

Four Seasons Homes No.4 Limited

North Court Care 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

North Court Care Home provides accommodation, nursing and personal care for up to 65 older people, some of whom are living with dementia. The home is arranged over two floors: Abbey on the ground floor provides residential care and Edmund on the first floor provides nursing care based on people's needs and requirements. At the time of our inspection there were 52 people who used the service.

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

Whilst staff demonstrated an understanding of people's individual needs and how to meet them, we found shortfalls with the care planning documentation and record keeping in the home. Improvements were needed to people's care records to inform staff on the personalised care and support required. Action was being taken by the home to address the inconsistencies, but this was a work in progress and at the early stages of implementation, so we were unable to assess its effectiveness.

People were treated with kindness, respect and compassion and their privacy and dignity respected. People and their relatives described positive relationships with the staff and management team. People were encouraged and enabled to pursue their hobbies and participate in activities of their choice. There was a welcoming atmosphere in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of risks to people's safety and knew how to respond appropriately through safeguarding processes. People had access to healthcare services and appropriate referrals made when their needs changed.

Staff deployment and organisation across the home was effectively managed. Since our last inspection there was less reliance on agency use and this had led to continuity of care and a settled workforce.

Staff felt supported by the registered manager and enjoyed their job, the training was relevant to meet people's needs and they were encouraged to professionally develop. The home was clean and hygienic throughout and safe management of medicines was in place.

A programme of works was underway to improve the environment for the people who lived there and to ensure their individual needs were met. Feedback from people, relatives and the staff were sought, and opportunities taken to improve the home.

The registered manager was held in high regard and there was visible leadership in the home. Quality assurance and risk management systems to independently identify issues or to improve the service were in place which supported effective governance and oversight arrangements.

We were encouraged with the improvements made since the last inspection and the steps being taken by

the senior management team to address the inconsistencies with records. Therefore, the overall rating of the home has improved to good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 06 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was well-led.	Good ●

North Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors, a specialist advisor who was a nurse 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

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

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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used all this information to plan our inspection.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with fourteen people who used the service, seven relatives and one visiting professional about their experience of the care provided. We spoke with the registered manager, two representatives from the provider, two nurses and ten members of staff, from the care, activities, catering and domestic teams. We 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.

We reviewed a range of records. This included seven people's care records and ten 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 audits, policies and systems were reviewed.

After the inspection

We received information requested as part of the inspection and electronic feedback from two professionals involved with the home.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and secure living in the home.
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with building evacuation, pressure care, falls, moving and handling and nutrition.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet the individual needs of the people who lived in the home. Since our last inspection the workforce had settled and the reliance on agency staff reduced through active recruitment.
- Staff wore different coloured uniforms to distinguish their different roles, this helped people who lived in the home to identify them.
- Systems were in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. One person said, "They [staff] bring me my tablets regular as clockwork and ask if I need any [pain relief], as they know my [condition] can play up."
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Staff were trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing

personal care or when preparing and serving food.

Learning lessons when things go wrong

- Details of accidents and incidents were logged; appropriate actions were taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. For example, a previous incident of unclear guidance on a PRN (when required medicine) protocol, had been identified and information on how to avoid this happening again was displayed in the clinic room to inform staff.
- The registered manager carried out regular reviews of accidents and incidents in the home as well 'as complaints and concerns' to identify if there were any trends or patterns. These were discussed with the provider's regional manager to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.

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 requires improvement. At this inspection this key question has now improved to good. 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before admission to the home with family members and significant others involved in the process. Staff worked well with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- People were supported to maintain good health. One relative shared how the staff had quickly acted when they noticed a change in their family member's health and had quickly sought specialist advice which had been acted on. They said, "[Family member] lost weight recently. Within no time the dietician was called, and they now have cream shots and two dinners [to help increase their weight]."
- Systems were in place to share information between services as required. For example, important documentation about people should they be taken to hospital in an emergency.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the skills and knowledge to support them. One person said, "I think the staff absolutely know what they are doing, they are very professional." A relative commented, "The staff are well trained and understand what needs to be done."
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so. One member of staff recently recruited told us they felt their induction had been, "Very very thorough."
- An ongoing supervision and performance-based appraisal programme was in place. Staff gave examples of training opportunities they had accessed in relation to their own development goals. Such as achieving professional qualifications in care.
- Nurses had access to relevant clinical skills training. This included tissue viability, venepuncture, catheter care, and percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds allow nutrition, fluids and /or medicines to be put directly into the stomach through a flexible feeding tube.
- Nurses supported each other with revalidation and this was monitored by senior management. An internationally qualified nurse had been supported with equivalent training to enable them to register with the Nursing and Midwifery Council.

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

- The majority of people enjoyed a positive meal time experience and were supported to have enough to eat and drink and to maintain a balanced diet. We fed back to the management team some inconsistencies

we had found where one person's support could have been better managed. We were assured by the registered manager's plans to address this.

- People and relatives were complimentary about the portion sizes, selection and quality of the food provided. One person said, "The food is fine, we do get a choice, it's decent food, we don't go starving." Another person commented, "There is always a choice of food. We get enough to drink, and we get a wide variety of cake." A relative shared with us how specialised diets were accommodated by the new chef, "The food is great now; [family member] is on pureed diet and its really nice food. It is separated and well presented."
- Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

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 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 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. They asked for people's consent before providing any care or support. One person said, "Staff are pretty good. They check I'm okay and ready before they move me or do anything."
- Staff were alert to all forms of communication including nonverbal expression and vocalisation and adapted their approach in line with the person's expressed wishes.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. However, information was limited and did not reflect if the person had been included as much as possible in making their own choices with involvement of their family and appropriate professionals where required. The registered manager was addressing this as part of ongoing improvements to all care records and documentation.
- DoLS had been applied for where appropriate and were overseen by the registered manager.

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

- The home met people's needs. Since our last inspection the provider had invested in the home. This included improvements such as double- glazed windows throughout and painting communal areas.
- This was a work in progress. The provider's regional manager shared with us further plans to enhance the home. This included structural changes to the building, decoration, and appropriate pictorial signage to make the home easier to navigate around and support people's independence.
- At the time of this inspection the first-floor lounge was being redecorated with consideration given to minimising the disruption to the people who lived in the home.
- There were appropriate facilities to meet people's needs such as accessible bathing and sluice rooms. There were communal areas, such as lounges, dining rooms and other spaces throughout the home, where

people could meet with their friends and family, in private if required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that the staff were compassionate, kind and caring towards them. Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them. One person commented about the staff, "The carers are just about as perfect as you can get, there isn't a bad one here."
- Relatives were complimentary about the staff approach and described having good communication and a positive relationship. One relative commented, "The care is pretty good overall. Sometimes we get agency staff and they are not up to it with regards to knowing the individual needs of residents, but the normal crew are brilliant."
- Positive and caring relationships between people and staff were seen throughout the inspection. Staff knew people well and could adapt their communication and approach to meet the needs of each person. One person shared how staff took notice of changes in people's moods and well-fare, "The carers are lovely, industrious, kind and generous with their time and great at cheering us up."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were mindful of people's dignity and respected people's privacy.
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- Staff were considerate of people's appearance and what was important to them. One person said, "I like to be smart and well-shaved. I can wash and dress myself but shaving I need some help. The carers are great and help me out." Another person said, "I have a bath once a week, like most of us. There is a time restriction, but I never feel under any pressure to get out."
- Staff were observed to support people walking with a mobility aid to do as much as possible for themselves, they checked the person was safe and comfortable whilst moving.

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

- People and their relatives where appropriate, told us that they were involved in their care arrangements. One person said, "I do have a care plan they [staff] did talk me through it a while ago." A relative advised, "[Family member] has a care plan; we had a meeting and they [staff] went through all the things needed." Another relative commented, "I'm always having a look at [family member's] care plan. I tell them [staff] if I think they could do something, like applying cream to [family member's] legs, so I feel very involved in the care arrangements."
- Staff we spoke with had a genuine regard for the people living at the home and they were able to tell us

about the people's likes, dislikes and care needs.

- Staff supported people to make choices where they had variable capacity due to living with dementia, for example about what to wear or whether to join in an event or not.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Improvements were needed to people's records. Whilst staff were knowledgeable about people's life histories, their care and support preferences these were not always reflected in people's care records. The care records were cumbersome and contained a lot of historical information. This made it difficult to access relevant information quickly.
- People's care records were not always person-centred, to provide important information to guide staff on how to meet people's individual needs. For example, one person's care plan contained limited information despite them being in the home for six days. Moving and handling, medical history and medication information had been copied across from hospital records, but it was not apparent that the home's staff had spent any time getting to know the person's specific preferences yet.
- Care planning and assessment was task focussed. There was limited information about people's psychological and social wellbeing. Daily records did not state how these needs were met.
- People's care records did not consistently show that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support.
- Care records did not consistently reflect people's choices, interests or ways to maintain and promote independence. Phrases such as 'needs assistance of two staff' were frequently used but no information about how that assistance should be given or what the person can do for themselves was included.
- We discussed with the senior management team the gaps/inconsistencies found. The registered manager and provider had identified care planning documentation as a priority in the home and were taking steps to address the shortfalls. This included implementing a new care plan template, archiving and further training and support for staff in record keeping. This was a work in progress and needs to be fully implemented in the home, but we were encouraged by the action being taken.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and enabled to pursue their hobbies, participate in activities of their choice through a full and varied activities programme. People and relatives spoke positively about this aspect of the service. One person told us, "I do some of the activities, it's [afternoon tea] on Tuesday and Thursday, there is usually something going on in the lounge." A relative commented, "The [activity staff] work their socks off, there is always something going on. I came in the other day, in the evening and two staff were [leading an exercise session] and the residents were really enjoying it, clapping and laughing."
- One person told us how their decision to not get involved in the activities was respected but they still felt included in what was going on in the home through the information provided. They said, "They [staff] do a wide range of activities. I don't do any of them as I prefer to be here [person's bedroom]. We get given sheets

that tell you what's happening on a weekly basis.

- People told us they had enjoyed trips out in the community and a recent visit to Felixstowe Beach had been popular. They confirmed that staff had time for them outside of activities and that they received regular engagement.
- We discussed with the senior management team gaps in the systems including documentation for ensuring people at risk of isolation / cared for in bed had their needs met. The registered manager advised they would take this forward.
- The home had an open-door policy and we saw family and visitors come and go as they pleased. We saw, and they told us, they were made to feel welcome by the staff. One relative commented, "I'm always made to feel welcome, whatever time I arrive they [staff] bring me a cup of tea." People and relatives told us how the home had a family feel to it.

End of life care and support

- At the time of our inspection no one was receiving end of life care. Anticipatory medicines were held for people whose health was likely to deteriorate rapidly.
- Nursing staff received training on end of life care and plans were in place to provide them with verification of death training.
- End of life care plans were not always completed and those that were had limited information. They focussed on preferred place of death and whether the person wanted to be cremated or not. They did not fully reflect people's religious or spiritual needs.
- The registered manager was taking steps to address these shortfalls by working collaboratively with the local hospice to provide staff with training on advance care planning and therapeutic touch. They planned to introduce end of life champions in the home to promote best practice in this area. In addition, a suggestion from staff to produce support materials to help families cope with their bereavement was being developed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and provider were aware of the AIS and had met this requirement.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the registered manager and staff team were receptive to feedback and shared examples of their views being acted on. A relative commented, "There have been a lot of positive changes brought about by [registered manager]. Communication has improved, and I feel confident that staff listen and take on board what families say."
- Following a suggestion made by a relative to improve the meal time experience for their family member who lives with dementia, the registered manager had introduced different coloured table cloths to help people to differentiate between the different meal times.
- Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were complimentary about the running of the home. One person said, "I have spoken to the manager several times; socially and officially." Another person commented, "It is not badly run. We have just had a new manager; [they are] quite pleasant."
- Relatives were positive about the management in the home, the standards of care and improvement within the home. One relative said, "The manager is very good at listening, easy to talk to. They are doing so much improvement. The home has a lovely family atmosphere." Another relative commented, "I have been to a relatives meeting. When the new manager came they had a meeting and told us all what plans they had."
- Since our last inspection the home had continued to improve under the leadership of the registered manager. For example, previous reliance on agency staff had reduced through active recruitment. A settled workforce had been established which supported continuity of care.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
- Regular feedback was sought and acted on from people who lived in the home and their relatives.
- People, relatives and staff were positive about the ongoing refurbishment and how this will benefit people and enhance the home.
- Staff described feeling supported and valued resulting in a nurturing and accepting culture that benefited those that used the service and their families.

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

- An effective programme of audits to monitor and assess the quality of the service provided had been established. There was an emphasis on review, analysis and continually looking for ways to improve the home for the benefit of people living there.
- Outcomes and actions from the audits and checks fed into a development plan for the home. This provided the registered manager and provider with the governance and oversight needed to independently identify any shortfalls and take steps to address them. This included the inconsistencies we had found with care planning and record keeping. Improvements in these areas were being implemented but at the time of this inspection it was too early to assess their effectiveness.

- The registered manager ensured that staff were well trained and were aware of their roles and responsibilities. Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- The registered manager understood their legal requirements and appropriate notifications and referrals were made. Regulated services are required to make notifications to the Commission when certain incidents occur.
- Staff told us morale was good, they liked working at the home, had confidence in the registered manager and felt well supported. One staff member said about the registered manager, "Acted when staff said there was too much agency use and went on a recruitment drive."
- The management team and staff were passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care; Working in partnership with others

- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements. One visiting professional told us they had a positive relationship with the registered manager and were kept informed and made to feel welcome when they visited the home.