

Helmreal Limited

Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Court Nursing Home is a privately-owned care home situated in Rock Ferry, Wirral. It provides residential and nursing care to up to 31 people living with dementia or other mental health difficulties. The home has single and shared rooms. We inspected the service on 8 January 2019 and there were 26 people living in the home at the time.

People's experience of using this service:

At the last inspection in November 2017, we found safe recruitment practices were not always adhered to, the environment was not safely maintained and medicines were not always managed safely. At this inspection we looked to see if improvements had been made and found that they had.

Staff had been subject to all required pre-employment checks before they began in post to help ensure they were suitable to work with vulnerable people. People told us and our observations confirmed, that there were sufficient numbers of staff on duty to meet people's needs in a timely way.

Systems in place to manage medicines were safe and people told us they got their medicines when they needed them.

The environment was safe and a programme of refurbishment was in place to update areas of the home that required some attention.

At the last inspection in November 2017, we found the provider to be in breach of Regulation as systems to monitor the quality and safety of the service were not always effective. During this inspection we looked to see if improvements had been made and found that they had.

The registered manager and staff had a good understanding of their roles and responsibilities within the service. Relatives and health and social care professionals told us the service was managed well. Systems were in place to monitor the quality and safety of the service. Any issues identified were addressed to ensure quality of care was maintained.

People told us they felt safe living in the home due to the support they received from staff. Individual risks to people had been assessed and measures were in place to mitigate those risks. For example, sensor mats were used to alert staff when people were at risk of falling. Appropriate actions had been taken when accidents or incidents occurred.

Staff were knowledgeable about safeguarding processes and concerns had been referred to the local authority appropriately to help protect people from harm.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the

principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice. Care plans were detailed and reflected people's needs and preferences.

Staff were supported in their role and had access to relevant training to help ensure they had the necessary skills to meet people's needs.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and preferences and people told us they enjoyed the food available to them.

Improvements had been made to the environment to help ensure the environment was suitable for people living with dementia and the registered manager had plans to develop this further. Some areas of the home were quite tired and required work and redecoration and plans had been made for these improvements.

People told us staff were kind and treated them with respect. Staff knew the people they were supporting well, including their preferences and used this information to build effective relationships with people and encourage meaningful conversations.

Systems were in place to gather feedback from people, although not all people recalled taking part in meetings or surveys. People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.

Rating at last inspection: The last report was published in January 2018 and the service was rated as requires improvement.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

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

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Court Nursing Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Court Nursing Home is a care home that provides nursing and residential care to people living with dementia and other mental health needs.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, the registered manager, the deputy manager,

chef and three other members of the care team. We spoke with three people who used the service to gather their views, as well as three people's relatives.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we received feedback from two health and social care professionals that have worked with the service.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in November 2017, we found the provider to be in breach of Regulations as safe recruitment practices were not always adhered to, the environment was not safely maintained and medicines were not always managed safely. At this inspection we looked to see if improvements had been made and found that they had.

Staffing levels and recruitment

- People and their relatives told us there were sufficient numbers of staff on duty to meet people's needs. Their comments included, "There always looks to be enough [staff]" and "Always seems to be [enough staff], I can't fault them."
- Agency staff were utilised when necessary to ensure that staffing levels remained consistent.
- Changes to the staffing structure had been made since the last inspection, including the introduction of a new deputy manager role and a new activity coordinator had been employed.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The employment history for one staff member was not clearly recorded but the registered manager was able to explain the gaps and assured us this information would be recorded.
- Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.
- Medicines were stored safely and the temperature of storage areas were monitored, recorded and within range.
- Staff had completed training and had their competence assessed to ensure they were safe to manage people's medicines.
- People told us they got their medicines when they needed them and a relative told us, "Staff keep on top of them [medicines]."
- Records of medicines administered were maintained and we saw that all but one had been completed accurately. All contained information regarding any allergies people had to medicines and photographs of people were available in line with best practice.

Assessing risk, safety monitoring and management

- People told us they felt safe living in Court Nursing Home. This was because they received safe care and

could talk to staff if they needed to. Relatives responses from a recent survey included, "I feel confident that [person] is safe and happy" and "I am very satisfied that my [relative] is getting the best care."

- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- Equipment and utilities were checked regularly to ensure they remained safe for use.
- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency procedure plan.

Safeguarding systems and processes

- Staff had received training on how to protect people from abuse and a policy was in place to guide them. Staff were knowledgeable about safeguarding processes and how to raise any concerns they had.
- The registered manager maintained a record of safeguarding concerns and referrals had been made to the local authority when required.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.
- Other policies in place to raise awareness and help protect people, included anti-racism; equality and diversity; and anti-discrimination policies.

Preventing and controlling infection

- An infection control policy was in place to guide staff in their practice and all staff had completed training in this area.
- Bathrooms contained liquid soap and paper towels and staff had access to gloves and aprons to help prevent the spread of infection.
- The home was clean, although quite tired and required redecoration in some areas. Cleaning schedules were in place and monitored regularly.
- The registered manager and provider had assessed the environment and had a plan for further improvement to ensure the control and prevention of infection was managed well.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- The registered manager acted to ensure lessons were learnt from any incidents. For instance, changes were requested to how medicines were provided and stored when checks showed that the stock balance of one medicine was not accurate.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in November 2017, the provider was found to be in breach of Regulation as consent was not always gained in line with the principles of the Mental Capacity Act 2005. During this inspection we looked to see if improvements had been made and found that they had.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Conditions on DoLS authorisations were known and clearly recorded within people's care plans.
- Consent to care and treatment was sought and recorded in line with the principles of the MCA.
- When people were unable to provide consent, the best interest process was followed which included involvement from relevant people. For example, a person who lacked capacity to understand the effect of refusing their medicines, had a best interest decision made to administer them covertly (hidden in food or drink). This was agreed by the person's GP, next of kin, registered manager and input from the pharmacist had been sought as to how they could be administered safely. This was all clearly recorded within a plan of care.
- 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.
- Consent and relevant risk assessments were recorded for people who shared rooms.
- Staff had received training in relation to mental capacity and told us they always asked people for their consent before providing support and people we spoke with confirmed this.

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

- Staff had access to best practice guidance, such as NMC Medicine Standards and The National Institute for Health and Care Excellence medicine guidance. Guidance from the local authority was also available, such

as safeguarding procedures and thresholds.

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required.
- When people had specific medical conditions, information regarding these conditions was held within the care files. This information also provided best practice guidance on how best to manage the condition to ensure people received safe and effective care.

Staff skills, knowledge and experience

- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively.
- People and their relatives told us they felt staff were adequately trained and able to meet their needs safely.
- New staff had completed a comprehensive induction which met the governments recommended induction standards. Staff competence was assessed during the induction process.
- Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice.
- Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- Records showed that when people required their intake to be monitored, this was recorded to ensure that people ate or drank sufficient amounts. Systems were in place to ensure these records were completed accurately and reviewed regularly.
- People told us they had enough to eat and drink. Comments from people and their relatives included, "Food is very good, very substantial", "It is always there if you want it", "I can have food and drinks at any time", "Food is all right, good choice of food" and "Food is great, plenty of it."

Supporting people to live healthier lives

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, this was incorporated within their plans of care.
- People told us staff supported them with medical appointments and arranged for the doctor to visit quickly if they were unwell.
- The service was using "tele-triage" to seek medical advice for people in a timely way. This enables staff to video call clinical staff for assessment and advice.

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

- Bathrooms were adapted to ensure they could be accessed by all people.
- Improvements had been made to the environment to help ensure the environment was suitable for people living with dementia and the registered manager had plans to develop this further.
- Some areas of the home were quite tired and required work and redecoration. The registered provider had already actioned this and work was due to be completed later in the month.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff were kind and caring and treated them with respect. One person told us, "Staff are nice people" and another person said, "All the staff try their best for you."
- Relatives agreed and their comments included, "The home is marvellous and the treatment of the patients is outstanding", "Staff are approachable and knowledgeable", "Can't fault them [staff]" and "They treat my [relative] like a friend."
- Comments in recent relative surveys included, "My [relative] is treated with care, love and respect" "The staff treat [relative] as if he is their own family", "The care team are brilliant" and "I could not fault any of the staff." Compliments and thank you cards and emails received by the service were viewed. One comment stated, "The team you have built at the Court is exceptional."
- Health and social care professionals told us staff were, "Universally caring", "Very approachable" and that "Staff there care about their residents."
- Staff knew the people they were supporting well, including their needs and preferences. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed.
- We observed positive, familiar interactions between staff and people living in the Court throughout the inspection and staff spoke warmly of the people they supported.
- Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment. When people were not able to communicate verbally, staff told us about specific body language signs they looked for to help understand the person's needs.

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

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose, ate their meals where they wanted to and only took part in the activities they chose to.
- Not all people recalled being asked their views of the service, however records showed that they had completed surveys as a means of gathering their views.
- Regular resident meetings were also held, although not all people we spoke with were aware of the meetings. Records showed that people were asked their opinions during the meetings and whether anything could be improved. We saw that action was taken based on this feedback.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.
- Records showed that people were consulted regarding their care and supported to make decisions in

relation to this. Advocacy services were available to people and were used by a number of people.

Respecting and promoting people's privacy, dignity and independence

- Most people told us they felt staff protected their dignity and privacy. One person told us staff always knocked on their bedroom door and another person said they felt their privacy was respected as, "Staff keep everything confidential."
- Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels.
- Records regarding people's care and treatment were stored securely.
- People told us that staff encouraged them to be as independent as they could be and records reflected this.
- Staff signed confidentiality agreements when they were recruited, to help ensure information regarding people using the service was treated appropriately.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and had been reviewed regularly.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- Relatives told us they were aware of the plans of care in place and were always informed of any changes.
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's care. Daily logs reflected that planned care was delivered.
- A range of activities were available to people, both within the home and the local community. People told us the activities available had greatly improved. Staff encouraged people to continue hobbies and interests they had enjoyed before moving into the home.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home.
- Most people told us they knew how to make a complaint should they need to and relatives agreed. Relatives who had raised concerns were happy with the action taken to address the issues.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.
- The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- Although nobody was receiving end of life care at the time of the inspection, staff had undertaken training to enable them to support people effectively at the end of their lives.
- The registered manager told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in November 2017, we found the provider to be in breach of Regulation as systems to monitor the quality and safety of the service were not always effective. During this inspection we looked to see if improvements had been made and found that they had.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Ratings from the last inspection were clearly displayed within the home as required.
- CQC had been notified of most incidents that had occurred within the home as required. Following discussion, the registered manager understood what incidents CQC needs to be notified of.
- The registered manager and staff understood their roles and responsibilities within the service. Job descriptions were available within staff files and policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Most people living in the home told us they knew who the manager was and would tell them if they had any concerns.
- Relatives and health and social care professionals told us the service was managed well. Comments included, "[Registered manager] is very good at her job, on the ball", "The manager and owner are definitely approachable", "The new manager has made a lot of positive changes" and "[Registered manager] is genuinely interested in continued service development."

Engaging and involving people using the service, the public and staff

- Systems were in place to gather feedback from people regarding the service. These included regular surveys and meetings, as well as complaint processes. A suggestion box was also available for use.
- Surveys were also provided to health and social care professionals to gain their views and feedback was positive.
- Staff meetings were held regularly and staff told us they could raise any issues and felt listened to.

Provider plans and promotes person-centred, high-quality care and support

- The registered manager was supported by the registered provider, as well as a newly appointed deputy manager.
- The registered provider had a plan for continued improvements within the service.
- The registered manager told us a new electronic care record system was being sourced and would soon be

implemented to help further improve the service.

- Most people told us they were happy with the support they received.
- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.

Continuous learning and improving care

- A health and social care professional told us the managers used the last inspection report as a tool for improving the service.
- The registered provider had systems in place to assess and monitor the quality and safety of the service.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- When recommendations for improvement were made following external audits, we found that action had been taken to respond to those recommendations.
- The registered manager engaged with local initiatives to help improve care. This included the tele-triage system which provided timely access to video linked on line medical advice and the "Red bag" scheme which aimed to improve the quality of care provided when people moved between services, such as when admitted to hospital.
- We found that improvements to the service had been made in several areas since the last inspection.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. Health and social care professionals spoke positively about communication and joint working with the service.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.