

# Care UK Community Partnerships Ltd







## Kings 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?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection visit took place on the 19 November 2015 and was unannounced which meant the staff and provider did not know we were visiting.

We last inspected the service on 23 April 2013 and found the service was compliant with regulations at that time.

Kings Court Care Home is registered with the Care Quality Commission (CQC) to provide accommodation for persons who require nursing or personal care for up to 37 people. The home does not provide nursing care. The home is owned and run by Care UK Community Partnerships Limited and is located in the centre of Barnard Castle, County Durham.

There was a registered manager in post who was on a training course at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). There were two people subject to DoLS authorisations. We raised an issue regarding the appropriateness of the assessments being used by the

# Summary of findings

service to assess someone's capacity. The deputy manager agreed that some people at the service may lack capacity at times and this was not clearly recorded. During the inspection, the service immediately sought support and training and also sourced a more appropriate capacity assessment that they were going to implement straight away.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

All people told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns. The staff team were supportive of the registered manager and each other. Feedback from visiting professionals on the day were very positive about the service at Kings Court.

On the day of our visit the deputy manager was on duty along with three other care staff members for 30 people. The layout of Kings Court is very complex with it being an old building and we observed call bell buzzers were constantly active throughout the morning. We witnessed the administrator supporting people with breakfast and at lunchtime and other staff such as the activity staff member helped out at this time. Feedback from all staff we spoke with was there were not enough staff to ensure the service ran smoothly. The service had recently had to use agency staff to cover sickness although they were actively recruiting. Whilst we did see that care needs were being met and people said they were well cared for, it was apparent that staff were extremely busy. We discussed this with the registered manager after the inspection who agreed to increase the number of care staff to four during the day whilst service user numbers remained at this level.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medicine in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and

professional development. Training records showed that all staff had received an induction and statutory training was running at approximately 95% of staff being up-to-date.

We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well. They also told us that they received any equipment and supplies that they requested promptly. People told us they were very happy with the food at Kings Court and we saw where people needed nutritional support or monitoring this was carried out.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events which included accessing the community with people. We saw people popping in and out of the duty office to chat and spend time with staff and the deputy manager if they were in there and it was evident that staff listened and supported people to be comfortable in any area of the service.

We observed that all staff and the deputy manager were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members. There was a warm and caring atmosphere in the service and people were very relaxed. We saw people were treated with dignity and respect. Relatives and people told us that staff were kind and professional.

The service undertook regular questionnaires about the safety and quality of the service, not only with people who lived at the home and their family, but also with visiting professionals and staff members. We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. We saw that complaints were responded to and lessons learnt from them. This showed the service listened to the views of people.

# Summary of findings

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Kings Court. Action plans and lessons learnt were part of their ongoing quality review of the service.

# Summary of findings

## 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.

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Whilst people's needs were met, the staffing levels were extremely stretched and at full capacity attending to people.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Good



### Is the service effective?

This service required one change to be fully effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and Deprivations of Liberties Safeguards (DoLS) but paperwork was not clear. The service put measures in place to address this straight away.

Requires improvement



### Is the service caring?

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

Good



# Summary of findings

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

## **Is the service well-led?**

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

**Good**



# Kings Court Care 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 was planned to check 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.

The inspection visit took place on 19 November 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We received no negative feedback from commissioners.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observing how people were supported. We undertook an in-depth review of support plans for four people to check their care records matched with what staff told us about their care and support needs.

We spoke with two visiting healthcare professionals during the course of our visit.

During our inspection we spent time with eleven people who lived at the service, two visiting relatives, three care staff, the deputy manager and administrator. We observed support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

# Is the service safe?

## Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the service and they told us; “The staff are all very kind” and “Yes, I feel safe.” We spoke with two relatives who told us; “I visit daily at all different times of the day and I have never seen anything that would cause me concern” and “I know my relative is safe here.”

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; “Safeguarding can cover lots of areas, not just any harm but also things like pressure area care.”

Another staff member said; “I would go to the manager and if nothing was done I would whistleblow.” Training records showed staff had received safeguarding training which was regularly updated. We saw that safeguarding information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns.

We found the service to be clean and pleasant. We spoke to a member of the housekeeping staff who was very knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination.

The training information we looked at showed staff had completed training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. One staff member told us; “I know how to organise an evacuation if there is an emergency, it’s complicated here because of the building layout and the new fire panel is loads better. I know how to organise staff according to each panel area if we need to evacuate.”

There were effective recruitment and selection processes in place. We looked at four staff records relating to the recruitment and interview process. We saw the registered

provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. The records were well organised.

We looked at four staff files and saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. The administrator explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was a deputy manager, an activity co-ordinator, an administrator, one housekeeper, two kitchen staff, a maintenance staff and three care staff on duty for 30 people. We looked at the staff rota for the current week and it confirmed that there was a person in charge and three care staff on duty. The building layout at Kings Court is complex with lounges and bedrooms being spread over a wide area. The rota stated that an additional member of staff was required Monday to Friday but this had not been sourced. On a night there were three care staff. We observed call bells ringing consistently throughout the day and all staff told us they felt there was not enough staff. Staff told us it was difficult currently as staff had taken holidays and the service had on occasions had to use agency staff. Whilst people told us they sometimes had to wait; “Some time” for staff to attend to them, they said they did not feel they were not cared for and our observations confirmed that people's care needs were met. Care records also confirmed that people's care needs were met. The deputy manager told us that they had not had any supernumerary time recently and we observed that at all times during our visit they were very busy attending to people who used the service.

We discussed this with the registered manager immediately following the inspection who agreed the service should provide four care staff during the day and they provided a dependency assessment that confirmed this. They told us they attempted to provide this staffing level and continued to actively recruit new staff members.

Staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw

## Is the service safe?

evidence of this in the training records we looked at and from the training chart provided by the registered manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. Staff asked people if they wanted any pain relief medicine and also informed them what their tablets were when giving them to people to take.

We discussed the ordering, receipt and storage of medicines with the deputy manager who was responsible for administering medicines on the day of our visit and for general ordering and medicines management. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We saw that alongside a medication administration record (MAR) that there were clear protocols in place for as and when required medicines.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring

the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. There was a maintenance man on duty on the day of the inspection and we saw his recorded checks on safety equipment, such as fire extinguishers and the fire alarm. These checks were regular and up-to-date. The deputy manager also explained the process for reporting any faults to him which would then be assessed and addressed accordingly.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The four care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.



# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “The girls are all grand” and “We would soon tell them if they didn’t do something right but that doesn’t happen.” Relatives told us; “The carers are all excellent and the younger ones are really clued up.”

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether this 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. The deputy manager told us there was one person who had an authorisation in place and we saw the provider was complying with the conditions applied to the authorisation. The service had an assessment record in place to check whether people had capacity to make decisions but this form was complex and did not clearly state if a clear decision was made by the service. This meant we could not confirm if the provider had submitted all relevant applications to the local authority supervisory body where it was required to do so. The service had already identified this area to be a deficit and had recorded it in its service improvement plan and requested support from its sister service where an experienced DoLS manager was going to provide support. CQC had received appropriate notifications of DoLS authorisations being put in place.

Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the

implications for people. One member of staff told us; “There is one person with a DoLS and that was really for when they first came in as they were very confused and unsettled.”

The service immediately sought advice and obtained a clearer assessment record from a sister service and also scheduled the DoLS lead at that service to visit their own in the following week to assist them implement this record for everyone.

We found the location was not fully meeting the requirements of the Deprivation of Liberty Safeguards but it had already begun to address the areas of deficit and had a clear timescale for action to be completed by December 31 2015.

We saw that recorded consent was obtained from people in relation to medicines, photographs and having keys for their room. We witnessed staff obtained consent before they carried out care interactions. We witnessed the service had an open access policy and people were encouraged to spend time in all communal areas of the home. One person was supported to have his breakfast in the staff office as he liked to spend time there and that was not an issue for anyone. We also saw the service had recently opened its front door onto the main high street in the town. This entrance was a lovely historic doorway and we saw there was lots of information for the public to read. The staff told us this was a positive thing and they said they hoped people would be encouraged to pop into the service more as it was a very well-known part of the community.

The registered manager provided a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, dementia, equality and diversity and fire safety. We saw the manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; “The end of life training we did was brilliant and the dementia one was very good, they were both really person centred.” Another staff member said; “I have just done a three day first aid course and I know my meds training is due so that’s coming up soon.”

We saw that a formal induction programme was undertaken by the registered provider.

## Is the service effective?

All staff we spoke with said they had regular supervisions with the registered manager or deputy and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns with the registered manager. One staff member said; “The manager is very good I have gone to her for advice.”

We looked at supervision and appraisal records for four staff members and looked at the supervision matrix. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, and safeguarding. One staff member told us; “We discuss what I need to improve on. She (the manager) asks me what training I want to do.”

We saw records of regular staff meetings for both people in charge and care staff. Staff told us about the most recent meeting in September 2015. We saw from the minutes that dignity was discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they had read the minutes, this showed that everyone knew what had been discussed.

We observed breakfast and the lunchtime meal in the dining room. People were given a choice at breakfast time and many had a cooked breakfast. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Where people needed assistance with their food the staff were very patient with them We saw staff asked; “Would you like me to help you with your lunch” and “Are you enjoying it?” Staff spoke nicely to everyone.

We sat with a group of people at lunchtime and everyone was positive about the food at Kings Court. The only negative comment about the food was people were given too much.

One relative we spoke with told us; “My relative is eating much better now they are here” and another visitor said; “They blend her food but it still looks very nice.” A relative told us they used to regularly visit for Sunday lunch at the invite of the service and they had enjoyed this very much.

Staff told us about how they monitored people’s nutritional needs. We spoke with the chef who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. We saw snacks, including fortified snacks such as crisps and biscuits were provided to people along with hot drinks throughout the day. One staff member told us; “We use gentle prompting to encourage people to eat, we do weights every month and complete the **MUST (Malnutrition Universal Screening Tool)**. We monitor this closely and refer to the dietician if we have any concerns as well as chat with the kitchen to provide more fortified snacks.” We saw everyone had a care plan for monitoring their food and nutritional intake.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said; “They get attention for you straight away.” People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. One relative told us; “My relative had a fall and the staff called me straight away after they had called an ambulance.” Staff told us the local GP services were; “Very responsive.” We saw people had been supported to make decisions about health checks and treatment options.

We spoke with a visiting district nurse who told us “We have a great relationship with the home. Their pressure prevention is good and they always follow our advice. They are very good with palliative care and they get things sorted really quick.” We also spoke with a healthcare assistant who ran a twice weekly clinic at the service for pressure care. They told us; “The staff are fantastic, we know the staff here are good with pressure care. The deputy and seniors are excellent. I know which homes I’d put my granny in and this is one.”

The deputy manager told us they had requested further support from community mental health services as they supported people with complex mental health needs and had found these difficult to manage. The service had been

## Is the service effective?

pro-active to request a monthly community psychiatric nurse clinic at the home. This showed the service would seek support to ensure they could meet the needs of people who used the service.

The service was set in a complex building with historical significance. We saw that the registered provider had an improvement plan in place to update and improve the

building. We saw the first floor corridor had recently been redecorated and re-carpeted and this had been chosen by people who used the service. One visitor told us they were impressed with how much the registered provider had invested in upgrading the property for example installing a lift in a difficult to access area, they said; "They have spent a fortune on the building in the last few years."

# Is the service caring?

## Our findings

We asked people if they were happy with the care they received at the service. They told us; “I can’t fault the care here, I am very content” and “I like living here, the girls are lovely.” One person said to us; “The staff are always there for you.” A staff member told us; “I like to sit and talk with people and complete their “This is me” document and their life story, it’s amazing what some people have done and lived through.” These documents described people’s likes, dislikes, routines and methods of communication in a condensed format.

One relative told us; “All I have ever seen here is loving care.” Another relative said; “They look after my relative well and the girls are very good.”

We witnessed one relative become visibly upset. The deputy manager intervened quickly talked with this person in a caring and dignified way. They offered them support and gave them reassurance.

Everyone said they got privacy. We saw staff using people’s preferred names and knocking before entering rooms.

We saw all staff interacted with people over the course of the visit. The administrator supported people at breakfast time by making toast and hot drinks. We also noted that people spent time with the deputy manager in their office to just have a chat and it was evident that this happened all the time. Interactions were always positive and caring. There was also a lot of laughter and kindness shown towards people.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One person told us; “There are no rules here, you please yourself about everything.”

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including going out into

the community and carrying out tasks such as dressing and washing with staff support if needed. One member of staff told us; “We try and keep people mobile and try to encourage them to do as much personal hygiene for themselves as possible.” One person told us; “You can have a bath here whenever you want one.”

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; “Visitors can come anytime. They are always asked if they want tea or coffee.” Visitors also told us they called in whenever they wanted and were always welcomed and offered refreshments.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not, a family member who had lasting power of attorney for care and welfare was asked to consent. We also saw from care records that where able people were actively involved in reviews of their care. This showed that people were involved in the planning and delivery of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person. One staff member told us; “We speak to the family as we like them to be involved, you can get a lot of information from care plans but the best thing to do is ask questions and talk to people over a cuppa.”

Two visiting healthcare professionals told us the service was especially good at providing palliative care. Staff told us about training they had in this area and that it had been “excellent.” The deputy manager told us; “It’s about keeping people comfortable, pain free and upholding people’s wishes. We give people privacy and keep the family aware and involved by making them welcome at any time.” A member of care staff we spoke with said; “I love doing this part of my job, it’s that one to one time I really enjoy. It’s about keeping peoples wishes and doing that final part of care for people.”

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service. Staff told us; “We are better at updating care plans that we used to be.”

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible, or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people’s lives prior to moving into Kings Court that helped staff build relationships with people.

The premises were spacious and pleasantly furnished. There was sufficient available space to allow people to spend time on their own if they wished or to join in activities that often took place in other areas of the home. One person told us in a very small snug lounge; “I like this little room to sit in, it’s cosy.”

One person at breakfast introduced us to the activity co-ordinator and asked what film they would be watching this morning. People told us about activities and said; “There is always stuff going on.” Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that people enjoyed. One staff member said; “I think there is enough for people to do here, it’s hard as sometimes people don’t want to join in or people don’t want to go out.”

People told us they would complain to staff or the registered manager. One person said; “We would soon tell them if they are wrong” and another said; “We’ve all got tongues in our heads and would use it.” A relative told us; “The manager and deputy are very helpful” and another relative said; “I have raised issues in the past with the manager that have been addressed. At one time there was a tendency for staff to assemble in the office but that doesn’t happen now, they are in the lounge doing peoples nails and things like that.”

Records we looked at confirmed the service had a clear complaints policy. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up

and read. We looked at the home’s record of complaints. There had been one complaint recorded within the last 12 months. There was a clear record of investigations and the outcome recorded. The deputy manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings. One staff member told us; “People here are very open and honest, I would tell the person in charge if anyone reported any concerns.”

We saw records of regular meetings that took place for people who lived at Kings Court. One person told us; “Yes I go sometimes.” We saw from the most recent meeting that people had talked about new chairs, notice boards, activities and complaints. People were also consulted about food and nutrition at the home.

People’s care and support needs had been assessed before they moved into the service. We looked at the care records of five people at Kings Court and saw each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people’s preferences, interests, likes and dislikes and these had been recorded in their care plan. We saw that daily notes and recording charts were well completed.

We saw for one person who experienced mental health issues that this part of their care plan was missing. We discussed this with the deputy manager who told us; “It’s my fault, I wanted more advice as I didn’t feel confident about writing about their diagnosis.” They told us that the registered manager had taken the plan home the previous day to work on and they sent a copy to us the day after our visit with a highly personalised and comprehensive plan for this person. This showed that the staff sought advice to ensure people’s needs were met effectively.

We saw one person on a short stay at the home had been enabled to bring their cat into the service. As well as this and measures to keep the cat safe, there was also a high level of information about the person that the service must

## Is the service responsive?

have spent time acquiring so that their short stay was as successful as possible. One staff member told us; “We become people’s family so it’s important you have as much information as possible.”

## Is the service well-led?

### Our findings

People who used the service, visitors and staff spoke highly of the registered manager and the deputy manager.

The deputy manager showed and told us about their values, which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The registered manager held regular meetings for staff and people who used the service. People told us that the registered manager was a regular presence at the service and they could discuss anything with them. Visitors told us they were able to talk to the registered manager and deputy manager and they were listened to. This meant the registered manager was accessible and listened to the views of people and staff at the service. One staff member told us; “I can raise anything with the manager.”

We asked one staff member if they felt supported and they told us of a scenario earlier in the day where they were unsure of a moving and handling procedure. They told us they stopped and went and asked the deputy manager who showed them and made sure they understood. The staff said; “I have just gone and done the same procedure again and I got it straight away.” Not only did this show the staff were correct in seeking advice in something they were unsure of but that the management provided hands on support and help.

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; “It’s free and happy and everyone joins in.” Another person told us; “It’s very calm here, everybody knows what they are

doing.” One staff member told us; “I love it here,” and another said; “It’s a bit lower at the moment due to staffing but the girls are great and they will respond to anything.” The provider had used a telephone satisfaction survey to gather feedback from relatives and Kings Court had come top for satisfaction in the whole country. There was also a 100% completion rate in the recent staff survey and staff told us they felt listened to at the service.

One visitor told us; “The service is well known and well thought of in the local community,” and we saw that as well having a more open presence in the town by re-opening its front door onto the high street, that the service had close and positive links with the local community.

The law requires providers send notifications of changes, events or incidents at the home to the CQC and Kings Court had complied with this regulation. There had been recent positive inspections from the Environmental Health department and the service had also recently improved its rating in the local authority quality band assessment.

The deputy manager told us of various audits and checks that were carried out on medicine systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example we saw that as part of their monthly audit a regional manager had picked up that allergies required documenting on medicines records in September 2015. We saw the action plan from this review showed this had been completed the same month. This showed the home had a monitored programme of quality assurance in place.