

## Springcare (Kings Court) Limited

# Kingscourt

### Inspection report

12 Newton Lane  
Hoole  
Chester  
Cheshire  
CH2 3RB

Tel: 01244313201

Website: [www.springcare.org.uk](http://www.springcare.org.uk)

Date of inspection visit:

11 April 2022

13 April 2022

Date of publication:

09 May 2022

### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kingscourt is a residential care home providing personal and nursing care to up to 37 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 28 people using the service.

Kingscourt accommodates people in one building across three floors, each of which has separate adapted facilities.

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

There were some areas of the home which required redecoration or replacement of furniture. We received assurances from the provider which demonstrated plans were in place to address this.

Staff were also recruited safely. Staffing levels were safe and the provider responded to feedback we received during the inspection in respect of this.

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care.

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

Risk assessments and appropriate care plans had been developed to meet people's needs. People were involved in developing their care plans which were person centred and changes were made as people's needs changed.

The service was well-led and staff felt supported. The provider also worked with other professionals and organisations to ensure positive outcomes were achieved for people.

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

### Rating at last inspection and update

The last rating for this service was good (published 24 October 2017).

At our last inspection we recommended that the provider reviewed its practices in relation to undertaking staff supervision and providing regular activities for people to engage with. At this inspection we found the provider had acted on these recommendations and had made improvements.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

Since the last inspection we recognised that the provider had failed to comply with a condition on their registration to have a registered manager in post. This was a breach of regulation and we issued a fixed penalty. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kingscourt

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kingscourt is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingscourt is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We also observed interactions between staff and people living at Kingscourt.

We spoke with nine members of staff including the operations manager, registered manager, lead nurse, care workers and ancillary staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a sample of temporary (agency) worker records in relation to suitability for the role and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staffing levels were safe and determined using a recognised tool to assess people's care needs. However, we received mixed feedback about this from people living at the service. Comments included, "There are lots of people around. I only have to ring the bell," and "Sometimes I don't have to wait too long. But lately I wait longer." Comments from staff were also mixed. One staff member told us, "Sometimes with three carers it can be tricky. But we manage."
- We discussed this feedback with the operations manager who took immediate action to review and increase the staffing level at the service.
- Staff were safely recruited. Appropriate checks had been made before being offered employment. This included checks on temporary (agency) workers.

### Assessing risk, safety monitoring and management

- Some areas of the home required redecoration and a number of bedframes needed to be replaced. We received assurance all areas of improvement were already in the process of being addressed by the provider.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.
- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- People told us they received safe care. Throughout our inspection, we also observed safe working practices, such as moving and handling being carried out.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.
- There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to analyse trends and identify any lessons learnt.

### Using medicines safely

- Medicines were safely managed. Records of administration were maintained and in line with best practice. This included when people were prescribed creams.

- Guidance was in place for all prescribed medicines administered on an 'as required' basis. This helped staff to understand why certain medicines were prescribed; and under what circumstances they should be offered to a person.
- Medicines were stored securely and only administered by staff who were suitably trained.
- People told us they received their medicines when they needed them. One family member commented, "The nurses help [Name] with his tablets. They make sure he does take them."

#### Preventing and controlling infection

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



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured all staff received supervision to ensure performance could be monitored and staff received appropriate support. The provider had made improvements.

- Staff completed an induction and received the training they needed to support people. One staff member told us, "I had an induction and an orientation to the home."
- Staff received support through supervision and observations of their practice.
- People told us they felt staff were well trained. One person commented, "Yes, they do know what they are doing, and appeared to be well trained."

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

- People had the equipment they needed to be supported effectively and were encouraged to personalise their rooms with photographs and personal items.
- Directional signage was in place to help people who lived with dementia find their way around.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's needs had been assessed. Care plans had been developed based on these assessments, as well

as advice and guidance provided by other health and social care professionals.

- Where appropriate, DoLS applications had been made and, when applicable, conditions were being met.
- During the inspection we observed staff asking people for consent before they delivered care. Staff had received appropriate training.

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

- Most of the people we spoke with gave positive feedback about the food available. One family member told us, "[Name] likes the food, and he compliments the chef. And there is plenty of it."
- Menu's were displayed. We observed the chef visiting people in their bedrooms offering choices and alternatives to the planned menu.
- People also confirmed this was usual practice. One person commented, "I do get a choice sometimes, they come round the evening before. At other times they come round on the morning of the cooking day."
- Staff were aware of people's nutritional needs and had clear information with regards to this.

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

- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- People confirmed they were supported to access their GP and other health services when required. One family member commented, "They tell me if an appointment is made, and give me any feedback."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed warm and friendly interactions between people. Staff spoke to people in a respectful manner.
- People spoke positively about the care they received. One person told us, "The staff are excellent. I really do appreciate them, including working through [the COVID-19 pandemic]."
- Staff considered characteristics protected under the Equality Act 2010. Religious and cultural needs were identified when developing care plans and planning social events and activities.

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

- People confirmed they were involved in decisions about their care. One person told us, "We went to the office when I arrived and they talked to me about my care."
- Where appropriate, family members were also involved.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. Comments from people included, "I sometimes wash myself all over, I also feed myself," and "I help with my washing and dressing, a bit."
- People's privacy and dignity was also respected. People confirmed staff ensured their bodies were covered up during personal care and knocked before entering their bedrooms.
- Personal information was kept secure and confidential at all times.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider reviewed arrangements to ensure regular activities were available for people to engage with. The provider had made improvements.

- Activities were available for people to access. This reduced the risk of social isolation.
- People told us they enjoyed these activities. Comments included, "[The activity worker] comes in to say hello, and brings me some magazines. They are free," and "An entertainer comes in once a month. I play bingo and other things."
- During our inspection we observed a number of activities taking place including quizzes and music entertainment. People appeared engaged, enjoyed the social interaction and had formed visible friendships with other people living in Kingscourt.

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

- Staff were familiar with people's needs and preferences. Important information was recorded. One family member commented, "The staff know what his needs are, because he has regular carers."
- Staff were kept updated about any changes to people's care needs through detailed handover records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and understood.
- The registered manager confirmed information about the home was available in different formats and languages upon request.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

- Care plans demonstrated personal wishes were documented.
- Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information for ease of reference.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Following our last inspection, we issued a fixed penalty to the provider due to a failure to ensure there was a registered manager in post. This was a breach of a condition on their registration. The provider paid the fixed penalty.
- Systems were in place to monitor and review the quality of care and experiences of people. Regular audits were completed.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The rating from the last inspection was displayed in the main reception area and on the provider's website.

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

- People living at Kingscourt told us they were happy living at the service and received person-centred care. Comments included, "I just know that all the staff are nice," and "If I travelled the country, I would not find a better place."
- Staff we spoke with told us the registered manager was very supportive and felt confident in sharing any concerns. One staff member commented, "[Name] is nice, approachable. No quarms speaking to him."
- The registered manager demonstrated an understanding of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered provider sought the views of staff, residents and relatives through questionnaires. Records were maintained of any complaints made and actions taken.
- Information contained within care plans demonstrated the staff at Kingscourt worked in partnership with other agencies.