with their own belongings. The menu provides a variety of food choices, although alternatives are available if desired. Specialised diets are catered for if required and people can eat their meals within the privacy of their own rooms, should they so wish.

The service users' guide, which contains relevant information about the home, including the most recent inspection report, is given to people who are thinking about living at Courtfield Lodge, so that they are able to make an informed choice about where to live.

The scale of charges as at 20th September 2007 ranged from £386 to £504. Additional charges were being incurred for hairdressing, newspapers/magazines, toiletries, private transport and private chiropody.

SUMMARY

This is an overview of what the inspector found during the inspection.

An unannounced site visit, which formed part of a key inspection, was conducted over one day in September 2007. During the course of the visit to this service, discussions took place with those living at the home, as well as relatives and staff. Relevant records and documents were examined and a tour of the premises took place, when a random selection of private accommodation was viewed and all communal areas were seen. Comment cards were received from nine people involved with the service and their feedback is reflected throughout this report. Every year the provider completes a self-assessment, which gives information to the Commission about how the home is meeting outcomes for people using the service and how the quality of service provided is monitored. Some of this information forms part of this inspection report. The inspector 'tracked' the care of three people living at the home, not to the exclusion of other residents. The total key inspection process focused on the outcomes for people living at the home.

The Commission for Social Care Inspection had received five complaints about this service since the last inspection, which were all referred back to the provider for investigation under the home's complaints procedure.

What the service does well:

Detailed information had been gathered, prior to people being admitted to Courtfield Lodge, which collectively provided a clear picture of individuals, so that the home was confident that assessed needs could be adequately met by the staff team. The assessments conducted by the home were very thorough providing staff with clear guidance about the needs of people before they moved into Courtfield Lodge.

The plans of care were very well written, person centred documents providing clear guidance for staff as to how individual needs were to be met. Detailed information was obtained in relation to the past history of those living at the home so that staff were able to develop a good relationship with individuals and understand their social care needs.

One relative wrote on the comment card, "As far as our experience of the home is concerned, all people seem to be treated with care and consideration".

When asked on the comment card, what the service does well, one health care professional wrote, "All aspects of care", and a relative wrote, "We are completely satisfied with the standards of care my relative receives".

The registered person told us, when asked what they do well, "We aim to meet all clients health and personal care needs to a high standard. Two specially

adapted baths are sited on each floor. Some external professionals are involved with the home and out patients appointments are arranged. The hairdresser visits weekly. Audits of personal care needs are conducted. Care plans record all health and personal care needs and any input from multi-disciplinary team.

The general routines of the home were flexible and people were respected to ensure that their privacy and dignity was protected at all times and they were supported to make individual choices so that they were able to make decisions about their preferred life style. Residents were able to manage their own finances if they chose to do so, with appropriate support, as required.

Residents were encouraged to maintain contact with their family and friends and visitors were made welcome to the home in order to promote a friendly atmosphere for those living at Courtfield Lodge. Arrangements were made for people to be supported by the local advocacy service so that an independent person could act upon their behalf, should residents so wish.

Residents were provided with a choice of menu and alternatives were available if required to allow people to exercise personal preferences. Food was attractively presented in order to maintain appetite and nutrition. Specialised diets were catered for to ensure that people's nutritional needs were met and residents were able to eat in the main dining areas or within the privacy of their own rooms, should they so wish.

A lot of information was available for staff in relation to equality and diversity. One resident said, "We are all treated the same, with respect. It doesn't matter who we are. The staff are all lovely".

One relative, when asked what the home does well, commented, "The staff are all friendly - all staff not just nurses and care workers".

Complaints were well managed so that thorough investigations were conducted and complainants were kept informed of the progress and outcome of the investigation. Robust policies, procedures and practices had been adopted so that people living at the home were adequately safeguarded against abusive situations.

The home is fit for purpose and is maintained to a good standard. It is tastefully decorated, well presented, clean and tidy, providing a pleasant environment for people to live in. Good quality furnishings are provided and people are able to adorn their bedrooms with personal possessions to create a homely environment.

The ratio of care staff to residents was calculated in accordance with the dependency levels of those living in the home to ensure that sufficient numbers of staff are deployed to meet the assessed needs of residents. The system utilised was reviewed on a monthly basis or as the occupancy of the home changed so that the care staffing levels could be adjusted accordingly.

Detailed induction programmes for new staff were in place to ensure that all staff employed received sufficient information about the home and the needs of residents before they work alone. A variety of training courses were provided for all staff to ensure that the work force was sufficiently trained to deal with emergency situations and to provide a good standard of care for those living at the home.

One relative wrote on the comment card, when asked what the home does well, "Everything from daily care, hygiene, medical care and communicating with next of kin".

The home was being operated to an acceptable standard and the policies, procedures and systems adopted by the home thoroughly safeguarded residents' finances. The health, safety and welfare of people living at the home was promoted by the systems adopted by the home.

What has improved since the last inspection?

When asked what has improved since the last inspection, the registered person told us, "Improvements have been made by introducing a named nurse system so that individualised care is better promoted and so that people living at the home form closer bonds with staff and their key workers".

The registered person told us that improvements had been made by the employment of an activities co-ordinator, who was enthusiastic and committed, providing individualised programmes of activities that may vary greatly between residents.

The patio area had been thoroughly cleaned since the last inspection and the resident family of ducks had been relocated to another area of the grounds, so that the patio area was maintained free from the mess the ducks had created, allowing people to enjoy sitting outside in the warmer weather.

The recruitment procedures had improved since the last inspection to ensure that people living at the home were adequately safeguarded against abusive situations.

What they could do better:

All residents or their representatives must be given the opportunity to be involved in the care planning process, so that their wishes and feelings are taken into consideration and the plans of care should be reviewed at least every month, so that current needs are accurately recorded.

Handwritten entries on Medication Administration Records should be signed, checked and countersigned to minimise the possibility of transcription errors

and the amount of variable dose medications given should be clearly recorded, to consistently protect people living at the home.

The provision of social activities could have been better, in order to prevent boredom and so that those living at the home were stimulated and motivated to maintain some leisure interests. When relatives were asked what the home could do to improve, one wrote, "More activities for residents, but I realise that this has financial implications", and another commented, "There needs to be more interaction with external influences, e.g. days out, regular and ongoing occupational therapy".

When asked what could be improved, the registered person told us, that developments could be made by supplying the activities co-ordinator with information about people's interests before admission to improve quality of daily life for people.

The management of meal times could have been better, as those people who preferred to eat their meals within the privacy of their own accommodation were served with two courses at the same time, resulting in their hot sweet going cold before they were ready to eat it.

The pipe work in some of the bathrooms was unguarded, which did not consistently promote the safety of those living at the home.

The home should continue to progress towards achieving a 50% ratio of care staff having achieved a National Vocational Qualification at level 2 or above.

Information provided by the home told us that they felt internal auditing could be improved to promote the quality of service provided.

The mechanism in place for monitoring the quality of service provided could be further developed and extended so that the outcome for residents could be more effectively assessed and the registered manager needs to resume her duties on a full time basis as soon as possible.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

- 3.** Quality in this outcome area is excellent.

This judgement has been made using available evidence including a visit to this service.

The needs of those wishing to live at the home had been thoroughly assessed prior to admission so that the home was confident that the staff team could meet individual needs.

EVIDENCE:

The care records of three people living at Courtfield Lodge were examined at the time of the inspectors visit to the home.

A lot of very detailed information had been gathered for each person, before they moved into the home, to ensure that the staff team were confident that individual assessed needs could be adequately met. Records showed that people had been given a lot of information about the home, so that they knew what to expect. When prospective residents or their relatives visited the home, then this was recorded showing that they had been given the opportunity to choose their own accommodation.

Relatives spoken to confirmed that someone from the home had invited them to be involved in the assessment process, conducted by the home before admission and that they had been given enough information to help them make a decision about a placement at Courtfield Lodge.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The health, personal and social care needs of people living at the home was being consistently met and their rights to privacy and dignity were being upheld.

EVIDENCE:

The care of three people living at Courtfield Lodge was 'tracked' during the course of the inspection. Discussions took place with all three residents and relatives of two of them.

All three plans of care were found to be extremely well written, person centred documents, providing clear, detailed guidance for staff as to how individual assessed needs were to be met. The information recorded had been gathered during the pre-admission process to show that the care plans included all assessed needs of those living at Courtfield Lodge. Recorded evidence demonstrated that advice had been sought from a variety of external professionals to ensure that health care needs were always being met.

Social care profiles had been completed, which showed that staff had found out what residents enjoyed doing in relation to leisure interests and hobbies. These profiles provided a clear picture of individual's past life, which promoted a holistic approach to the care of those living at the home.

Two out of the three care files examined showed that those living at the home had been given the opportunity to be involved in the planning of their care, so that they were able to discuss any concerns or preferences which they may have had. The care plans belonging to these two people had been reviewed at least once every month so that any changes in residents' assessed needs was clearly recorded. The third care plan examined, although it was very informative, did not show that this resident or their relative had been involved in the care planning process and it was evident that monthly reviews had not always taken place, although changes in need were well reflected when the plan of care had been reviewed.

A wide range of assessments had been conducted by the home to show that strategies had been put in place to minimise or eliminate any identified risks.

Those spoken to were very happy with the care that they were receiving and all felt that the staff team was appropriately meeting their needs. One relative said, "The staff are kind and considerate of individual needs".

Staff spoken to were fully aware of the care plans and they explained what they did for the people, whose care we 'tracked', which showed that staff had a sound understanding of the needs of people and that the plans of care were being followed in day-to-day practice.

Comment cards received from residents and relatives indicated that their needs, in general, were met and that on the whole, care, support and medical attention was adequately provided.

All five comment cards received from representatives of people living at the home indicated that they are always kept up to date with important issues affecting their relative. One person wrote on the comment card, "As I visit on a daily basis there is no problem with information" and another added, "Even if I am not available to answer the phone call, the home always leaves an answer phone message". Four of the relatives said that the service always meets different needs of people, and one said that it usually does.

The two health care professionals, who sent in comment cards said that the home always responded to the different needs of people and that individual health care needs were always met . They also indicated that, in general the home sought advice and acted upon this to improve people's health care needs. Both external professionals felt that staff had the right skills and experience to meet people's health and social care needs and that, in general people living at the home were treated with privacy and dignity.

The management of medications was generally satisfactory in order to safeguard those living at the home. Policies and procedures describing the handling of medications within the home were available for staff reference so that they were aware of correct procedures to follow.

The procedures describing the arrangements for the disposal of unwanted medicines had been updated to reflect the recent changes. Qualified nurses administered medicines to residents receiving nursing care and the inspector was advised that all carers handling medication had completed assessed medication training to ensure safe handling of medications. The Medication Administration Records, used throughout the home were generally up-to-date but handwritten entries were not always signed, independently checked and countersigned in order to reduce the risk of transcription error. The records did not clearly indicate the amount of medication given for those prescriptions with a variable dose, which could have put people at risk.

The plans of care demonstrated that the privacy and dignity of those living at Courtfield Lodge was protected at all times, particularly when providing personal care. Visitors were seen chatting with people, within the privacy of their relative's or friends own accommodation and staff were seen to be knocking on resident's bedroom doors before entering. Records showed and staff confirmed that they were instructed during induction about how to treat service users with respect and staff were also seen to be talking with residents in a polite and respectful manner, indicating that people living at the home were treated well.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15.

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

Those living at the home were supported to exercise autonomy and choice so that they were able make decisions about their preferred life style. However, the provision of activities was not consistent and the management of meals could have been better.

EVIDENCE:

At the time of the inspection the activities co-ordinator had just returned from sick leave and although some activities were being provided by care staff these were limited and we were told that activities on the whole had lapsed.

Good social profiles had been completed, providing staff with very detailed information about each person's life history, their likes/dislikes and preferences, so that those working at the home got a clear picture of each individual and were therefore able to adopt a holistic approach to meeting health, personal and social care needs. A lot of choices were offered throughout the day and freedom of movement was evident, showing flexibility in the daily lives of the people living at Courtfield Lodge.

The care of a visually impaired resident was tracked at the time of the inspection so that we were able to determine whether the home provided equal

opportunities for those with a disability. The care records demonstrated that this person was able to make a variety of choices in relation to the routines of daily life and the home had arranged the provision of specialist equipment so that the residents' life would be as comfortable and as enjoyable as possible.

Information provided by the home told us that pre-admission assessments reflected what hobbies and leisure interests people enjoyed, so that these could be incorporated into care plan. This information was confirmed by looking at the residents' records.

Information provided by the home also said that an activities co-ordinator was employed, who further identified daily life and social care needs following admission to plan forthcoming activities based on individual needs. Outings were provided, such as trips to the cinema and outside entertainers visited the home.

Feedback from relatives' surveys conducted by the home indicated that they would like to see more planned activities, including shows and days out. Residents spoken to said that activities were okay and that they were able to choose whether to participate or not, although they would like to go out more often. However, they also confirmed that the routines of daily living were generally flexible and that they were able to exercise choices about meals, getting up and going to bed.

There were no organised activities provided on the day of the inspection and all records in relation to the provision of activities had not been completed for three months, including the structured activities programme, which had not been active since July 2007. Those spoken to felt that there was not much going on. We spent long periods of time sitting in the lounges with the residents. In both communal areas a lot of the residents were people were sitting in chairs asleep.

Although the staff on the first floor were very friendly, laughing and joking with the residents and one person was dancing and another singing, which was initiated by themselves, there were no activities in progress for the other people living on this unit.

In the lounge on the ground floor the residents were sitting in chairs, with little stimulation, the television was switched off and there was no music playing. We realise that a lot of the people living on this unit have complex nursing needs, but some 1:1 interaction perhaps could have been provided.

Two comment cards were received from residents, which indicated that suitable activities were usually provided. Five comment cards were received from relatives, all of which indicated that people, in general were supported to live the life they choose, but that there was not much going on in the way of activities. One relative wrote on the comment card, "There is insufficient

occupational therapy. There are hardly any external stimuli and people are left to either sleep or watch television".

One resident told us, "There is not much going on. I get really bored", another said, "When I came in I was told that I could go to the lounge and sit with the others. I can't get there on my own and have only been taken there twice in four months. I was also told that I could be taken to the shops in a wheelchair, but I haven't been outside since I came in. I would love to go out for a while".

At the time of the inspection there were three service users living at the home who were being supported to manage their own finances, which demonstrated that residents were able to exercise choice about their personal affairs and were supported to maintain control over this area of their lives. Policies and procedures were in place at the home to demonstrate that systems had been implemented to ensure that those living at the home were supported to handle their own finances should they so wish. Staff confirmed that those living at the home were offered the option of a postal vote should they so wish to ensure that their right to vote was respected.

Policies and procedures were in place at the home to ensure that residents were able to access their own records under the Data Protection act 1998 if they so required.

Policies and procedures demonstrated that the home would access an independent body to act on behalf of a resident, should the resident so wish in order to provide some protection and to help them to make decisions about their life. The home had arranged support of the local advocacy service for three residents, so that an independent person was acting on their behalf.

Service users were able to bring personal possessions to the home with them, which individualised their own accommodation. An audit of service users' belongings had been consistently conducted on admission to the home, in order to protect their personal items.

Policies and procedures were in place, which showed that visiting times were flexible within reason. We spoke to several relatives on the day of the site visit, including those of two of the people whose care was 'tracked' and they all said that visitors were always made welcome to the home and were offered beverages at each visit. One person was seen dining with a resident and she told us that she often has a meal with her relative at the home. Those spoken to also confirmed that staff encouraged residents to maintain contact with their family and friends. One relative said, "The staff are very pleasant and friendly".

At the time of the inspection meals were being managed to ensure adequate nutritional intake. At lunchtime a calm environment prevailed and residents were enjoying the dining experience. It was pleasing to note age appropriate

background music being played in the first floor dining room, whilst people were eating their meals. .

The dining room on the ground floor was found to be a pleasant area for residents to eat in. It was bright and airy and the dining tables were attractively laid with cruet sets, condiments, napkins and flower arrangements.

Specialised aids and equipment were provided in accordance with residents assessed needs to promote independence. The menu of the day was displayed in the dining rooms so that people were aware of the choices being served for lunch.

Meals were served in residents' bedrooms if they preferred some privacy whilst dining and staff told us that this decision was purely based on individual choice. However, those who wished to eat lunch in their own rooms were provided with their main course and hot sweet at the same time, which resulted in the sweet going cold, before they finished their main course, which did not promote good nutritional management.

Nutritional risk assessments had been conducted, which identified anyone who was at risk of malnutrition, in which case advice was sought from the dietician and nutritional care planning was developed in accordance with individual need to ensure that adequate dietary intake was being maintained.

Those living at the home confirmed that they were asked every day what they would like for their meals and that they were able to choose from the menu or were able to select an alternative if they so wished.

The meals served were recorded and were seen to be attractively presented and of a good nutritious standard. Liquidised diets were served in individual portions, so that food items could be easily identified to promote appetite and to aid in nutrition.

Detailed records were available about individual diets and staff were aware of residents' dietary needs and preferences, which ensured that service users received a nutritious diet in accordance to their needs. Appropriate training had been provided to relevant staff to ensure that food hygiene standards were maintained. Residents confirmed that a snack was provided in the evening and that food and beverages were available at all times, should they wish to have something to eat between meals.

In general, people living at the home said that they liked the meals provided, although some comments received included, "Meals are edible, but not brilliant", "There is little variety. It is always the same" and "I don't like sprouts and I always tell staff, but I still get them".

Staff were seen to be supporting those who required assistance with feeding in a sensitive and discreet manner by sitting with them and chatting to them to encourage dietary intake. However, staff were also seen to be encouraging residents to eat by themselves as far as possible to encourage independence.

Meal times were unrushed and those living at the home were allowed to eat at their own pace so that they did not feel uncomfortable and so that adequate dietary intake was promoted.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Complaints were taken seriously and appropriate investigations were conducted. The policies, procedures and practices of the home safeguarded the people living there.

EVIDENCE:

Information provided by the home told us that a procedure was in place, which ensured that all complaints were documented and that appropriate action was taken. A complaint was 'signed off' when it was resolved and a complaints file was available with all complaints recorded. Relevant records were seen and confirmed the information.

All five comment cards received from relatives indicated that they would know how to make a complaint, should they need to do so. Four said that the home had always responded appropriately if they had raised any concerns and one wrote, "I have no cause for concern about the care my relative is receiving".

Comment cards received from both residents indicated that they would know who to speak to if they were not happy about something, whilst living at the home.

A record was retained of all complaints made to the home, which showed that detailed investigations had been conducted and feedback obtained from people involved with the service indicated that the management of complaints was good.

Written policies were in place at the home in relation to safeguarding adults, which provided clear guidance on the procedure to be followed in the event of any allegations of abuse being received. A copy of the guidance '**No Secrets**', produced by the Department of Health was readily available for staff reference to ensure that correct procedures were followed. A whistle blowing policy was also in place so that staff were aware of their responsibilities in relation to the reporting of any concerns, which may affect those living at Courtfield Lodge.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Service users lived in a clean and pleasant environment, which was free from offensive odours. Adequate procedures were in place for the control of infection.

EVIDENCE:

Information received from the home told us that the the environment was safe and well maintained. It was comfortable, homely and refurbished as and when needed. All rooms were en-suite, with assisted baths on both floors and a patio'seating area outside was available.

Comment cards received from both residents said that the home was generally fresh and clean. One added "The home smells nice".

We toured the premises, noting that decoration of residents' bedrooms and communal areas was on going and that a rolling programme of maintenance was evident. However, the stair carpet leading from opposite the ground floor lounge to the first floor was in a 'grubby' condition and in need of deep

cleaning or replacement, to ensure good environmental standards are maintained throughout. The home was found to be safe and fit for stated purpose and was well presented, providing those living there with a pleasant, hygienic and comfortable environment in which to live. Residents and visitors spoken to stated that they liked the accommodation and felt that a homely atmosphere was provided.

The pipe work in some of the bathrooms was not guarded to ensure that the safety of people living at the home was totally protected.

The good-sized bedrooms were personalised with resident's belongings and good quality linen and furnishings were provided, which created homely surroundings for people living at the home. Those spoken to were satisfied with their bedrooms and happy that they were able to bring personal possessions to the home with them. The communal areas were light and airy and were tastefully decorated and furnished so that residents were comfortable.

The external areas of the home were safe and tidy for use by residents. People living at the home enjoyed watching the wild life outside, including a resident family of ducks and a variety of birds, living in the aviary.

Detailed policies and procedures were in place in relation to the control of infection so that staff were aware of measures to take in order to protect those living at the home. Laundry facilities were appropriately sited to reduce the possibility of cross infection. Staff spoken to were fully aware of the measures needed to minimise the risk of infection. Residents spoken to were satisfied with the laundry arrangements in the home.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The numbers and skill mix of staff on duty adequately met the assessed needs of those living at the home. Training provided for staff demonstrated that service users were in safe hands at all times and the recruitment process was thorough enough to ensure that staff employed at the home were suitable to work with vulnerable adults.

EVIDENCE:

Information provided by the home told us that staffing levels were calculated in accordance with the dependency needs of people living at Courtfield Lodge and that many staff had completed a recognised qualification in care, showing that people working at the home were trained to do the job expected of them. However, although records looked at confirmed this information, it was established that the recommended percentage of care staff having achieved a National Vocational Award had not quite been attained, although it was noted that a good number of people were working towards this award.

A staff rota was in place at the home demonstrating which staff were on duty at any time of the day and night and in what capacity they were employed, demonstrating that the skill mix of staff was appropriate to the needs of those living at the home.

A clear procedure was in place for calculating the ratio of care staff to residents; by utilising individual dependency assessments to ensure that

adequate care was provided to those living at the home. In addition, extra staff were being deployed to ensure that the needs of those requiring a high level of care intervention were being met. Evidence was available to demonstrate that the system used for calculating the ratio of care staff to residents was reviewed on a monthly basis or when the occupancy of the home changed so that staffing levels could be adjusted accordingly. The use of agency staff was minimal to ensure that continuity of care was maintained. From all sources of evidence available to us it was determined that the needs of people living at the home were, in general, being met, which suggested that sufficient staff, with appropriate qualifications and experience, were being deployed to look after the people at Courtfield Lodge.

Comment cards from two residents showed that in general staff were usually available when they were needed. The plans of care were very well written documents, providing staff with clear guidance as to how individual needs were to be met and staff spoken to were knowledgeable in relation to the needs of those living at the home.

Information provided by the home told us that a matrix was in place so that staff training needs could be identified and monitored. This was seen, which showed that a wide range of training courses were provided for staff, including a number of compulsory core training sessions and training specific to the needs of the people living at the home. One member of staff had been trained in palliative care and link nurses were appointed, who were responsible for various aspects of care, such as infection control, nutrition and health and safety. We were told that these staff members had received thorough external training and were responsible for training other staff.

Staff spoken to confirmed that an in-house tutor had been appointed for the planning and provision of training, so that staff were receiving training to meet their needs. Records showed that In depth Induction training had been provided for all staff within the first six weeks of employment, which was recorded in individual workbooks, demonstrating that new staff had been provided with relevant information in relation to the aims and objectives of the home. New staff are shown five DVD's in relation to the principals of care, before they start work, so that they are aware of the general needs of elderly people.

The home's recruitment procedures had improved since the last inspection, to ensure that all staff employed were suitable to work with vulnerable people. The personnel files of two recent employees were examined, which showed that thorough pre-employment checks had been carried out to ensure the protection of those living at the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The management of the home was sufficient to meet the needs of people living there and although the monitoring of the quality of service provided had improved, this could be further developed. People living at the home and the staff team were adequately protected in relation to health and safety issues and safe working practices and residents' financial interests were safe guarded.

EVIDENCE:

The registered manager of the home is a first level nurse with a number of years managerial experience and has completed a National Vocational Qualification at level 4, showing that she is suitably qualified, experienced and competent to run the home. However, the Commission for Social Care Inspection was aware that she had been covering a sister home within the group for more than two months, although she had been working at Courtfield

Lodge for one day every week and was contactable should the need arise. During this arrangement Courtfield Lodge was being managed on a day – to – day basis by the deputy manager.

Information provided by the home told us that the management of the home had a good relationship with the provider and that management meetings were held at least once a week.

Comment cards received from five relatives showed that, in general, enough information was provided to allow them to make decisions about life of the people living at the home.

Management processes made sure that staff received feedback about their work so that they were aware of any improvements required. Visitors and residents spoken to were very happy with the service provided and felt that the care was good.

Although, the system for monitoring the quality of service provided had improved since the last inspection by the implementation of a range of audits, this area could be further developed, by introducing an annual development plan, to demonstrate that the organisation has a systemic cycle of planning in place, which reflects the aims and outcomes for the people living at the home.

Recorded minutes of meetings were retained at the home and monthly reports were prepared which were available for inspection to demonstrate that the registered provider visited the home regularly and identified any issues requiring attention.

Resident, visitor and staff surveys had been conducted, which provided positive comments about the management and administration of the home. The mechanism for obtaining feedback about the quality of service provided could have been better, by seeking the views of stakeholders in the community as to how the service was achieving outcomes for the people living at the home. The organisation had achieved a recognised quality award showing that an external body periodically accredited the organisation.

The plans of care seen were very well written and incorporated short term and long term goals for service users, which demonstrated a commitment to the development for each resident and promoted their independence.

Any discussions with relatives of residents were documented so that a record was retained of any concerns or compliments.

Residents were helped to take responsibility for managing their own money. They were provided with facilities to keep their money and valuables safe. Where the home was responsible for residents' money, a safe system was in

place and clear records were kept in order to ensure that peoples' finances were adequately protected.

The home had a good record of meeting relevant Health and Safety requirements and legislation. Records were of a satisfactory standard and were routinely completed. Residents were aware of safety arrangements and had confidence in safe working practices of staff. We saw two staff members using a hoist to transfer a resident, which was done in a competent and professional manner, ensure that the person being transferred was kept safe throughout the process.

The registered person had conducted a variety of risk assessments for safe working practice topics and significant findings of the risk assessment were recorded to ensure that risks were identified and appropriate strategies were put in place to minimise or eliminate the risk factor. Information provided by the home told us that systems and equipment had been serviced in accordance with manufacturers recommendations. A random selection of service certificates were seen, which confirmed this information.

All new staff had received induction and foundation training to meet relevant guidelines to ensure that they were fully aware of their responsibilities in relation to safe working practice topics.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	4
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	4
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	4
28	2
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	2
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	15(1)	The registered person must give all residents or their representatives the opportunity to be involved in the planning of their care to ensure that the care provided is in accordance with their wishes.	31/10/07
2.	OP12	16(2)(m)(n)	The registered person shall having regard to the size of the care home and the number and needs of service users: - Make arrangements to enable service users to engage in local, social and community activities, and consult service users about the programme of activities arranged by or on behalf of the care home. (Timescale of 31/08/06 not met).	30/11/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	All plans of care should be reviewed at least every month, to ensure that the plan of care accurately reflects the up to date needs of people living at the home.
2.	OP9	Handwritten entries on the Medication Administration Records should be signed, witnessed and countersigned, in order to avoid any transcription errors.
3.	OP9	The drug records should clearly show the amount of variable dose medications administered at any one time in order to protect people from harm.
4.	OP15	The management of meal times should be reviewed so that hot sweets are not left standing and going cold, before people are ready to eat them
5.	OP19	<p>The unguarded pipe work in some of the bathrooms should be covered to protect the safety of people living at the home.</p> <p>The stair carpet leading from opposite the ground floor lounge to the first floor needed deep cleaning or replacement, to ensure good environmental standards are maintained throughout.</p>
6.	OP28	It is recommended that the home continue to work towards achieving 50% of care staff being trained to a National Vocational Qualification at Level 2 or above.
7.	OP31	The registered manager should resume her full time day – to – day duties at Courtfield Lodge Nursing Home as soon as possible in order to manage the home effectively.
8.	OP33	The quality assurance monitoring system should include feedback from stakeholders in the community to determine their views on how the home is achieving goals for service users.
9.	OP33	An annual development plan specific to Courtfoeld Lodge should be implemented based on a cycle of planning, action and review.

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