

# Minster Care Management Limited

# Karam Court Care Home

## Inspection report

Mallin Street Highbury Road, Smethwick, B66 1QX  
Tel: 0121 558 8007  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



### Overall summary

Karam Court is registered to provide accommodation and personal care for a maximum of 47 people. People living there have a range of conditions related to old age which may include dementia. On the day of our inspection 46 people lived at the home.

The inspection was unannounced and was carried out over two days on 12 and 13 November 2014. A manager was registered with us as required by law. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Karam Court in March 2014. At that inspection we found the provider was meeting all the essential standards we assessed.

The principles of the Mental Capacity Act 2005 had not always been followed when important decisions needed to be made in people's best interest for example in relation to health care matters. We identified a breach in the law concerning this. You can see what action we told the provider to take at the back of the full version of this report. The manager had followed the requirements of

# Summary of findings

the Deprivation of Liberty Safeguards (DoLS). This is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interest to protect them from harm or injury.

People told us that they felt safe living at the home. There were systems in place to minimise the risk of abuse. Staff we spoke with understood that they had responsibility to take action to protect people from harm.

People told us that staff were caring and kind and they told us that they felt safe with staff.

During our inspection we saw many positive interactions between staff and people that lived at the home.

People told us that they received their medication on time and in a way that they wanted. Arrangements in place ensured that medication was stored safely.

Staff knew about people's needs. Staff received the appropriate training to enable them to deliver care safely and effectively.

People told us they liked the food. We saw that drinks and food was available throughout the day. If people needed staff support to help them eat, this was provided.

We saw that people were supported to take part in individual hobbies and interests.

Arrangements were in place so that the manager responded to people's complaints and took action to improve the service.

There were systems in place for monitoring the service. However, they had not always been timely and effective to identify where some improvements were needed.

# 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.

Arrangements were in place to minimise the risk of abuse. Staff understood their responsibility to recognise and report signs of abuse.

There were systems in place to make sure staffing levels were maintained at a safe level.

Arrangements were in place so that medicines were managed safely.

Good



### Is the service effective?

The service was not consistently effective.

There were systems in place that ensured that the Deprivation of Liberty Safeguards was being followed. However, the principles of best interest decision had not always been followed.

People were supported to have enough food and drink and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Requires Improvement



### Is the service caring?

The service was caring

People told us that staff were kind and caring and had considered their views.

People told us that staff respected their privacy and dignity and we observed this.

Good



### Is the service responsive?

The service was responsive.

People received care and support when they needed it and in line with their care plan

Arrangements were in place so that concern or complaints raised by people or their representative were responded to appropriately.

Opportunities were provided for people to take part in a range of hobbies and interest in the home and in the community, in line with their individual preferences.

Good



### Is the service well-led?

The service was not consistently well-led

A manager was registered with us as required by law.

Requires Improvement



# Summary of findings

Procedures were in place for monitoring the quality of the service. However, these had not identified some areas that needed improvement.

Management support systems were in place so staff were supported in their role.

# Karam 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 took place on 12 and 13 November 2014. The first day of our inspection was unannounced. The inspection team included two inspectors. On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. One inspector returned to the home the next day to look in more detail at some areas and to look at records related to the running of the service.

During our inspection we spoke with 12 people who lived at the home, five relatives, seven staff, the registered manager and the provider's representative.

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 observed how people were supported during their lunch and during individual tasks and activities. We looked at six people's care records to see if their records were accurate and up to date. We looked at medicine management processes and records maintained by the home about staffing, training and monitoring the quality of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider information return that we sent had not been received by the provider. .

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Sandwell Local Authority and we used the information to inform our inspection.

# Is the service safe?

## Our findings

People who could tell us told that they felt safe. A relative said, “[person’s name] is safe here, everyone knows what they should be doing”.

We spoke with four members of staff who were able to tell us how they would respond to allegations or incidents of abuse, and staff also knew the lines of reporting within the organisation. The staff told us that they had completed safeguarding training. Senior staff we spoke with told us that they understood their responsibility to challenge poor practice and to share information of concern with external agencies. They told us that there was safeguarding guidance and procedures available to them to refer to in the staff office, if they needed to.

The records we hold about Karam Court showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. The Local Authority had recently investigated a safeguarding incident that had been appropriately referred by the provider. The Local Authority identified that some improvements were needed in how incidents were managed and recorded. We saw that the manager had taken action to ensure that these improvements were made.

The staff we spoke with told us that they knew the people that lived in the home and the support individuals needed with their care and how to manage risks. We saw that people’s care records included risk assessments for specific risks to their safety for example mobility and the risk of falls so staff had information about how to minimise the risk of harm to people.

Staff that we spoke with told us what they would do in the event of an emergency situation so that prompt action would be taken. They told us that senior staff were always working in the home and they would take the lead in the event of an emergency or untoward incident taking place. This showed that staff was clear of their role and responsibility to keep people safe in an emergency situation.

One person told us, “There seems to be enough staff. They do come when I ask them to”. Staff that we spoke with told us that staffing levels were generally adequate to meet people’s needs. A staff member told us, “I do get some time to sit and talk to people which is really important”. Staff told us that certain times of the day such as meal times and early evening time were busy. One relative said, “There is enough staff”. Another relative explained that at certain times of the day such as early evening you may not see many staff around, because they are busy supporting people with personal care in their bedrooms. However, if you need a staff member they will make themselves available as soon as they can. The manager talked through with us how staffing levels were determined. Staffing levels in the home were sufficient to respond to people’s needs.

One person told us that they received the support from staff to take their medication safely. We spoke with two staff members that were responsible for medicine management. One staff member told us, “I feel confident giving out medicines to people and have completed medicines training”. We saw that medicines were stored safely and records were kept of the medicines that had been received. We saw that records included information about what the medicines were for and how people liked to take their medication. This showed that staff had information to refer to so people received their medication in a way that they preferred.

We looked at four people’s Medication Administration Records (MAR). We saw that one person’s MAR record for one of their medicines had not always been signed by staff to confirm that the person had received the medicine as prescribed. The manager investigated this matter and told us on the second day of our inspection that the medicines had been given but the record had not been signed. The manager told us that they had improved their medicine audit and had requested further medication training for staff. This showed that action had been taken to ensure that people received their medication safely.

# Is the service effective?

## Our findings

We spoke with staff about how the rights of people who were not able to make or communicate their own decisions were protected. All staff understood their responsibility to involve people in making decisions about their care and could give us examples about this. However, we saw that the Mental Capacity Act (MCA) code of practice principles had not been followed for some important decisions. For example, important decisions about people's health care had not involved family members and other health care professionals so decisions were made in people's best interest. This was a breach in Regulation 18 of the Health and Social care Act 2008 (Regulated Activities).

The manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS) she told us that they always looked at what the least restrictive practice was for people. The manager told us that they had made applications for people who lacked capacity, where they believed that a person's care needed a level of supervision and control. The applications had been made as needed to the local authority, and the manager was waiting on their decision. The manager told us that they always looked at what the least restrictive practice was for people. Staff that we spoke with had some understanding of DoLS and MCA and why some restrictions were in place to keep people safe.

We saw some very good interactions between staff and people. We saw some incidents where people become upset and distressed and also some people presented behaviour that challenged other people living in the home. We saw that staff was calm, caring and reassuring towards people during these incidents. Staff were able to tell us how they supported people at these difficult times. They showed understanding, self-awareness and respect towards the people they cared for. A recent incident in the home had been investigated and health and social care professionals had supported the home and provided some advice and support on effective behaviour management. Our conversations with the manager and staff confirmed that they had responded positively to the input and the manager had taken steps to make improvements. This included ensuring records of incidents were clear and precise and described the behaviour. Plans were also in place to improve people's behaviour management plans so

information was clearer and more accessible for staff to refer to. This showed that the manager had taken steps so people would be supported to manage behaviour effectively.

Arrangements in place ensured that staff received the training they needed to care for people effectively and also identified staff training needs. All the staff we spoke with told us that they had completed training to ensure that they had the skills and knowledge to provide the support people needed. Staff told us that they had completed a range of training relevant to their roles and responsibilities. This included moving and handling, safeguarding and dementia awareness. During our discussions with staff they demonstrated that they had some understanding of DoLS and MCA but would benefit from further training. The manager told us that further training would be provided to broaden their knowledge and understanding of this important legislation.

We spoke with two staff about the support they received when they were first employed. They told us that they worked alongside experienced staff and had received the support they needed to carry out their role. All but one staff that we spoke with told us that they felt supported in their role.

A relative told us, "They assessed [person's name] needs and made sure that everything was in place for them. Another relative told us, "Staff here really understands people with dementia. They have helped us as a family to understand the changes in [person's name] behaviour.

We saw that people were provided with enough to eat and drink. People we could speak with told us that they like the food. One person said, "The food is nice". We observed the midday meal been served in both dining rooms. The meal time was well organised and provided people with an enjoyable experience. The atmosphere was relaxed. We saw that staff were available to support people to eat and worked as a team communicating with each other so they worked effectively. We saw people were supported at a relaxed pace and staff were uninterrupted when supporting people to eat.

People who we could speak with told us that they received the support they needed to see their doctor. One person said, "The doctor will come and see me if I am not well". A relative told us that they were confident that staff called the doctor when their relative needed to see one and they told

## Is the service effective?

us that staff would let them know and keep them informed of any changes in their relative's wellbeing. Records showed that other health care professionals including GP

and mental health specialist were involved with people's care when they needed to be. This showed that people were supported to maintain good health and had access to health care services when needed.



# Is the service caring?

## Our findings

Throughout our inspection we saw that people were treated with kindness and compassion. We saw that staff were friendly and patient when supporting people. We saw that staff took time to sit and speak with people and explain things. We observed that staff listened to people and did not rush people but let people talk at their own pace. We saw that when people requested help that this was responded to promptly by staff. Some people at the home were living with dementia and could not tell us about their experience. However, our observations showed caring interactions between people and staff members. All the relatives that we spoke with told us about the positive relationships in the home between people that lived there and the staff members. One relative told us, “The staff are marvellous it’s not just a job they genuinely care, they treat them as their family”. We observed the staff handover and staff spoke about people in a way that was caring and respectful.

During our inspection we saw that people were encouraged by staff to make decisions about their care. People made choices about how they spent their time. Some people preferred to spend time in their own bedrooms and we saw that this was respected by staff. One person told us, “I can go to bed and get up when I want to”. Two relatives told us that they had been involved in planning their relatives care. A relative told us, “They talk through everything with [person’s name]”.

Throughout our inspection we saw that people’s right to privacy and dignity was respected and promoted by staff. We saw that staff knocked people’s bedroom door and waited to be invited in. We saw the home had developed comfortable and quiet seating areas where people could sit and rest and meet with relatives if they wanted to, away from the communal lounges.

Staff told us that their training included promoting people’s privacy and dignity and to ensure that they were caring in their role. Senior staff that we spoke with told us that their role was to ensure that people were cared for in a way that was kind, caring and respectful.

People who could tell us told us that friends and relatives were able to visit at any time without restrictions. All the relatives we spoke with told us they were free to visit at any time and was always made to feel welcome by staff. We observed that staff were very welcoming to visitors and made time to talk to relatives. This showed that staff understood the importance of supporting people to maintain the relationships that were important to them.

All the staff we spoke with had a good understanding of people’s care needs. Records we looked at had information about people’s likes and interests. This provides staff with information so they had an understanding of people’s needs and preferences.

# Is the service responsive?

## Our findings

People who could tell us told us that staff knew their needs. The staff we spoke with and our observations showed that they were knowledgeable about the needs of the people. A relative told us, “They assessed [person’s name] needs and made sure that everything was in place for them before they moved into the home.” People who could tell us and relatives that we spoke with told us that staff had involved them with planning their care. A relative told us, “[Staff member’s name] went through their care plan with us when they first moved in”. Another relative told us, “The staff talk through everything with [Person’s name]”. This showed that people were involved with planning their care.

People who could tell us about their care told us that they could choose when to go to bed, when to get up and how they wanted to spend their time. We looked at the care records for six people. Care plans had been developed which had information for staff to follow about how to support the individual to meet their needs. Care records included personal information about the person’s life, likes and preferences so staff had information about the person and not just their care needs. This showed that arrangements were in place so people received personalised care.

We observed the handover sessions between staff who were changing over shifts. It provided an opportunity for staff to share and discuss important information about people’s care so people received continuity and consistency with their care. For example one person had been unwell and staff were asked to monitor the person and to make sure they were offered something to eat later in the day. This showed that routines were flexible and personalised to meet the needs of people.

We saw that staff considered and responded to the individual needs and interest of people. One person told us that they enjoyed doing their knitting. Another person told us that they liked helping out in the garden when the weather was warm. One person told us that they enjoyed a trip out to the local shop each week to buy some personal shopping. We saw that some people preferred to spend time in their own rooms and some people were supported

to access the different communal areas of the home. A cinema room had been developed on the second floor of the home and we saw that some people attended an afternoon film session. There was also a room that had been designed and to resemble a ‘pub’. One person told us that they liked to sit in this room and they were comfortable and that they liked watching people passing by outside.

People were supported to take part in a range of social activities in the home and local community. Some people were supported to attend a local community centre where social activities and entertainment took place. There were also regular trips arranged and the most recent trip had been to a local community cinema. This showed that staff recognised the importance of people maintaining links with their local community.

We saw copies of a monthly newsletter and this provided people and their visitors with information about events, celebration and entertainment so people were kept informed. A weekly ‘Sparkle’ publication was also produced and included memories and reminiscences and included quizzes, discussion topics and sing along. There were carer’s notes to go alongside the publication which provided staff with useful prompts so discussions were meaningful. People who could tell us and their relatives told us that they liked these publications.

We observed that people were supported to continue their preferred religious observances, rituals and routines if they chose to. Staff told us that people were able to practice their faith or religion as they wished. We saw that people were supported to take part in prayer and display symbols and pictures related to their faith. Some people were supported to attend religious services in the local community. This showed that people’s social and spiritual needs were respected by staff and taken into account.

We saw that arrangements were in place to listen and learn from concerns and complaints. All the relatives we spoke with told us that they would be confident speaking to a staff member or the manager if they were unhappy about something. We looked at a sample of complaints that had been investigated by the manager and saw that these were investigated and responded to appropriately.

# Is the service well-led?

## Our findings

The provider had a clear leadership structure which staff told us they understood. A manager was in post and they were registered with us as this is a legal requirement. The manager had worked at the home for a number of years and this had provided consistent leadership.

People who could tell us and their visitors said they knew the registered manager and would be confident speaking to them if they had any concerns about the service provided. During our inspection we saw that people and relatives spoke with the manager who was approachable and visible around the home. We observed that the atmosphere was open, friendly and welcoming throughout our inspection.

We saw that systems were in place for the internal auditing of the quality of the service but these were not always robust. We spoke with the senior manager for the home during our inspection. They told us that they visited the home on a regular basis and we looked at some of the records of their visits. Action plans had been completed where they had identified that improvements were needed. We saw records showing that accidents, incidents, complaints and safeguarding incidents were monitored to ensure that learning from these takes place. Discussion during the inspection confirmed that the manager had ensured that any learning from a recent safeguarding investigation had taken place and we saw that improvements had been made to the recording of behaviour incidents. During our inspection we identified that best interest meeting had not always taken place in line with the principles of MCA. We also identified that

evaluation of risk assessments needed to show that the safeguards in place to manage risk had been reviewed and medication audits had not always identified when records had not been completed accurately.

Arrangements were in place to ensure that people felt informed and involved in how the home was run. People and their relatives had been asked to complete surveys to give feedback about how they rated the care and the home. The results had been analysed and showed that the feedback was favourable about the home. As a result of the survey and feedback received the manager had set up a cinema facility at the home as requested by people. Meetings had also taken place to discuss activities and the day to day running of the home.

Staff told us that support systems were in place and they could approach senior staff or the management team if they needed to. Staff meetings took place in the home and we saw the records of these. These provided the opportunity to promote good standards of care and drive improvements. Staff had completed a survey and had been asked to comment on the management of the home, communication and the support they received to carry out their role. The analysis of this showed that staff gave mostly positive feedback. Where any shortfalls were identified an action plan was put in place.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant that the manager was aware of their responsibility to notify us and we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not ensure that suitable arrangements were in place for obtaining, and acting in accordance with the consent of service users in relation to the care and treatment provided for them.</p>