Care UK Community Partnerships Ltd

Kings Court Care Home

Inspection report

14 Market Place
Barnard Castle
County Durham
DL12 8ND

Tel: 01833690333
Website: www.careuk.com/care-homes/kings-court-barnard-castle

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kings Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation for up to 37 older people. On the day of our inspection there were 31 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Kings Court Care Home was last inspected by CQC in November 2015 when the service was rated as Good. At this inspection we found the service remained Good and met all the fundamental standards we inspected against.

People told us they felt safe and there were sufficient staff to meet people's needs. We found there was a consistent staff team who knew people well.

People received safe support with their medicines. We saw the home was clean and we spoke with the head housekeeper who explained their procedures in relation to upholding a clean, infection free environment.

Staff told us they felt well supported in their role; they received induction and training. Staff received supervision and appraisals.

People had choice and control of their lives and staff supported them in the least restrictive way; the policies and systems in the service supported this practice. We saw mental capacity assessments were well completed.

People had risk assessments that described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP and social worker.

Staff were aware of the importance of supporting people with good nutrition and hydration. People told us they enjoyed the food prepared by the kitchen staff at Kings Court.

People had access to healthcare services, in order to promote their physical and mental health. We saw the service worked well with community nursing services and the local G.P.

The premises were homely and suitable for people's needs. People were involved in decisions about the

decoration and the provider had taken steps to make the environment more accessible in relation to people with memory issues. The environment and equipment was regularly checked and serviced.

There were detailed, person-centred care plans in place, so that staff had information on how to support people. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs, and choices are taken into account.

End of life care was well managed in partnership with community services and the management team told us they were proud to support people at the end of their life to remain in the Teesdale vicinity.

There were opportunities for people to participate in activities. This included crafts, reminiscing, sing a longs, chats, bingo and activities outside the home.

There was a complaints procedure in place, should anyone wish to raise a complaint. People told us that any issues would be addressed but no one raised any concerns with us.

There was a quality assurance system, which enabled the provider to monitor the quality of the service provided.

We received positive feedback about the registered manager, deputy manager, staff and the service as a whole. Comments from people, relatives, staff and visiting healthcare professionals indicated there was a positive and open culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained Good.

Is the service effective?

Good

The service had improved to Good.

Mental capacity assessments were carried out and people were supported to have their rights upheld.

Staff were appropriately supervised and trained.

Peoples needs were assessed by trained staff before being admitted to the service.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained 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.

This was a comprehensive inspection and was carried out by one adult social care inspector.

This inspection took place on 20 June 2018 and was unannounced.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with eight people who lived at Kings Court Care Home. We spoke with the registered manager, deputy manager and four care workers. We also spoke with three relatives of people who used the service and a visiting district nurse. We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of four people, including their medicine administration records [MAR]. We reviewed four staff recruitment files, training records, and records in relation to the management of the service. We observed how staff interacted with everyone who lived in the home.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and relatives said the home was a safe place to live. One person said, "I feel very safe here and I sleep well at night." A relative we spoke with said, "I am very happy leaving my relation here, I feel comfortable and know they will ring me with any concern."

The staff we spoke with showed a good understanding of safeguarding and the provider's whistle blowing procedures. They knew how to raise concerns if needed and said they would be confident to do so. One staff member said, "Yes, we all know to report to the manager, no matter how small the worry."

During our last inspection we concluded the provider dealt with safeguarding referrals effectively. We found this continued to be the case. The provider's safeguarding log confirmed previous safeguarding concerns had been referred to the local authority safeguarding team, fully investigated and action taken to keep people safe. Action taken included additional monitoring, observation, training and supervision.

The registered manager showed us that as well as learning lessons from specific incidents, they also implanted new procedures and recording from attending external learning events. They told us they had implemented new falls recording information after attending a national falls conference in Harrogate. This had led to them reviewing one person's footwear and ensuring they had more appropriate items. The registered manager said, "[Name] still has independence, they are still a risk but it has reduced."

Staff members told us staffing levels were appropriate. Staff were visible throughout the home when we visited and available should people require assistance. We noted people's needs were attended to in a reasonable time frame and in a caring manner. Rotas confirmed the expected staffing levels had been maintained. Staffing levels were reviewed regularly using a specific staffing tool which considered people's dependency levels.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults.

The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. When asked about cleanliness, the head housekeeper told us, "This is a vocation, I love attending the infection control champions meetings [run by the Clinical Commissioning Group]. I enjoy keeping up to date and learning from others."

We found trained staff administered people's medicines. Records relating to the receipt, administration and disposal of medicines were completed accurately. Medicines were stored safely and checks were in place to review the appropriate storage of medicines. For example, daily temperature checks of the treatment rooms and medicine fridges helped ensure medicines remained safe to use.

Health and safety related checks were carried out to help keep the premises and equipment safe for people to use. This included checks of fire, gas and electrical safety systems as well as specialist equipment used when supporting people. Records we viewed confirmed these checks were up to date at the time of this inspection. Each person had a personal emergency evacuation plan [PEEP] which detailed their individual support needs should they need to evacuated from the home in an emergency.

Incidents and accidents were logged, investigated and action taken to help keep people safe. Records showed monthly reviews of accidents were completed. This included an overview of falls on each unit within the home and action taken. For example, referrals to a specialist falls team and specialist monitoring equipment ordered.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was Requiring Improvement. The service had put an action plan in place and we saw mental capacity assessments were now well completed and people's rights were upheld. We now rated the service as Good.

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 the 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.

At our last inspection we found assessments to assess mental capacity were not well completed. On this visit we saw mental capacity assessments and best interest decisions had been made and recorded, and were decision specific. The registered manager had submitted DoLS applications to the supervisory body where appropriate and had notified CQC of any authorisations.

Some people had Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation [CPR]. Records we viewed were up to date and showed the person who used the service and their family had been involved in the decision-making process.

People who used the service received effective care and support from well trained and well supported staff. A family member told us, "The staff are very accommodating and many of them have worked here a long time, it's good to have that continuity."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

The registered manager used a training matrix to monitor staff mandatory training. Mandatory training is training that the provider deems necessary to support people safely and included moving and handling, safeguarding, fire safety, mental capacity, food hygiene and nutrition, infection prevention and control, health and safety, equality and diversity, and dignity in care. Staff also completed role specific training such as podiatry. Where training was due we saw it was planned.

New staff completed an induction to their role and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. We met with one new staff member who told us, "I was very daunted at first in relation to doing personal care for people but everyone has helped and supported me, it has been excellent."

People's needs were assessed before they started using the service and continually evaluated in order to develop care plans. We saw robust assessments carried out by the registered manager and deputy manager that detailed people's holistic needs and wishes were recorded.

People were supported with their dietary needs. Food and fluid intake was recorded for people and nutritional assessments were in place. People were referred to relevant healthcare professionals where required, for example, dietitians and speech and language therapists [SALT]. People's weights were recorded weekly or monthly depending on their assessed needs and risk assessments were in place for those people identified as being at risk, for example, of choking.

People had access to a choice of food and drink throughout the day and we saw staff supporting people who required assistance in the dining rooms at lunch time. One person told us, "Its lovely, the tables are set out like you are eating in a restaurant." People were supported to eat in their own bedrooms if they preferred. People chose from the menu on the day and alternatives were available. The registered manager showed us how they had developed photos of portions sizes to assist staff to ensure they recorded exactly what people had consumed. One person told us, "The food is fabulous," and another said, "I've put on half a stone since I've been here, I'm going to have to watch it!"

People who used the service had access to healthcare services and received ongoing healthcare support. This included visits to and from external specialists such as GPs, community nurses, dietitians, chiropodists and opticians.

Some of the people who used the service were living with a dementia. The home had incorporated environmental aspects that were dementia friendly. For example, corridors were well lit and communal bathroom and toilet doors were clearly signed. The communal walls had been furnished with items and memorabilia relating to the Teesdale area that was highly appropriate to this rural community. Items included fishing equipment and place cards and rosettes from the local agricultural shows.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. During this inspection people again gave us positive feedback. This was both in relation to the care in general and the kind and caring staff team. One person told us, "The staff are all spot on, kind and friendly."

Relatives also told us they were happy with their family member's care. One relative told us, "The care has been excellent." Another family member said, "The staff are lovely and have lots of patience."

We observed staff's interactions with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people using the service and staff. Staff we spoke with knew people's needs extremely well, and could describe their likes and dislikes as well as their life histories. This underpinned the respect and consideration shown, with staff exhibiting a genuine empathy and concern for people's well-being. We observed staff chatting with people about their families and interests. They also checked people were alright and had everything they needed. For example, making sure people had drinks and snacks. Staff were also minded to keep people safe, at one point encouraging and supporting one person to sit who was unsteady on their feet.

People told us they felt their privacy and dignity was always respected.

We observed warm and friendly relationships between people and staff. Throughout the day there was a lot of laughing between staff and people which provided a nice atmosphere. One person told us, "We have good craic in here." One staff member told us, "One lady was distressed about something so I said to her, 'do you want a hug?' we had a hug and she brightened up and said she felt better. It's about those little things we all need to stay positive."

Staff promoted and encouraged independence for people who were able to do so. For example, where people used walking aids independently, staff encouraged them to walk and people were also supported to go into town and to local events such as church services.

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. One person we spoke with knew they had a care plan.

Staff were developing Life Story books for people that were beautifully put together documents containing photographs and other memorabilia that helped people, staff and their family have a record of the person and their meaningful life history.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care plans clearly described the support each person needed from staff. People's preferences and views about their care were discussed and where possible included in the care plan. For instance, one person didn't wish to consume alcohol due to religious beliefs. People had signed their care plans to indicate they agreed with the contents. Care plans had been evaluated regularly to keep them up to date. Part of the evaluation process was to gather people's views about whether they were happy with the care they received. Where people had expressed a view, this was documented in the evaluation template.

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's health and welfare was clearly documented and communicated to staff to ensure consistency of care.

The registered manager told us they had recently recruited for additional activity co-ordinator instead of additional care staff. They said, "We need to focus on engaging people more and increasing their happiness with more mental and physical stimulation. I think this will have a big effect on giving people better outcomes."

People we spoke with thought there was enough entertainment and activity to keep them occupied and engaged. People also told us they were able to choose whether to participate or not and this was entirely their choice. We saw people joining in armchair quoits and darts which they enjoyed and one person told us they enjoyed singing sessions.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and meetings were held where people were given updates and asked about their satisfaction with the service. Without exception all of the people and relatives we spoke with stated they would feel comfortable in raising a concern or complaint if they felt this was necessary.

End of life care was carried out at the home supported by the district nursing and local G.P practice. The registered manager told us they had been approached by these services to offer palliative support as there was now no nursing home provision in Barnard Castle and felt this partnership working had gone very well. They told us, "People who have lived in the dale all their lives, want to die here. It helps them and their family and we support that totally." We met with two relatives of a person on end of life care. They told us, "We are very happy, everything we have asked for from the home we have got and the district nurses have been great."

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The home had 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 2008 and associated Regulations about how the service is run.

People who used the service and staff spoke highly of the registered manager and deputy manager. Relatives told us the management team were approachable, supportive and they felt listened to.

Staff we spoke with said they felt supported by the registered manager and told us they were comfortable raising any concerns. Staff told us the home had a positive and friendly atmosphere.

We saw that the staff had regular consultation meetings with people who used the service to seek their views and ensure that the service was run in their best interests. The service had recently undertaken a quality survey with people, relatives and staff and was analysing and compiling the responses.

The registered manager told us they had reviewed feedback from the staff survey completed last year, which they told us had been difficult. The registered manager showed us how they had brought in human resources and developed an action plan as well as reviewing their own performance. The action plan was now completed and one of the items was for staff to have walkie talkie style radios which worked throughout the complex building layout. The staff told us these had made a massive positive difference as staff could not speak to each other quickly and this showed the registered manager was able to take on board feedback and make improvements for the whole service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were completed consistently and were up to date for areas such as medicines, care documents, infection control and health and safety. The regional manager also carried out regular visits to the home where as well as undertaking quality checks they spoke with staff and people using the service to obtain their views.

In addition to this management carried out a twice daily walk around of the home and daily flash meetings with heads of departments. The 'resident of the day' system was embedded at the service. This involved a full review of one person's care including reviews of care plans and assessments. In addition, the person's views were recorded and the person had the opportunity to discuss their needs with other staff such as the chef and for their bedroom to have a 'deep clean'.

There were good links with the local community. People regularly attended events held in the town such as a "Singing for the Brain" group for people with memory difficulties and people were planning to attend a 1940's event being held the following weekend.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.