

Express Care (Guest Services) Limited Kingston 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 

Overall summary

This was an unannounced inspection that took place on 20th January 2015.

Kingston Court is a three storey purpose built home situated near to the Cumberland Infirmary in Carlisle. It is near to all the city amenities and is served by good public transport. All accommodation is in single en-suite rooms.

The home cares for people with dementia in a specialist unit situated on the top floor of the building. The ground and first floors have people who need personal and nursing care.

Executive Care own a number of other nursing and residential care homes around the UK.

The home has a registered manager. 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 and associated Regulations about how the service is run.

We found the service to be safe because the staff team were trained and competent in protecting vulnerable

Summary of findings

adults from harm and abuse. Staff recruitment was managed correctly and there were sufficient staff on duty to give good levels of care. The home had suitable disciplinary procedures in place.

The building was safe and good infection control was in place. Accidents and incidents were monitored appropriately.

Medicines management was of a good standard.

Staff were suitably trained and experienced to give people effective care and support.

The registered manager understood her responsibilities under the Mental Capacity Act 2005.

People were, where possible asked for their consent for any interventions.

The catering in the home was of a high standard and staff were aware of nutritional planning to keep people as well as possible.

The company were aware that the shared areas needed to be improved on and were planning some structural changes to the environment.

We judged that the staff had a caring approach. We saw patient, kind and attentive responses to people in the home. We heard from visiting relatives, friends and professionals that the staff team were caring. People were encouraged to be as independent as possible.

People told us they were satisfied with the activities, outings and entertainments on offer. Complaints were handled correctly in the service.

The service was not responsive to need. The manager was aware of the gaps in care planning. We judged that assessment and review of care were of an acceptable standard but some of the written plans of care needed more detail and some needed to be updated. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The home had a suitably trained and experienced registered manager. She was supported by the operations manager and other senior officers of the company. The company's values and vision were known to people in the home and to relatives. The staff team understood their roles and responsibilities in the home. The service had a suitable quality assurance system that was being used appropriately.

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 understood how to protect vulnerable adults from harm and abuse.

We judged there were enough staff on duty to keep people safe.

The environment was suitably managed.

Medicines were ordered, stored, administered and disposed of correctly.

Staff received training in medicines management.

Good



Is the service effective?

The service was effective.

Staff were suitably trained, skilled and experienced.

The management team understood their responsibilities under the Mental Capacity Act 2005.

People received good nursing and health care support.

Nutritional planning was completed and the catering operation was of a high standard.

Good



Is the service caring?

The service was caring.

We saw kind and patient interactions between staff and people who lived in the home.

We had positive responses from people who lived in the home and from visiting relatives, friends and professionals.

People were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was not responsive.

A number of care and nursing plans needed to be updated and written in more detail.

People were satisfied with the activities, entertainment and outings on offer.

Complaints were handled appropriately.

Requires improvement



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a suitably trained and experienced registered manager in place. She was supported by the organisation.

The vision and values of the registered manager and the organisation were well known to people in the home and the staff team.

Suitable quality monitoring was in place in the service.

Kingston 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20th January 2015 and was unannounced.

The inspection was conducted by two adult social care inspectors. They were accompanied by 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. The expert had experience of the care needs of an older person. The team also included a specialist advisor who had experience of residential and nursing homes.

Prior to the inspection we had contact with social workers and specialist nurses. We also contacted the people who commissioned care and nursing services. We had also received regular updates from the company. A Provider Information Request was sent to the service and this was returned with the relevant information.

The team talked to people using the service, their relatives, friends or other visitors. We spoke with the manager and we interviewed staff informally. We observed care delivery and we tracked the care needs of fifteen people by talking to them and reading their care files.

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 15 care files in depth and also checked on some specific information in another five files. We looked at the staff files of seven team members. This included nurses, care assistants and ancillary staff. We checked on recruitment records as well as training and development. We looked at the records of medicines management, the quality assurance records and records of maintenance and infection control. After the inspection we received a confirmation of proposed building improvements. We asked for plans of these changes but these were still being developed.

During the visit we met with the registered manager and we spoke with ten care staff, the activities organiser and six ancillary staff. We met with nine relatives. We met two visiting health care professionals and two social workers. We also had contact with a health care professional after the visit.

Is the service safe?

Our findings

We asked people who lived in the home about how safe they felt. One person said: "I only ever had one problem and that was a new girl who was a bit off with me, but my relative spoke to the Senior and it never happened again." Another person said: "I am quite safe and well here...better here than before." People also told us: "I like my room and I feel safe there." "My tablets are always on time and the nurses tell me what they are for." "The girls are nice...no nastiness."

We also met relatives who were visiting on the day of our inspection. This included relatives of people who were living with dementia. They said that the atmosphere on the dementia care unit was good and that they had no concerns. One family we spoke with said: "We admire the staff as they are very patient and no one in the family feels worried about [our relative] being treated badly."

We saw that there was plenty of information about safeguarding in the home for people who lived there and for the staff. Staff told us: "I understand how to make a safeguarding referral...haven't had to thank goodness but wouldn't hesitate to do it." Everyone on the staff team had completed training on safeguarding.

We had evidence to show that this service was good at reporting any allegations or suspicions of abuse to the local authority. When they were directed to investigate any concern this had been done in depth by the operations manager or by the registered manager.

This company had suitable whistleblowing arrangements in place so that staff could make their concerns known. We had evidence to show that the company respond appropriately to these concerns. Staff told us that they found the registered manager to be very "approachable" and would not hesitate to go to her.

We looked at a range of documents that demonstrated that the environment was safe. We saw good records of maintenance and fire safety. The home had an up-to-date risk assessment of the building, a fire risk assessment and a good, detailed emergency plan. We also had written and verbal evidence to show that accidents and incidents were recorded and analysed and steps taken to prevent further risks.

We looked at staffing rosters. We saw that good staff ratios were in place with nurses on duty on all three units. People told us: "There are a lot of staff...sometimes you have to wait but only for a short time...they are busy." We judged the home to have suitable nursing, care, housekeeping and catering staff in place.

We spoke with the manager about staffing levels on the specialist unit for people living with dementia. We had looked at dependency levels and judged that the staff to service user ratios were adequate for the seventeen people who were in the unit. The unit was not full. The manager said that staffing levels were monitored regularly and extra hours would be added if more people came to live in the unit.

We looked at personnel files of staff who had started in the last 18 months. All of these staff had been suitably recruited with checks on their backgrounds and two references obtained before they came into the home. We spoke to staff who had been appointed in the last year and they confirmed this.

We looked at files of staff who had been in post for a number of years. We noted that any concerns about their practice were looked into. Initially this was through supervision and where necessary the company's disciplinary procedures had been put into place. We saw a good example of a fair and equitable investigation that had taken place through the disciplinary procedures and the safeguarding was unfounded. We spoke to staff who understood that concerns needed to be dealt with in a formal way.

We looked at the ordering, storage, administration and disposal of medicines. We saw that in general people were given appropriate medicines in a timely fashion. We observed people being given their medicines and the reason for taking medicine explained to them. We saw that the local GP practices reviewed medicines and that, where appropriately, consultants reviewed the medicines. Staff told us that senior care staff and nurses were trained in the medicines administration system in use in the home.

We were told that some staff were going back to sign the medication records if they had forgotten to sign them at the point of administration. We discussed this practice with the registered manager and she said that the company were looking at these recording lapses and would be dealing with it through their disciplinary procedures.

Is the service safe?

We had evidence to show that there was a suitable infection control policy in place. One member of staff had the lead responsibility and we saw evidence on the day to show that this was working well. All areas of the home were clean and orderly.

Is the service effective?

Our findings

People who lived in the home told us that they judged that staffing levels were suitable. They told us: “The staff are nice they try hard for you”. “I am looked after well by the staff...they seem to know what they are about”. “Very good staff...they get trained I think and they seem keen to learn...new staff are nice and you can see them learning and getting more sure of themselves every day.”

We looked at staff files and we saw that people received induction and were required to attend specific training. Staff told us that they judged that they received suitable training. One person said “more than enough”. We saw in staff files and heard from staff that they were given regular formal supervision. Staff said that they could talk about the work they did, their training needs and any problems that they had. Staff were also able to tell us that they were supervised and monitored while they worked. Staff received appraisal and were encouraged to develop their practice. The deputy manager told us that both she and the manager, care staff and nurses who were interested in developing their understanding of dementia care were undertaking specialist training provided by the University of Stirling.

We had evidence to show that the registered manager was aware of her responsibilities under the Mental Capacity Act 2005. On the day of our visit a meeting took place where one person's care was discussed because there was a concern that this person was being deprived of their liberty. The staff had asked the local authority for support in this. We saw that there were some restrictions placed on some people who were living with dementia but we saw that best interest reviews had been held and deprivation of liberty applications being completed.

The company did not advocate restraint in any form and we saw no evidence that this was happening in the home. We had evidence to show that staff were trained to use techniques like distraction to support people living with dementia who had problems controlling their emotions or behaviours.

During the course of the visit we observed people being asked their preferences and given options. We also asked people about how consent was gained. People told us that they were asked both formally and “every day and about

how I want things done.” We saw that, where possible, people signed their own care plans and consent forms. One person said: “They talk to you all the time and explain things and ask me first”.

We saw that people were asked their consent for any nursing intervention by nurses in the home. People were happy with the treatment given by nurses. We also saw that there were good relationships with local GP's and community nurses who visited the home. People had access to opticians, dentists and chiropodists. When necessary consultants came into the home or people went out to appointments. For example the care of some people with dementia was led by a psychiatrist. Where people had complex needs staff asked specialist nurses to visit.

We were told, and we saw in files, that where people had nutritional needs the expertise of a dietician was sought. The registered manager contacted the local dietician on a weekly basis. We also saw that speech and language therapists were brought in where people had problems with swallowing.

We saw some detailed nutritional plans and we saw some other plans that still needed some work. We saw that care staff kept records of food taken. Some of these records were detailed but we asked the staff to make sure that they recorded food taken in as full a way as possible so that they could monitor the amount eaten. We learned that a new nurse in the unit had a special interest in nutrition and had started in-house training to care staff.

We saw that when staff gave the mid-morning and mid-afternoon drinks the kitchen staff also prepared snacks. On some days snacks were home-made cakes, on other days there were savoury options like samosas. We judged that this catering operation was creative and met the needs of individual people in the home.

Both of the home's chefs were in the home on the day of our inspection. We confirmed with them that they had suitable training in catering, nutrition and food hygiene. They understood the needs of older people and people with chronic illnesses. We were given detailed explanations of how they prepared special diets. On the day of our visit there was no vegan or vegetarian people in the home and no one with special cultural or religious needs. The catering

Is the service effective?

staff could explain to us how they would meet these needs and we judged that they had a full understanding of the needs of the people who lived in the home and could meet any nutritional challenges.

We spoke to people about the quality of food in the home. People ate well and commented on the quality of the food: “That was lovely I really enjoyed that.” We also saw the preparations for dinner which was served around 5 PM. Food was well cooked and well presented. We looked at

four weeks’ worth of menus and saw that these were well-balanced and varied. There was a good variety of foods stored in the kitchen with regular deliveries of fresh foods.

The home was purpose built but the provider was aware that there needed to be some improvements to the shared areas as some of these were not large enough. They were consulting with an architect about making these improvements.

Is the service caring?

Our findings

People told us: “The staff are very nice.” “Nice girls here” and “They are all very good...kind and caring.”

We also spoke with people who were living with dementia and we observed how they interacted with the staff team. The inspector who spent time on this specialist unit saw patient, sensitive and kind interactions. We saw people being re-orientated when they were confused about the environment or the time. This was done with consideration, well-paced and done with reassurance and with appropriate humour and affection.

We spoke with three visitors who told us they came together regularly and they said that they had no concerns about the caring approach of staff. We also met another visitor who told us: “The staff are very nice and the atmosphere is calm.”

We also met with a visiting health care professional who was extremely positive about the caring approach: “Compassion and caring run through the whole approach to interactions with people.”

We spoke with staff who understood the need for person centred care and who could talk about the needs of individuals. We spoke with staff who could talk about individual’s background, family, care needs, cultural and religious beliefs. We found staff could interact and relate with people who used the service.

We noted that care plans and daily records were written in a respectful way. We did not find any judgemental statements in the care plans we looked at.

We saw some examples of people being encouraged to be as independent as possible. Where people had very complex needs this might be simple personal care. One plan said “encouraged to wash own hands and face”.

We also saw that the home had recently started to support people on a short-term basis. We saw in care plans and notes that staff were encouraging people to be as independent as possible so that they could return to their own home. We spoke to a senior carer who was taking the lead in this and she explained how they tried to encourage people to mobilise, manage their own personal care and deal with other tasks so that they could return to independent living.

Is the service responsive?

Our findings

People told us that they were consulted, as much as possible, about the kind of care they wanted. One person said: “I see the doctor and other people about my condition. I have a care plan and I let my relatives help with that...we all talk to the nurses if things need changing.”

People told us that they were asked about their lives, their families and past and present interests. One person said: “I get what I want and need...they ask me and they record it all down and staff tell me they check these plans.”

We read care files and we saw some variations in the quality of these. On most files we saw detailed assessments and risk assessments. We saw some good nursing plans for people with health problems. However not all of the care plans were detailed or up to date. The registered manager told us that she was aware that some of the planning for care needed improvement.

There were a number of examples. One plan for a person with diabetes had gaps in the guidance. Another plan on nutrition needed further work. The inspector who spent time on the dementia care unit judged that some of the dementia plans needed more details about how to support people who were reluctant to receive care or became distressed due to disorientation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us about some of the activities and outings they enjoyed. “We go out...the staff take us”. “We have activities and parties...you don’t need to join in but I like it.” We saw people from all three units joining in a group activity and individuals being encouraged to follow their

own pastimes. We asked the activities coordinators about their work. They had a programme of activities in place and were working on developing even more activities. One of them told us: “We have themed afternoons, trips out, reminiscence activities and are planning more outside activities as we think going out in the fresh air raises people’s mood.”

We observed people in the home and spoke to them about visitors and contact with the community. We learned from several people that “families and friends are always made welcome.” We spoke to relatives who said they were made welcome and that any issues were responded to appropriately. One relative told us: “If I think [my relative] needs something different I only have to point it out. I have seen their care plan and it covered everything [my relative] and I thought needed to be in it.”

We looked at the records relating to concerns and complaints. We noted that the Care Quality Commission had been notified of everything that was in the file. We also saw that complaints were responded to by either the operations manager or the registered manager. We had evidence to show that these were investigated in a timely fashion and in suitable detail. We looked at one complaint and we could trace the actions taken by looking at the complaints procedure and by looking at staff files. We saw that this complaint had been suitably resolved.

We noted that where people had to access other health services there was suitable information sent with them. We also noted that the registered manager made sure that she carried out a full assessment before re-admitting any person who had been treated in hospital to ensure she could meet any changing needs.

Is the service well-led?

Our findings

The registered manager had been in post only for a matter of months but she had been the deputy manager before her promotion. We had evidence to show that people in the home, their relatives and the staff team were satisfied with this promotion. People said that they could speak to the management team and that they were all "...easy to talk to...we sometimes see the people from head office too". People said: "I know the manager and the deputy and they make sure the staff treat everyone properly...any problems and they sort it out."

We asked people and their visitors about the culture in the home. One visitor told us that they were happy with the openness of the staff team and told us about a query they had about the company. They said that there had been a change of owner and that there had been a meeting about this. This person had asked for further information and had met with the regional director.

We saw that there were leaflets available to explain that a new owner had bought Executive Care as a going concern but the service delivery remained the same. People we spoke to said this change had not had any impact on their lives. All of the policies, procedures and systems were still those of Executive Care. We looked at a selection of these and found that these covered all the operational systems in the home.

We saw that the company had detailed processes in place to make sure that quality was monitored in the home. We looked at audits and checks on all aspects of the service. We saw that the new manager had been busy analysing the standards of care and services in the home.

We saw that in the last two months before the visit the registered manager and the deputy manager had reviewed nearly all the systems in the home. They were aware of what needed improvement and were formulating new systems to ensure that each nurse and senior care assistant had delegated tasks. We saw supervision and appraisal documents showing that staff were monitored and developed appropriately. We noted that the staff team were keen to keep up to date with both nursing and social care good practice.

The home had a number of 'champions' who took the lead in things like dignity, nutrition, moving and handling and safeguarding. We had evidence from talking with people and by looking at care files and personnel files that the registered manager was actively promoting a person centred approach to care and treatment. We saw evidence to show that the delegation and other arrangements allowed staff to get to know small groups and individuals really well.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	People who use services were not protected against the risks associated with receiving care or treatment that is inappropriate or unsafe because written plans of care had not been updated and some plans lacked detail.
Treatment of disease, disorder or injury	