

Sycamore Meadows Homes Limited

Kings Court Nursing Home

Inspection report



Church Street
Grantham
Lincolnshire
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Date of inspection visit:
12 August 2019
14 August 2019

Date of publication:
30 September 2019

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Kings Court Nursing Home is a residential home providing personal and nursing care to 27 people at the time of the inspection. The service can support up to 29 people.

Kings Court Nursing Home accommodates 29 people over two floors. There are three rooms where people share accommodation, with the remainder supported in single rooms. The service does not have private facilities but has access to toilet and bathing facilities on both floors. Lounge and dining areas are also provided on both floors.

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

People were not always protected from risks linked to the environment. Medicines were not administered in line with guidance and records regarding topical medicines were not always up to date. Doors to potentially harmful areas of the home were left unlocked with access to machinery and chemicals. There were enough staff to deliver timely support and care, people felt safe and told us the home was maintained in a clean and tidy manner.

People needs and choices were well supported. Systems were in place to ensure individual's health and wellbeing were maintained. Staff had a good range of training although supervision and appraisal meetings had not been fully completed. People told us they enjoyed the meals and staff understood the need to provide a balanced diet. Professionals told us staff worked co-operatively to deliver good care.

People were supported to have 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. Some people shared rooms and it was not always documented they had consented to this.

People told us they received good care from dedicated and empathetic staff. Staff had a good understanding of people as individuals. People were able to make choices on a day to day basis, but more could be done to ensure there was active involvement in decisions. We have made a recommendation about this. People's privacy and dignity were respected and supported.

People's care records contained good information about their needs and support. Staff were aware of people's individual communication needs but appropriate processes were not always documented. We have made a recommendation about this. A range of activities and events were provided to help people socialise and engage in meaningful activity. There had been no formal complaints and people told us and concerns were immediately addressed.

A range of checks and audits were in place, although they had not identified or not addressed the issues noted at this inspection. The registered manager had a clear idea of how she wanted to develop and improve the service. Professionals told us the service worked collaboratively.

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

Rating at last inspection (and update)

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

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate immediate risk and this has been effective.

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

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

Follow up

We will request an action plan from 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Kings Court Nursing Home

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kings Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is currently registered to provide both personal care and nursing care. However, the provider has taken the decision not to provide nursing care at this current time.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, a senior care worker, the activities co-ordinator and the cook. Following the inspection we spoke with a health professional who regularly visits the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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.

Assessing risk, safety monitoring and management

- On both days of the inspection we found that doors to the sluice areas and the laundry were unlocked, allowing unhindered access where machinery and chemicals were stored. This posed a potential risk to people living at the service and visitors.
- Some equipment, such as commodes and wheelchairs, was stored in corridors and other regularly used areas, causing a potential trip hazard for people living at the service.

This placed people at risk of potential harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safety checks were in place with regard the environment of the home and certificates for areas such as electrical safety and lifting equipment were up to date.
- Risks related to people's care were incorporated into their care records and care plans reflected how the service mitigated these risks.

Using medicines safely

- Staff did not always follow pharmacy advice when administering some medicines, although the risk to people was low.
- Records regarding topical medicines (creams and lotions) were incomplete or poorly maintained and we could not determine if these items had been used in line with medical or pharmacy guidance.

This placed people at risk of potential harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines on time and in an appropriate manner. We observed staff supporting people to take their medicines effectively.

Systems and processes to safeguard people from the risk of abuse

- Two recent safeguarding matters had been raised with the provider. These had been fully investigated and dealt with appropriately. People and relatives told us the care received was safe and appropriately delivered.

Staffing and recruitment

- The service continued to operate safe and effective recruitment practices, including taking up references

and undertaking disclosure and barring service checks (DBS).

- People and staff said there were enough staff, although occasionally problems arose due to short term sickness. One person told us, "They are sometimes a bit short due to holidays and sickness, but mostly they are there if you need them."

Preventing and controlling infection

- The home was generally maintained in a clean and tidy manner. People told us they were happy with the cleanliness of the home. Carpets in the main lounge areas were badly stained in places. The registered manager agreed that these needed replacing.
- Some minor issues were noted on day one, but these had been addressed on day two; such as the replacement of a dishwasher in a small kitchen area, which was rusted in places.

Learning lessons when things go wrong

- The registered manager spoke about the service ceasing to provide nursing care over the previous 12 months. She spoke about the changes this had required and the lessons learnt regarding improving staff skills and competencies and identifying the need for staff training.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to; requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We noted three rooms at the service were shared. We could not find any indication that people's consent had been sought to say they were happy to share rooms, or that a best interest decision had been made. There was also no specific consideration given to the implications this situation had around people's privacy and dignity, although no one raised any concerns with us. The registered manager told us these beds were paid for by the local Authority and the local NHS and they were aware people would be sharing accommodation. The registered manager subsequently wrote to us saying that action had now been taken to address the matter in the future.

This meant full consideration had not been given to people's informed consent or the impact this may have on their privacy. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that appropriate action had been taken to ensure DoLS were applied for or maintained, where necessary. All DoLS applications in place were up to date and monitored.

Staff support: induction, training, skills and experience

- Records showed, and the registered manager agreed that supervision sessions and annual appraisals were not always up to date. She told us this was because the service had been concentrating on ensuring the

move from nursing care to residential care was completed effectively. The registered manager confirmed this matter would be addressed as soon as possible.

- Staff told us they received a range of training and could request additional support if they felt this was required. They told us the registered manager would also provide ad hoc training, as necessary.

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

- People's needs had been assessed prior to them using the service and these were periodically reviewed. Care records included information about people's personal choices and preferences. One person told us, "They give me lots of choice and always ask what I want."

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

- People told us they enjoyed the food and there was a choice of meals available to them. Comments included, "We are happy with the meal. We think (relative) eats well" and "I can't fault the food. It's is very fresh and served nicely."
- Kitchen staff had a good understanding of people's dietary requirements and had received training regarding specialist diets. People's weights and dietary intake were monitored, as necessary.

Staff working with other agencies to provide consistent, effective, timely care

- Care records demonstrated staff worked with a range of other agencies and professionals to ensure timely and effective care.
- Professionals we spoke with confirmed staff were responsive and followed advice. One professional told us, "They take on board suggestions and will always ring us for advice."

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

- Some areas of the home were in need of decoration and updating. Decoration looked worn in places, carpets were stained and required replacing and some furniture required repair or replacement. The registered manager and the provider agreed that improvements were required around the home.
- There was some pictorial signage around the home to help identify toilets or bathrooms, but this could be improved to ensure greater clarity. People and relatives described the service as 'homely.'

Supporting people to live healthier lives, access healthcare services and support

- There was evidence in care files that people were supported to maintain good health and wellbeing. Records showed they had health professionals visiting them or attended hospital appointments.
- During the inspection one person was noted to be unwell and appropriate action was taken by calling the ambulance service.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they were happy with the care provided by the home. Comments included, "They are always there if you need help. It is caring and that is the main thing, first and foremost" and "It's very good. We are very happy. We have been in other homes and this is by far the best."
- We observed staff to be patient, kind and considerate in their approach to people and supporting their care needs. Staff had a good understanding of people's personal care needs and personalities. People looked clean and smart.
- Staff understood issues related to equality and diversity. The registered manager told us formal training in this area had been delayed due to illness but was rescheduled in the near future.

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

- People told us staff supported them to express their views and make day to day choices. One person was offered a cup of tea but requested an ice cream and was then provided with a cone.
- The registered manager told us formal 'residents' meetings' did not take place because people were not always interested. Questionnaires had been completed and people's responses were extremely positive about the care they received.
- Relatives told us they were involved informally in care decisions and kept up to date with any changes, but were not always actively involved in care reviews.

We recommend the provider review processes to ensure people's involvement in care decisions is considered and fully documented.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their privacy and ensured care was delivered in a dignified manner. Comments from people include, "They try to make it as dignified as possible" and "They keep me covered up; it's not embarrassing."
- People told us they were supported to maintain their independence and were able to follow their own interests. They said staff supported them to access local shops and amenities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained good information about people's individual needs, their preferences and choices.
- There was evidence care records had been reviewed and updated to incorporate changes in people's needs. One person told us, "They always know what to do and what help I need. They know what to do." A professional told us, "I have no concerns about the care and people's needs being met."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care files contained some information about supporting people who had particular communication needs, although this was not always explicitly stated. Staff understood people's individual needs and how best to support them.
- We witnessed staff took time to speak with people and used touch as an appropriate method of reassurance.
- A monthly newsletter was provided to keep people up to date with what was going on in the home, although this was predominantly in a written format.

We recommended the provider consider alternative communication methods to ensure people are able to access information about their care.

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

- People told us there were a range of activities they could participate in, if they chose to do so. On the first day of the inspection children from a local nursery visited the home and participated in activities with people. We saw this was enjoyed by all involved.
- The service employed an activities co-ordinator, who had a good understanding of people's needs and provided a range of events. They were acutely aware of the needs of people who spent time in their rooms and their need for support and social contact.
- People and relatives told us they were encouraged to maintain contact. Relatives said they could visit the home at any time.

Improving care quality in response to complaints or concerns

- There had been no recent formal complaints about the service.
- People told us any concerns they did have were addressed quickly. Comments included, "The care is very good. There are a few little things, but they are soon put right" and "There are a few niggles now and again, but they are soon sorted."

End of life care and support

- At the time of the inspection no one using the service was being supported with end of life care.
- Care plans contained details about people's wishes during this important period of their life and any final funeral arrangements they had made.

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 good. At this inspection this key question has now deteriorated to; requires improvement. 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

- The registered manager undertook a range of audits and checks on the quality and safety of the service. However, these checks had failed to identify or fully address the issues found at this inspection.
- The provider told us they were in regular contact with the registered manager and visited the home weekly, but only carried out a formal review of the service yearly.

This meant quality improvement systems for the service were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had failed to notify the care quality commission of a number of events at the home including deaths, serious incidents and potential safeguarding matters. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014. This matter will be dealt with outside the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear vision about what she wanted to achieve at the service and the improvements she wished to make. She told us, "I want to be one of the best homes and improve every day on what we are doing."
- She told us she wished to develop the staff and further enhance their roles, including the development of specific roles within the service.
- People told us they felt the registered manager did a good job for the service. One person told us, "The manager is exceptionally good; I get on well with her. She is a very caring person and comes around first thing every morning to see how things are."
- Staff were positive about the support they received from the registered manager. One staff member told us, "The manager is good. She comes onto the floor and will check on both residents and staff."

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

- The registered manager had a good understanding of the duty of candour and the service's legal responsibility to offer an apology when errors occurred. There had been no recent incidents that required

the manager to exercise this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were involved in decisions about their day to day care, although this was not always formally documented.
- Questionnaires had been completed by people who used the service, relatives, staff and visiting professionals. All the returns presented a positive picture of the service and the support offered.

Continuous learning and improving care

- The registered manager spoke in detail about the lessons of the last twelve months as the home moved from providing nursing care to residential care. She told us the change had provided a number of opportunities to develop and improve the service.
- During the inspection the registered manager and the provider noted some of the concerns raised by the inspector and took action to address the issues.

Working in partnership with others

- Records showed, and professionals told us the service worked in partnership to deliver good quality care. The Local authority and the local NHS service contracted for beds at the home to assist with discharge from hospital or facilitate short term support.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have in place systems to ensure treatment was provided with the explicit consent of the relevant person. Regulation 11(1)(2)(3).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have in place systems to assess risks to the health and safety of service users or to ensure any risks were mitigated. Systems to ensure the safe and proper management of medicines were not robust. Regulation 12(1)(2)(a)(b)(d)(g).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have in place systems and processes to fully assess, monitor and improve the safety of the service or the quality of the experience service users received. Regulation 17(1)(2)(a)(b)(c).