

Select Health Care (2006) Limited

Island Court

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 and 11 June 2015 and was unannounced. The inspection was carried out by two inspectors. We last inspected this home on 6 December 2013. There were no breaches of legal requirements at that inspection.

Island Court provides care and accommodation for up to 55 older people. On the day of the inspection there were 54 people living at the home. The home is arranged on two floors with mainly residential care on the upper floor and nursing care on the ground floor.

There was 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 living in the home told us that they felt safe and that they were supported by staff who knew them well. Staff had been trained to recognise different types of abuse and were confident that that if they raised any issues then the appropriate action would be taken.

Summary of findings

Staff ensured they knew where people were at all times and provided them with the support they required. We saw that both the registered manager and the staff group knew the needs of the people living at the home and how to support them.

Prior to people moving into the home, efforts were made to ensure staff had all the information and equipment they required in order to care for people safely and effectively.

Medicines were stored and secured appropriately. People told us that they received their medication on time and that staff responded to their needs in a timely manner.

People and their families spoke positively about the care and support they received in the home. The staff group, many of whom had worked at the home for a number of years, spoke positively about the support they received from both the registered manager and the management team. They told us they felt supported and listened to.

The registered manager had supported staff to achieve a number of vocational qualifications and had given a number of staff the opportunity to become 'champions' in specialist areas of training in order to support colleagues.

Staff obtained consent from people before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) but assessments of people's capacity offered little or no explanation as to how the person making that judgement had come to that particular decision.

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs and provided discreet assistance at mealtimes, where required. People were supported to access a variety of healthcare professionals to ensure their health care needs were met and were assisted to see their GP as and when required.

People living at the home and their relatives told us that they felt they staff were very supportive and caring. Relatives told us they found the provider, registered manager and the staff group very welcoming and approachable.

Staff were aware of people's likes and dislikes and how people liked to spend their day and what was important to them. There were a number of activities planned during each week which were reviewed on a regular basis following discussions at resident's meetings.

People and their relatives told us that they had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with satisfactorily.

People living at the home, their relatives and staff alike, all thought that the home was well-led. They all spoke positively about the provider, the registered manager and the staff group. Visitors to the home felt welcomed and always listened to.

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.

People told us that they felt safe and that they were supported by staff who knew how to keep people safe from abuse and harm.

Staff were safely recruited to provide care and support to people.

People received their medicines as prescribed when they required them.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

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

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People told us they were cared for by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

People's privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in group or individual activities and were encouraged to voice their opinions in regular meetings.

People were confident that if they had any concerns or complaints that they would be listened to and acted on.

Good



Is the service well-led?

The service was well led.

People told us they thought the home was well led and spoke positively about the registered manager.

Staff were able to contribute to the running of the home and felt they were listened to.

Audits were in place in order to regularly review the quality of the care received.

Good



Island Court

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 inspection took place on 10 and 11 June 2015 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the home. We looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

We spoke with seven people who lived at the home, the registered manager, the clinical lead, the unit manager, the area manager, the administrator, the cook, the activities co-ordinator, four members of care staff, three relatives and two visiting professionals. 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 spoke with representatives from the local CCG and Local Authority.

We looked at the care records of six people living at the home, two staff files, training records, complaints, accident and incident recordings, safeguarding records, policies and procedures, medication records, home rotas, staff supervision records, quality audits and surveys.

Is the service safe?

Our findings

People living at the home told us that they felt happy and safe. One person told us, “I do feel safe here that is very important to me as I lived on my own for a long time and felt very lonely”. Relatives spoken with told us they felt that staff knew their relatives’ care needs well enough to keep them safe. A relative told us, “They [the staff] know [relative] well enough to meet her needs and keep her safe – I have found out over the years that this is the right place for her”.

Staff spoken with had an understanding of the different types of abuse and signs they should be looking for when supporting people at work. Staff told us that they understood the importance of speaking up if they felt that people were at risk of harm. They said they felt if they raised any issues the registered manager would listen and action would be taken and we saw evidence of this. Staff were able to describe the processes they would follow if they witnessed abuse. One member of staff told us, “I would go to the nurse in charge and report it to them immediately”.

We observed that staff were vigilant in their awareness as to where people were, what they were doing and what they wanted. We saw that all the staff gave particular attention to reassure each person and to try to ascertain what they wanted whilst supporting them to maintain a level of independence which met their safety needs. We observed staff checked on the people who remained in their rooms on regular basis.

One member of staff told us, “Communication is vital, it is very good here; the nurse makes sure we know the latest information”. We saw that risk assessment paperwork was in place to assist staff in identifying and managing the risks for each individual and staff were able to describe to us how they managed those risks. Risk assessments seen were reviewed on a monthly basis or if there was a change in need. The registered manager told us that she also used her daily observations to identify risk and we saw evidence of how a particular issue had been picked up resulting in a referral to the occupational therapist for one person. Staff told us they were able to contribute to the safe care of the people living at the home by passing information to their colleagues at handover or directly if required.

We saw that prior to people being admitted to the home, pre-assessments were in place including risk assessments and the necessary equipment was obtained in order to meet people’s needs and keep them safe. The registered manager told us, “We wouldn’t take people without the proper equipment – we would delay admission otherwise. We make sure we have things in place before people come in”. We saw where accidents and incidents had taken place these were reported appropriately and actions taken, for example following a fall a particular person was referred to the falls clinic and their care plan and risk assessments were updated.

People told us they thought there were enough staff available to meet their needs. We discussed staffing levels with the registered manager. She explained to us how when completing staff rotas, she took into account the skill mix of staff and always ensured there was a team leader on shift. We observed that staff were effectively deployed to meet the needs of the people living at the home. However, during the afternoon period we observed the staff were rushed as many of the people living at the home needed support after their lunch. Staff spoken with told us that this was a busy time of day and if anything unexpected occurred which took staff off the floor, then the remaining staff could be very stretched. A relative told us, “A lot of staff have been here a long time and know [relative] well and how to support her. Like anywhere, there’s always room for more staff but I have no concerns” and another relative commented, “There’s always plenty of staff when I come in”.

Staff spoken with told us all the necessary checks had been completed prior to them commencing in post. We looked at the files of two members of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the home.

People spoken with told us that they received their medication on time. One person told us, “I get my medication ok and if I’m in pain they get me my pain killers. I ring the buzzer and they come fairly quickly”. We observed a member of staff administering medication to people in the home. They explained to the person what they were doing and supported them, if necessary to take their medication.

We observed that medicines were stored securely within the home. We saw that policies and procedures were in

Is the service safe?

place with regard to the administration and disposal of medication, including procedures for administering medication 'as and when required'. We saw body maps in place indicating where pain relief patches should be placed for particular people. We saw that medication audits took place on a regular basis. We looked at the medication

records of three people. We noted that stock levels had not been carried forward on the medication administration records of two items which meant that it was difficult to audit and be assured that the correct stock levels were available.

Is the service effective?

Our findings

People living at the home and families spoken with all told us they were confident that staff were able to care for their relatives and meet their needs. One person told us, “It’s good here, you’re looked after” and a relative commented, “[Person] is doing better than ever, the staff really look after [Person]”.

Staff spoke positively about the support they received from the registered manager and told us they felt the training they received ensured they had the skills to effectively support the people who lived at the home. A member of staff told us, “Training has always been fantastic here – the manager always asks for feedback; we support her and she supports us. Communication is excellent.” The registered manager told us, “I recognise that when it comes to e-learning, some people aren’t keen, so I try and do it myself first and then offer support”. Staff told us and we saw that they received regular supervision and annual appraisals of their performance. We saw that the home also worked closely with representatives from the palliative care team and obtained additional training from them. A nurse from the team told us, “I offer up training or they will ask for it. It’s good here as it’s a stable workforce which makes such a difference”.

The staff we spoke with were able to tell us how they personalised the support they provided to each person and used the training they received to understand people’s individual needs. The staff told us how they had been or were being supported to achieve their vocational qualifications and they valued this opportunity. We saw the home had ‘champions’ amongst the staff. The ‘champions’ had specialist knowledge and training in areas such as nutrition, safeguarding and infection control and were able to support their colleagues when required.

We were told by the staff we spoke with and we observed that effective communication was very important in the support they provided. We saw that staff talked to each other as they met to ensure they passed on information as to the whereabouts or needs of the people. We attended a staff handover meeting and saw that the information passed over to the next shift was comprehensive and informative and that basic information had been recorded in the day report sheets.

Staff spoken with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what this meant for people living at the home. For example, one member of staff was able to tell us how they supported a particular person in the home, they said, “[Person] lacks capacity but they can make some decisions and we work with them and their family to help them”. We observed that when staff were providing care for people they did so by obtaining their consent first. A relative told us, “Staff never say, ‘here’s a cup of tea’ they always ask first”.

We saw that people’s care files held paperwork establishing if people lacked capacity to make decisions, but in records seen there was little or no explanation as to how the person making that judgement had come to that particular decision. The registered manager understood the principles of the Mental Capacity Act and DoLS and was able to describe how this affected different people in the home. The registered manager was in touch with the DoLS representative from the local authority and was pro-active in extending her learning in this area.

People spoke positively about the food on offer and we observed that they enjoyed their meals. One person told us, “I get what I want; the food is good, especially the roast dinners”. Another person said, “I don’t think I have put my nose up at any of the food, only porridge”. A relative commented, “[Person] is doing better than ever, the staff really look after [Person], everything is very good”.

We observed that people were supported to maintain their fluid and nutrition levels and that on each floor a noticeboard was in place displaying ‘healthy living choices’. We saw people were given a choice of meals and if people were unsure they were shown the dishes available to allow them to make an informed choice. We observed staff arriving at the kitchen and telling the cook people’s lunch choices and in turn each meal was individually plated up to meet that person’s preference. The cook confirmed that she was made aware of those people who required additional supplements and gave examples of how she accommodated this.

The cook explained to us how any changes in people’s dietary needs were passed onto her. She was able to tell us about people’s preferences and how this information was updated on a weekly basis. The cook had created an allergen book that documented every food item used in the kitchen and which allergens each item contained. Each

Is the service effective?

menu documented the same information. This meant that if people did require a specialist diet, staff were able to identify which foods on the menu would be suitable for them.

People told us and their families confirmed, that if they felt unwell, they were able to ask to see their doctor. They also confirmed they were able to see other healthcare specialists such as the dentist and the optician and we saw evidence of this in people's care records. A relative told us, "If there are any problems with feet, dentist or optician, they deal with it. They cover that for me and then make me aware".

The staff we spoke with told us the importance they placed on monitoring the health of each person, as some people were not able to say if they felt unwell. They told us how they used observations and discussion with their peers and senior to communicate and record any concerns about people's wellbeing. We saw in the day reports sheets that the GP and nurses were in regular attendance at the home. We spoke to the nurse practitioner from the GP surgery. They told us the staff at the home were consistently good at relaying information about the health care needs of the people who lived at the home. We also spoke with a nurse from the palliative care team. They told us, "Staff are very good, if they identify someone needs palliative care they will contact me; staff are very supportive".

Is the service caring?

Our findings

We observed that people living in the home had warm, friendly relationships with the staff that cared for them and staff displayed a caring nature towards the people they supported. One person told us, “The girls are very caring and they look after me well” and another person, pointed to two members of staff and said, “See these two girls here, they’re great”.

Relatives spoken with also talked positively about the staff group in the home. One relative told us, “Staff are definitely approachable and nothing seems too much trouble. I’m quite happy with the visiting arrangements, there are no restrictions, you can just pop in”. Relatives told us that they felt listened to and that their voices were heard. Another relative commented, “We recently had a relatives meeting. We all had chance to say anything we weren’t happy with; I felt listened to”. We observed staff interacting well with people living at the home and their relatives. Staff addressed people by their names as they walked through the different rooms and asked how they were or commented on something that was happening that day. We observed whilst one person was being hoisted; staff talked to them, explained what was happening and offered reassurance.

We saw that before staff entered people’s rooms, they knocked and spoke to the person to tell them who they were and what they were doing. We observed staff were very courteous and spoke warmly to people; they all seemed to know the people well. One member of staff told us, “It is important to build up trust with the person, often when this is in place they will let me support them to have a nice bath, do their hair and nails”.

The staff we spoke with all told us how they maintained people’s privacy and dignity. A staff member said they

always treated people how they wished to be looked after or as if they were part of their own family. A relative told us, “They know how to care for [person] properly and they always look nice, they treat [person] with dignity and respect and they always have their hair done”. Another member of staff told us how when providing personal care, they always ensure the person, “Was covered and never sitting without clothing or a cover of some kind”. All the staff we spoke with said that ensuring the people maintained their dignity despite having problems with their memory or understanding was very important.

People told us they felt listened to and they were involved in planning their care and support needs. One person told us, “I can get up and go to bed when I want. I can see the dentist, optician and doctor. Staff are kind, and we had a residents meeting a couple of days ago, asking what you want to do”. A relative described to us the particular support their family member had received, they told us, “They enable [person] to do things for themselves and maintain some independence”. We observed and we were told by staff that people were not always able to understand information. We saw staff spend time to ensure that people could understand what was being said or asked of them.

We were told by the staff we spoke with the importance of asking people what they wanted and to give them choice at all times. We saw that each person who lived at the home had a ‘key worker’ who looked after their personal needs and liaised with their families to keep them up to date and pass on appropriate information. The key workers photograph was in each person’s room and was also displayed on a noticeboard in the main corridor of the home. The families and visitors we spoke with told us that having the contact with the person’s key worker was very helpful and gave them someone to contact if necessary.

Is the service responsive?

Our findings

Relatives spoken with told us and records showed that they were involved in their relative's care plan before they were admitted to the home. One relative told us, "I was involved in [person's] care plan and their reviews. They make me aware of things and I can always ring any time, day or night". Another relative told us, "They take time to go through issues and explain what different medication is for and the length of treatment".

People who lived at the home told us that staff knew them well and how to meet their particular needs. For example, one person told us, "I like a drop of whisky and water, I've got a bottle of my own under lock and key I just ask the staff and I can have it." A relative spoken with commented on the benefits of having a staff group who had worked at the home for a long time, they told us, "I have found over the years that this is the right place for [person], a lot of staff have been here a long time and know how to get round them, know their mannerisms and how to support them".

Staff spoken with were able to tell us about the people they supported, not just their care needs but about them as a person and their interests. One member of staff described to us the life history of a particular person and what they had previously done for a living, they told us, "It's important to know about people, that they were young once".

Care records held information on individuals entitled, 'About Me'. This information was collected when people were admitted into the home and then added to. Staff told us they would add to this information and where appropriate share with colleagues. However, we noted on some files this information was not available. We discussed this with the registered manager, who advised that it was difficult to obtain this information for some individuals. She acknowledged that this was an area of work that could be improved upon and told us she would look into it further.

The activities organiser told us how they worked with each individual to find out the activities they enjoyed which would stimulate their memories and promote their abilities. They told us people had recently enjoyed a trip to Bridgnorth and had a fish and chip lunch. They told us about the individual activities which were supported and the entertainment which included visiting animals and musicians. We saw they held theme days and the recent Valentine day where they paid special attention to their married couples with flowers and cards. We saw that both parts of the home had a 'spokesperson' who would speak up at meetings if people felt unable. Several people spoken with commented on the residents' meeting which had been held the previous week. One person told us, "There was a residents meeting last week; they asked what we wanted and they listened to me". A relative told us, "There are lots of activities but [person] doesn't always like to join in but they always ask. Overall it's a lovely home". We reviewed the notes from the families and residents meetings which were held on a monthly basis. We saw people had discussed their preferences for the menus and activities. We saw people's access to health care was discussed with the introduction of a new chiropody service.

People living at the home told us that they had no complaints, but if they did need to raise anything they were confident that it would be dealt with. One person told us, "Everything is very good, we never have to complain and whatever we ask for is taken care of", another person said, "If I wasn't happy with anything I would raise it with the manager; I raised a complaint 12 months ago and they sorted it out fine". A relative told us, "I have raised a concern with the manager in the past, who told me how she had dealt with it. I felt reassured that particular incident wouldn't happen again".

We reviewed the three complaints and concerns which had been received by the home in 2015. We saw these had been referred to the local commissioners of the service. The commissioners had worked with the registered manager to investigate the issues which had been resolved and closed.

Is the service well-led?

Our findings

People, their relatives and staff alike, all told us that they considered the home to be well-led. All spoke positively about the registered manager. One person said, “The manager is a nice person” and a relative told us, “I think it’s well run, we looked at several homes before this one – here it’s clean, friendly, I feel at home and I can go home at night know [person] is cared for and safe”. Another relative commented, “The manager is very friendly and approachable. If she’s not here I will speak to someone else. Staff always take time to explain things”.

We observed the registered manager and the unit manager knew all the people who lived at the home very well. They were able to tell us about each individual and what their needs were. We spoke with a senior carer and they were also very knowledgeable about the people and the staff team they supported. The registered manager, unit manager and senior care worker said how important it was to be working the floor and be seen by the staff to be setting an example of good working practice. They told us it also enabled them to observe and ensure the staff had and were using their skills in support of the people. Staff spoken with confirmed that this was the case and we observed that both the registered manager and unit managers were always visible throughout the home.

The registered manager told us and staff confirmed, that they were always available for staff to speak to directly either in their office or out of hours on the phone. They told us the regional manager visited regularly and was always on call for support and assistance. The registered manager told us, “I have a very good team, I wouldn’t be without them”. She also told us, “I feel very supported” and went on to describe the regional manager as, “Very good, very supportive, approachable, firm, helpful, and knowledgeable”.

Staff told us they had regular meetings with the registered manager where they passed on information to the staff team about changes in the running of the home. They told us they were asked for their opinions and these were accepted. For example, one member of staff told us they had questioned the quality of an item purchased, they said this was noted and changed for the next order. They told us staff were also asked for their ideas or any concerns and they were able to voice these and guidance was given as to

how to address these effectively. We attended a staff meeting and observed these practices taking place. Staff were confident to contribute and challenge if they so wished and the atmosphere in the meeting was positive.

The staff we spoke with said the registered manager and other senior staff were very supportive and acted upon any ideas staff had for change or improvements. One member of staff told us, “It’s a good care home, the manager is fantastic”. Another member of staff told us, “This is the best home I have ever worked in, everything is done properly here”. The staff told us they felt their work was valued by the people living at the home and the managers. One member of staff said, “The manager is very supportive and if we have any problems, we can talk about it and we will be listened to”. Another staff member said, “I hope the team feel that I support them as well as the manager supports me”.

Staff spoken with understood their role and told us they felt supported by management and well trained to do their job. One member of staff told us, “We have routines in place and if management think something isn’t working they will look at changing it. Everyone knows what they are doing and are up to date”. We saw that staff received regular supervision with either a senior member of staff or the home manager. Staff told us this was very helpful in their development and they could share any concerns or ideas and that they would be listened to. One member of staff told us, “All staff and managers are very supportive; I’ve never been frightened to ask them anything. The manager always tells us in meetings to be open and she always asks for our input”.

We asked the registered manager how she promoted quality in the home. She told us, “It’s how you come across, a pleasant face, respectable manners, we listen to the resident. Training is vital. It’s important to make sure the resident is comfortable with you and if they have a problem they can come and speak to you. It’s a very happy environment here”.

We saw that the manager had a number of quality audits in place. For example, medication audits and regular reviews of care plans and risk assessments. Monthly audits took place covering a number of areas including training, health and safety and care records. We saw where issues were identified action plans were in place to address these.

Is the service well-led?

We saw that quarterly surveys were sent out to people living at the home and that the activities co-ordinator had created a pictorial questionnaire for those people who experienced difficulty with the written word. However, we did not see any evidence of what was done with the information collected.

We saw that accidents and incidents were logged so that learning could take place from these incidents. For example, where one person had fallen they had been

referred to the Falls Clinic for additional support. The registered manager confirmed and we saw evidence that equipment was regularly serviced and repairs made where necessary. Staff told us the registered manager responded quickly if equipment broke down and obtaining replacements was not an issue.

The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.