Pearl Dusk Limited

Country Court

Inspection report

North Country Court
Southcoates Lane
Hull
Humberside
HU9 3TQ

Tel: 01482702750

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Country Court is a residential care home providing personal for up to 34 older people and people living with dementia. At the time of the inspection 25 people were using the service.

People's experience of using this service and what we found
Medicines had not been managed safely. During the inspection we found gaps on MAR sheets, stock levels were not appropriately managed and protocols where not always in place or did not have enough information for staff to administer 'as and when' medicines safely.

There was a clear lack of systems and processes in place to monitor the quality and safety of the service which placed people at risk of receiving a poor-quality service.

Accidents and incidents were not effectively monitored to consider lessons learnt and reduce the risk to people.

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.

The service worked well with local agencies. Staff spoke highly of the manager and felt they were making positive changes to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 26 November 2018).

Why we inspected
We received concerns in relation to the management of medicines, infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the

findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Country Court on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines and governance at this inspection.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Country Court

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 Care Act 2014.

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
The inspection was carried out by two inspectors.

Service and service type
Country Court 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.

Notice of inspection
This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service, during and after the inspection about their experience of

the care provided. We spoke with nine members of staff including the provider, senior care workers, care workers, domestic and laundry staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at accident, incident and quality assurance records. We spoke with the manager, a professional who visits the service and a relative.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always managed safely. People had not always received their medicines as prescribed, there were gaps on MAR sheets, and allergies were not recorded on the front of MAR sheets.

● Stock levels were not appropriately monitored, there was surplus stock of medicines which should have been returned to the pharmacy.

● Some protocols to guide staff when 'as and when required' medicines should be given were not in place. When protocols were in place, they lacked detail to provide adequate assurances that medication would be administered as required.

● When medicines were being received and staff were recording on the MAR sheet, these were not always countersigned by another member of staff.

We found no evidence people had been harmed. However, medicines were not being effectively managed, and this placed people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

●Monthly incident audits were not up to date which meant analysis to identify patterns and trends was ineffective to protect people's safety. The provider told us this would be reviewed after the inspection to ensure any lessons learnt were clear and shared with staff.

● People were kept safe from avoidable harm. People's care plans included risk assessments. The provider was in the process of updating to an electronic monitoring system to ensure staff had a clear description of any risks and guidance on the support people needed, for example, to identify the actions staff need to take if a person with diabetes sugar levels were high or low.

● Regular checks were in place to ensure equipment remained safe. Maintenance contracts were in place for equipment and gas, water, electric and fire systems.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from the risks of abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.

● People and their relatives told us they were supported to keep themselves and their belongings safe. One person said, "I'm very safe; absolutely, never an issue."

●The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staffing and recruitment

● Staff were recruited safely; However, more detail regarding previous employment history needed to be recorded. The provider told us during the inspection any gaps in employment would be discussed with future candidates.

● There were enough staff on duty to keep people safe and meet their needs. A person told us, "The staff are brilliant, they look after me and my needs."

Preventing and controlling infection

● A programme of refurbishment and redecoration was ongoing. This included redecoration of the hallway and replacement of sink and taps as required. Deep cleaning had taken place across the home and the Infection control policy was also being reviewed to include up to date information and guidance for staff to follow.

● 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 using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

We have also signposted the provider to resources to develop their approach.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in place at the time of inspection.
- Quality monitoring systems were not robust and failed to identify the concerns we found during the inspection, for example, identifying and capturing medicine issues. There was an awareness of what was needed, and work was ongoing to deliver improvements.
- The provider was unable to locate the accident and incident records during the inspection. They were unable to confirm if any action they had been taken following accidents occurring to mitigate risks. The provider told us they were in the process of reviewing quality monitoring systems to effectively identify and address shortfalls. The manager had an action plan in place and support from the provider to move the service forward.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service benefited from having a provider and manager who were committed to providing good quality care to people who used the service.
- People we spoke with told us they were happy at the service; they were listened to and staff looked after them well. One person said, "They are very good, they do what I ask, they are brilliant."
- Staff morale was good. The manager held regular staff meetings to ensure staff were involved in any changes and decision making. A staff member told us, "The manager is supportive and approachable."
- The provider was responsive to the feedback provided following the inspection. They were committed to making improvements to the service.

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; Working in partnership with others

- The provider and manager were open and honest about things that could have been better over the last

six months. They looked for solutions to problems and had introduced new technology to support service improvements.

● The service worked with key organisations such as the local district nurses and frailty team. A professional told us, "The staff are very good at reporting things and letting us know of any issues or changes."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to have robust medication procedures in place, put people at increased risk of harm. Reg 12 (2) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate an effective quality assurance system to ensure the safety of the service 17(2)(b)