

Pearl Dusk Limited

# Country Court

## Inspection report

North Country Court  
Southcoates Lane  
Hull  
Humberside  
HU9 3TQ

Tel: 01482702750

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Country Court is a large single storey residential care home providing personal and nursing care to a maximum of 34 older people and people living with dementia. At the time of the inspection 20 people were using the service.

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

Medicines were not always managed well. Some people had missed several doses of medication as these had not been ordered or received in a timely manner. Codes used to identify if medicines had been given were not always consistent.

Quality assurance systems were in place but did not always identify actions which needed to be taken to address shortfalls and ensure people were being supported safely. We have made a recommendation about the quality assurance processes.

People told us they felt safe. Safeguarding processes were in place and staff were knowledgeable about how to raise any concerns.

Care plans and risk assessments for people's health needs contained detailed person-centred information and informed staff how to manage and mitigate potential risks to people.

Safe recruitment processes were in place. Staff completed an induction, they received relevant training and told us they were well supported by the manager.

People told us they liked the meals provided; They were offered choices and alternatives to ensure nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a range of health professionals, which included GP's, district nurses and dieticians, when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 03 February 2021).

At this inspection enough improvement had not been made and the provider was still in breach of

regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 03 December 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to follow up on specific concerns which we had received about the service in relation to staff training and nutrition and to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Country Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Country Court

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Country Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. It is a legal requirement to have a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection.

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, senior care worker, care workers the activity coordinator and chef. We also spoke to a professional visiting the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and medicine records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to have robust medicine management procedures in place to minimise the risks of harm to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People did not always receive their medication as prescribed. For example, two people missed their medication for several days as staff did not order this in a timely manner from the pharmacy.
- Medication administration records [MARS] were not accurately completed. Staff used codes to determine if medicines had been given, for example Code 'Q' was used for people having 'as required' medicines but did not want them, code 'R' was used for prescribed medicines when a person refused their medication. Staff had introduced another code 'O' resulting in inconsistent recording and the risk of potential harm.
- Clear and descriptive plans were needed for people prescribed specific medicines to be administered on an 'as required' basis. For example, one person was prescribed medication 'as required' but records showed this was being taken on a regular basis with no indication of why this was happening.
- Medicine protocol records for people who take medicines 'as required' (PRN) were not always in place.

We found no evidence people had been harmed. However, medicines were not being effectively managed, and this placed people at increased risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All medicines were signed in and surplus stocks were returned to the pharmacy.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives felt the service was safe. Comments included, "I am happy with the service. Staff really look after you." A relative told us, "[Name of person] is definitely safe and it was the only home they would consider after [name of person] was so well cared for."
- Staff completed safeguarding training and had a good understanding of safeguarding practices and knew what action to take to ensure people were safe and protected from harm and abuse.

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

- Risks to people were assessed. Risk assessments and care plans for people's health needs were person centred and reviewed regularly, providing staff with information on how to manage and mitigate risk.
- Equipment used in the service was maintained, fire drills were completed, and each person had a personal emergency evacuation plan.
- Accidents and incidents were recorded. The manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- There were enough staff on duty, the manager used a dependency tool to ensure appropriate staffing levels were in place to meet people's needs. A relative told us, "Whenever you ring the bell there is always someone there."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed and regularly reviewed. However, some had shortfalls, for example specific support required with personal care, the manager told us they would address these after the inspection.
- Staff knew people well and care plans contained person-centred information. People were involved in making decisions and choices about how they wanted to live their lives. One relative said, "Staff always help [name of person] and sort out any problems or concerns they have. They talk to them and help them to get anything sorted out, they understand [name of person] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the right skills to meet their needs.
- Staff received regular one to one support from management. Regular observations of staffs practice had taken place. An ongoing training program was also in place to ensure staff had the skills and knowledge they needed for their role.
- Staff morale was good, they told us they felt supported. Comments included, "[Managers name] is very supportive and has an open door policy, we can contact them out of work if needed, they are very good," and "The new management team are brilliant, a lot of work has gone into it to make things better."

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

- People's nutritional needs were met. Care plans clearly recorded what support people required to maintain a healthy balanced diet. People's weight was monitored, and speech and language therapists and dieticians were contacted when there were concerns about swallowing or their nutritional intake.
- Menus provided choices and alternatives; people were offered fortified snacks in between meals.
- People gave us positive feedback about the food. Comments included, "The food is really good," a relative said, "It is really good food as I have eaten there before, it is really nice. They always have snacks, [name of person] was offered cheese and biscuits this morning when we were on the phone."

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

- Staff worked in partnership with external professionals, such as social workers and GPs to support and maintain people's health.
- A health professional told us staff contacted them in a timely manner, respected people's privacy and dignity, and were available to assist them when they visited.
- People had access to a range of health care professionals, such as community nurses, emergency care practitioners, dietetic services and GPs.

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

- The environment was suitable for people's needs. There was plenty of communal space and bedrooms were personalised.
- The decoration in parts of the environment was tired and required attention. Some furniture required replacing as they were damaged or broken but the provider was aware of this and was investing in the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been submitted where appropriate.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were in place to monitor and improve the service, the providers auditing process had identified some of the issues found during the inspection, but actions were not in place to address the areas of concern in a timely manner.

We recommend the provider follows best practice guidance in relation to strengthening the quality assurance and documentation systems.

At our last inspection the provider had failed to operate an effective quality assurance system to ensure the safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was no registered manager in place at the time of inspection. Although the manager had applied at the time of the inspection this had not been approved which is a ratings limiter for the well-led question.
- The Governance system had improved. Despite there being some recording shortfalls found during the inspection the providers auditing process had identified these.
- Accidents and incidents were analysed to monitor any trends and identify changing needs; Care plans were updated as needed to improve the delivery of care to people.
- The manager and staff at all levels understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Prior to the inspection we received information that staff had on-going concerns about how the service was being managed. However, staff we spoke to during the inspection spoke highly of the manager. Comments included, "[Managers name] is lovely it has changed a lot since they came. There is a nice atmosphere," and "The manager is very approachable, you can discuss things with them."
- The manager was aware of requirements in relation to the duty of candour and was open and honest

throughout the inspection process.

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

- The provider had mechanisms in place to gather feedback. People and their relative were contacted on a regular basis to give feedback about their care and support. A person told us, "I have completed questionnaires with the support of staff." Relatives we spoke to told us they had been asked to complete questionnaires.
- Communication and support throughout the pandemic was good. One relative told us, "They managed COVID 19 right, they did well with it," another told us, "I appreciated all the calls they made and the emails about visiting."
- People received care in the way they wanted, and relatives were happy with the service. Comments included, "Staff went over and above what was expected of them, they are all lovely."

Working in partnership with others

- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists. A professional told us, "Staff are always happy to carry out our requests."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were administered in a timely manner, and records were consistent with the processes in place</p> <p>Regulation 12 (1) (2) (f) (g)</p>