Minster Care Management Limited

Karam Court Care Home

Inspection report

Mallin Street
Highbury Road
Smethwick
West Midlands
B66 1QX

Tel: 01215588007

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 14 December 2015. At our last inspection in November 2014, we found that the provider was not meeting one of the regulations associated with the Health and Social Care Act 2008 which related to consent to care and treatment. Following the inspection we asked the provider to take action and make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had.

Karam Court is registered to provide accommodation and personal care for a maximum of 47 people. People living there have a range of conditions related to old age which may include dementia. On the day of our inspection 44 people lived at the home.

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 at the home told us that they felt safe and they were supported by staff who knew them well. Staff had receiving training on how to recognise different types of abuse and were confident that if they raised any concerns, appropriate action would be taken.

People were at risk of not receiving their medication on time as medication audits had highlighted a number of gaps in recordings and no action was taken in respect of this. There was a lack of written protocols to inform staff on when to administer particular medication.

Staff felt well trained to do their job and supported by the registered manager. Staff spoke positively about the training and support they received and their induction process.

Staff obtained consent from people before they provided their care. Staff 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.

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. People were supported to access a variety of healthcare professionals to ensure their health care needs were met.

People told us the staff in the home were kind and caring. Relatives told us they found the registered manager and staff group to be supportive and approachable.

Staff were aware of people's likes and dislikes and what was important to them. They were aware of how to

respond to people, what interested them and influenced their behaviour. There were a number of activities planned for people to be involved in on a daily basis.

People living at the home, their relatives and staff alike all thought the home was well led and spoke positively about the registered manager and staff group.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

Medication was stored correctly, but gaps in some medication records meant staff could not be confident people had received their medication.

People felt safe and confident that staff were able to protect them from abuse and harm.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

Is the service effective?

Good

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).

Is the service caring?

Good

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.

Is the service responsive?

Good

The service was responsive.

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

People were supported to take part in a variety of activities.

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

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were a number of quality audits in place that identified shortfalls but actions had not been taken in respect of medication errors identified.

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

Staff and people living at the home completed regular surveys to assess the quality of the service provided.

Karam 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 inspection took place on 14 December 2015 and was unannounced. The inspection team consisted of one inspector and one 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.

We reviewed information we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths.

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 eight people living at the home, five relatives, a social care professional, the registered manager, two members of staff and the cook. We also contacted representatives from the local authority who were responsible for purchasing care from the home.

We looked at the records of four people, two staff files, training records, complaints, accidents and incidents recordings, three medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

We looked at the medication administration records [MAR] for three people. We could not be confident that these people's medical conditions were being treated appropriately by the use of their medication. For example, we found for three separate medications, the amount given and marked on the record did not tally with what was in stock. We were unable to evidence whether or not these medications had been given. We saw for one person that there were a large number of gaps in the MAR chart recordings for one particular medication. It was not clear whether or not the person had received their medication as prescribed by their GP as there were no signatures in place to evidence this or, information to indicate that the person had refused this particular medication. We raised the above concerns with the registered manager and the regional manager and shared our findings. They confirmed that the matter would be looked into immediately and investigated appropriately. The person's GP was contacted as well as the local authority and a safeguarding concern was raised by the registered manager. Two senior staff were instructed to oversee each medication round whilst the matter was investigated.

We saw that where some medication needed to be administered 'as or when required' there was no protocol in place to direct staff with regard to in what circumstances this medication should be administered. This meant that people could be at risk of receiving their medication inconsistently. Also, staff competency checks with regard to administering medication, were not taking place. Medication audits had been completed and had highlighted some of these errors but action plans had not been put in place in order to lessen the chance of these errors re-occurring.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medication was stored securely and safely. People told us that they received their medication on time. One person told us, "I have six tablets in the morning, I tip them out [of the container] and count them out".

People living at the home told us they were cared for by staff who knew them well and that they felt safe living there. Relatives spoken with told us they were confident that their loved ones were safe in the home and provided us with examples supporting this. One relative told us, "[Person] is as safe as she can be" and another said, "I do feel [person] is safe here".

People were supported by staff who had received training in how to recognise abuse and knew what to do if they witnessed abuse. Staff were able to describe to us the different types of abuse people may be at risk of and were aware of the procedures they would have to follow if they needed to report abuse. One member of staff told us, "I would inform the manager or the senior". Staff told us that they were confident that if they did raise concerns, the registered manager would listen and the appropriate action would be taken.

We saw that people had risk assessments in place which identified the risks they were exposed to and the best way to manage these. Staff spoken with were able to tell us about a person living at the home and that

they were at risk of falls. Staff told us, "I got all the information from the care plan and a decision was made to make a referral to the falls team". Staff provided us with a good account of how they managed the risks and supported people in order to keep them safe. One member of staff described how one person sometimes declined to have dressings changed. They told us, "Some days [person] won't allow the district nurse to change the dressing – it depends on their mood but they may let the senior do it". They went on to tell us about how it important was to know people well and recognise any changes in their behaviour.

We saw where accidents and incidents took place they were logged, investigated and care records updated where appropriate. We saw where accidents or incidents had taken place, these were discussed at handover and saw in one case a decision was made to make a referral to the falls team in response to an accident. Monthly audits took place of accidents and incidents to assess if there were any trends or lessons to be learnt.

People spoken with, on the whole, felt that there were enough staff in the home to keep people safe. We observed that staff were busy and there were times when people were sitting in lounge areas with no staff present, however we also saw that staff regularly entered lounge areas and responded to people's needs in a timely manner. People had slightly differing views, but no one thought that people were at risk of harm due to staffing levels. One person told us, "There aren't a lot of them [staff], but those who come in are very helpful" and another person said, "They [staff] are efficient, very pleasant". A relative said, "Sometimes staff are very much under pressure, I sit in the lounge and often don't see staff around. It's not a regular occurrence, but at times you think they could do with more staff". Staff spoken with felt that there were enough staff and told us that if some people needed two people for assisting there was always someone around to help, adding that the domestic and kitchen staff had also had training in dementia care and manual handling. The registered manager told us, "We try to cover sickness and absence ourselves; try really hard not to use bank staff. Unfamiliar faces are not good for service users".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work.

Good

Is the service effective?

Our findings

At our previous inspection in November 2014 we found the provider was failing to ensure that suitable arrangements were in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them. On this our most recent inspection we found that the provider had responded to the concerns raised and was ensuring that the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were being met.

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 home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that there were a number of people living at the home who were being deprived of their liberty. We saw that staff had identified these people, and that best interests meetings had taken place prior to applications being submitted to the Supervisory Body for authority. Staff spoken with were able to tell us what this meant for the people living in the home and the impact it had on their daily living. We saw that staff had all received training in MCA and DoLS and that the registered manager and the staff had been working closely with representatives from the local authority quality team in order to improve practice. The registered manager told us, "Staff have had a lot of training on DoLS, it's something we talk about at staff meetings" and staff spoken with confirmed this.

We observed that before supporting people, staff first obtained their consent and people and relatives spoken with confirmed this to be the case. We observed that people were free to walk around the home between floors and that there were no restrictions to where they went, the registered manager told us, "Despite there being two units we are still one home".

People told us they were cared for by staff who knew them well enough to meet their needs. One person told us, "They are looking after me, I'm part of the furniture" and a relative said, "Nothing is too much trouble for staff. They're always buying my dad sweets and don't ask me for any money. Whenever I come here my dad's been showered and shaved and the staff are always on top of things".

A member of staff described their 12 week induction to us, they told us, "It included being introduced to all the residents and finding out what kind of people they are". A senior member of staff who supported new members of staff during their induction period told us, "I carry out observed practice and work with the new staff who shadow me". Staff spoke positively about the support they received from the registered manager and told us they felt well trained to effectively support the people who lived at the home. Staff commented

that they thought everyone in the home benefitted from the fact that all staff had received training in dementia care. A member of staff described to us how they benefitted from some recent training they had received with regard to supporting people with learning disabilities and dementia. They told us, "It completely changed my way of thinking". Staff told us they felt supported by management; they confirmed they received regular supervision and a yearly appraisal.

A senior member of staff told us, "If I come on shift as team leader I will do the handover and then allocate staff so that they are aware of their responsibilities. I'll identify if any residents need to see the GP or district nurse". Staff spoken with confirmed this and told us they were kept up to date with any changes in people's care needs by the senior member of staff. A member of staff said, "Communication is very good; it has to be because we know the residents and recognise any changes in them".

One person told us, "Food is very nice; I can have what I want" and another person said, "Food is ok, I don't like sugar so they give me different to the others". A family member commented positively that their relative's cultural needs were met at meal times. At lunch time, we saw people being supported to sit where they chose, to eat their lunch. The atmosphere at lunchtime was calm and organised. We observed each person was offered a choice of meals and each meal was plated up there and then according to people's individual preferences. One person declined the hot meals on offer and staff asked them if they would like a sandwich instead, which they agreed to. We saw that there was a four weekly menu plan and people were supported to have sufficient to eat and drink. The cook was aware of the dietary requirements of people living in the home and their likes and dislikes. They confirmed that they were kept up to date with any changes in people's dietary needs or preferences.

People told us and their relatives confirmed that if they felt unwell, they were able to ask to see their doctor. One person told us, "The doctor comes and visits" and another said, "If I'm not well they will give me tablets and call the doctor". Families told us that they were always kept informed of any changes in their relatives' health. One relative told us, "They will contact me if he needed hospital attention. They always let me know" and another relative added, "The registered manager and the administrator are red hot, they know how important it is for me to be kept informed".

People told us and their relatives confirmed that if they felt unwell, they were supported to see their doctor. One person told us, "If I'm not well they will give me tablets and call the doctor". Families told us that they were always kept informed of any changes in their relatives' health. One relative told us, "They will contact me if he needed hospital attention. They always let me know" and another relative added, "The registered manager and the administrator are red hot, they know how important it is for me to be kept informed". We saw that people were able to see other healthcare specialists such as the dentist and the optician and saw evidence of this in people's care records. Staff spoken with were able to provide us with a good account of people's healthcare needs and signs to look out for if people were unwell. We observed that where appropriate, referrals had been made to the SALT [Speech and Language Therapy Team] for dietary advice and saw evidence that this advice had been followed. We spoke with a social care officer who was visiting to review the care needs of a person living in the home. They told us that they had no concerns regarding the care the person received from the home and confirmed that staff followed the guidance given in the person's care plan with regard to meeting their care needs.

We observed throughout the home that efforts were being made to make the physical environment more suitable for people with a dementia type illness. We saw that corridors were filled with pictures of people living in the home and interactive objects of interest. Efforts had been made to make the corridors more interesting and homely and where possible, arm chairs and sofas were placed in alcove areas. Where appropriate, signs had been put up to assist people in locating different areas or rooms in the home in order

to minimise any confusion or distress. We observed that efforts had been made to ensure people would benefit from living in an environment that was as comfortable and homely as possible.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person told us, "They [the staff] are very good to us, they help us a lot" and another person said, "They [the staff] are very nice to us, they ask us how we're feeling and make it a lot easier to get along with other people". One relative told us, "[Person] has been here for years, it's like family, carers are like sons and daughters to her" and another relative said, "Staff are very caring, they say 'hello' [using person's chosen name] and give her a kiss. They treat her with dignity and respect".

We observed that staff were caring and respectful when supporting people and they spoke politely to them. During lunchtime, we saw one person becoming slightly agitated. All staff in the dining room reacted to this person in a calm and reassuring manner, one member of staff dropped down to eye level and chatted to them about their family in a way to distract them from what was distressing them. We saw one person complain that their skin was sore, the member of staff took notice of what the person said and replied reassuringly, "I'll pop you a bit of cream on" and the person smiled.

We observed that as staff walked through the home they spoke with people and asked how they were. We saw one person stop a member of staff and ask them a question. The staff member stopped what they were doing and answered the question and the person replied, "Thank you for your help and kindness, it's good to talk to people".

Families told us they could visit at any time and were always made to feel welcome. They were on first name terms with the staff and the registered manager and told us they were always kept informed of what was happening with their loved one's care.

People told us they felt listened to and that they were supported to make their own decisions regarding their care. We saw that consideration was made when assessing people as to whether they preferred male or female carers One person told us that after arriving in the home, "I got my confidence back, that's one thing they did for me very quickly". We observed that staff took their time to listen to people, ask what people wanted and supported them appropriately.

People told us they were treated with dignity and respect and we observed this. We saw that people were presented well. One person told us, when complimented on their appearance, "Staff picked out my jumper for me, but I was very happy with it". We saw that a number of people were given the opportunity to have their hair done by the visiting hairdresser and they enjoyed this experience and the fuss that was made when they had their hair done. It was clear that their appearance was important to them and the staff supported them in this. Staff explained to us how they ensured they maintained people's dignity when supporting them, for example by ensuring the door was closed and covering people with a towel when providing personal care.

We were told that representatives from Age Concern visited the home to obtain people's feedback on their care and this in turn was reported back to staff. We also saw that two people in the home had an advocate in place to represent their interests and staff were aware of how to access these services on behalf of people

should they request them.

Good

Is the service responsive?

Our findings

Not all people spoken with were aware of their care plans and some relatives also said the same. However, they all said that they found the staff to be approachable and they could discuss with them their relative's care. One relative, when asked if they were involved in the loved one's care plan told us, "Absolutely, she had a full assessment, they asked loads of things, went through her history, likes and dislikes". They went on to describe their relative as a ' busy person' and told us, "When she was in better health, she liked to keep busy and would sweep up in the dining room. They gave her a duster and it was good to see her doing that, being active". Another relative told us they were regularly involved in planning their relative's care and that the staff went out of their way to make sure he was involved, by rearranging meetings if necessary.

Staff spoken with were able to describe to us people's care needs and how they preferred to be supported. They knew the best way to support people to ensure they were comfortable when receiving care. A relative told us, "Staff are always jolly with her because she's a jolly person". Another relative told us, "Mom was desperately ill earlier this year, but they were always in with her, chatting with her, they encouraged her to have meals in the dining room. They invite her to do stuff but Mom's favourite word is no". A member of staff described to us the prompts they used to encourage one person to get dressed and join other people in the lounge, they said "I'll say to her '[person's name] everyone is waiting for you' and it usually works with a little encouragement".

We saw that there was an activities co-ordinator in post and a variety of activities for people to take part in such as exercise classes, skittles, bingo and karaoke and we also saw the local vicar visited regularly for those people who wished to practice their faith. One member of staff's face lit up when they told us about the activities people at the home enjoyed being involved in. A relative commented, "It's amazing how music brings them alive". Another relative told us they had been invited to various parties at the home and were also able to accompany their loved one on a trip to Weston with other people who lived in the home. However, two people told us that they would like to go out more and one person said, "They have promised to take me out more, but last time we arranged to go one of the staff didn't turn up". On the ground floor we saw that there was an area that had been created to resemble a pub; 'Karam Inn' complete with bar area, snooker table and dart board. A member of staff told us it was mainly used a smoke room and was a popular place for people to meet. We also saw that there was a room available to be used as a cinema, with films projected onto the wall and it's own popcorn machine. A visiting professional told us they observed that there were plenty of positive interactions between staff and people living at the home, including doll therapy activities, which they told us people benefitted from.

We saw that two people who came to the home at the same time had developed a friendship. They talked positively about the staff who supported them, one of them told us, "The worst part [about first arriving at the home] was the shouting by some residents. The carers came in to reassure us and it really helped us to calm down. It's a lot better now".

Relatives spoken with told us that there were not aware of any relatives meetings, or meetings for people who lived at the home. However, they also told us they found the registered manager to be very

approachable and they had recently filled out a questionnaire asking questions about the service provided and the care received by their loved one.

One person told us, "I complained about one carer once and they said, 'we'll have a word and deal with it' and they did". Relatives spoken with told us they had no complaints, but if they did have need to raise a complaint they were confident that it would be dealt with. One relative told us, "I know totally about the complaints process, but I've never had to complain" and another relative said, "They are very, very good. Never had to raise a complaint". We saw that where complaints had been received, they had been documented and investigated and lessons learnt where appropriate. We saw where a recent complaint had been received, it had been investigated thoroughly and lessons learnt, the registered manager told us, "We worked hard alongside the family and really turned things around".

Requires Improvement

Is the service well-led?

Our findings

We saw that medication audits that had taken place had highlighted where there had been gaps in recordings in medication administration records [MARS]. However, there was no action plan put in place to address the errors identified which meant that audits were not being used effectively and lessons were not being learnt. There were no staff checks taking place in order to assess the competency levels of staff who were responsible for administering medication. A medication audit had also been completed by the pharmacist that supported the home. This too had highlighted a number of areas that required attention including gaps in MARS charts and a lack of protocols for medication that were to be administered as or when required. Following this audit, protocols had been put in place for some medication, for example, paracetamol, but not for others. We also saw that the registered manager had raised these issues at a staff meeting and had given staff instructions to follow. However, staff had failed to act on her instructions and the registered manager had not followed this up to ensure her instructions were acted upon. This meant that the registered manager could not be confident that any errors that were being identified were being corrected and that the records held were a true reflection of the medication that was dispensed and held in the home.

People, their relatives and staff alike, all told us they considered the home to be well led. All described the registered manager as 'visible', 'approachable' and had a 'hands on approach' to the way she managed the home. A relative told us, "[Manager's name] runs a tight ship. She's a hands on person. She's very good – very approachable" and another visitor told us, "I can speak to the manager or the administrator. I'm told that the manager will check every room herself every day and if anything's not to her satisfaction, she will ask staff to sort it out". A member of staff told us, "[Manager's name] is approachable, supportive and she listens. We have team meetings and any issues she will listen; it's all written down and done properly and above board". A visiting professional told us they considered the home to be well led and gave us a particular example of how the registered manager had supported the relative of one of the people living at the home.

We observed that the registered manager had a visible presence in the home and knew the people who lived there very well. Staff spoken with were aware of the home's whistleblowing policy and were confident that if they had to raise any concerns they would be listened to. Staff were complimentary about the support they received from the manager and they held her in high regard. One member of staff told us, "I love working here" and another said, "I go to [manager's name] if I have a problem; she's always got time for you. We can challenge each other without it getting out of hand, she'll say 'come to me openly and honestly' and it works". A relative told us, "I have no complaints whatsoever about this place, I'm glad the other places turned my husband down – otherwise he wouldn't have come here".

We saw that regular staff meetings took place. One member of staff told us, "[Manager's name] is approachable, supportive and she listens. We have team meetings and any issues she will listen; it's all written down and done properly and above board ". Another member of staff said, "We can speak at staff meetings or speak to the manager in private. We can raise any concerns and voice our opinions". They told us they had suggested that people take part in different day trips and activities and this had been taken on

board. We saw that staff benefitted from regular training, the registered manager told us, "I try to gauge staff's understanding of things, I'll say to them 'is there anything I can get you to make you better in your job?'" The registered manager told us how they worked closely with representatives from the local authority quality team. They explained how they had asked for additional training in how to support people with behaviour that challenged. She told us, "We provided them with the details of the challenges we were presented with on a daily basis and they did the training around that – it was tailor made – I can't sing their praises enough".

We saw that the registered manager completed a number of quality audits, for example, accidents and incidents, care plans, infection control and environmental audits. The mediciation audit had highlighted a number of errors but action plans were not in place to address these. We also saw that despite the registered manager raising these issues at a staff meeting, staff had failed to act on her instructions.

We discussed with the registered manager how she promoted quality in the home. She told us she conducted walks round the home three times a day in order to do visual checks on people and the environment. We saw that night spot checks were also conducted periodically. The registered manager told us how she developed new and existing staff to ensure they had the information and the skills to meet the needs of the people they supported. She told us, "I give the new staff a pad and get them to write down the important things they need to know, including people's likes and dislikes. By doing that alongside reading people's life histories, they get to know a person a lot more".

The registered manager explained how they obtained feedback from people who lived at the home and their relatives. They told us, "We have invited relatives and residents to meetings but they don't turn up, so we send out questionnaires twice a year to both residents and relatives". They told us that one person had raised that they didn't know how to raise a complaint and in response to this a pictorial complaints procedure was developed and placed in reception and in people's bedrooms and we saw evidence of this.

We saw that accidents and incidents were logged, investigated and followed up and where necessary care plans and risk assessments were updated to reflect any changes.

The provider had notified us about events that they were required to by law and had on display the previous CQC rating of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely. Medication audits had been completed and had highlighted errors in medicine administration but action plans had not been put in place in order to lessen the chance of errors re-occurring.