

K.R. Court Limited

# K.R. Court Limited

## Inspection report

Wootton Brook Close  
East Hunsbury  
Northampton  
Northamptonshire  
NN4 0XU

Tel: 01604708014

Date of inspection visit:  
23 October 2018

Date of publication:  
15 November 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

King Richard Court provides a personal care service to people aged 55+ who live in their own apartment within a sheltered housing complex. People's care and housing were provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for sheltered housing.

Not everyone living at King Richard Court was receiving personal care. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do receive personal care we also consider any wider social care provided. At the time of our inspection there were four people receiving personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be treated with empathy and kindness and their individuality was respected. The staff were friendly, caring and compassionate. Positive relationships had been developed between the people and staff.

Personalised care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices. People were supported to maintain good health and nutrition.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received support to take their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

The service had a positive ethos and an open culture. The provider was committed to developing the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# K.R. Court Limited

## **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 unannounced inspection took place on 23 October 2018 and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about.

During the inspection we spoke with one person who used the service, three care staff, a duty manager and the registered manager.

We looked at the care records of two people who used the service to see whether they reflected the care that was required and reviewed three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People could be assured that they were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks.

People told us that they felt safe within their home and the complex as a whole. They felt that the staff looked out for them and ensured that the environment was safe from hazards; visitors to the building were monitored to ensure they had a legitimate reason to be in the complex.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager was aware of their responsibilities to notify the local authority and Care Quality Commission if there were any safeguarding concerns. There had been no safeguarding notifications raised in the last 12 months. Any lessons learnt would be shared with staff and training in safeguarding was regularly refreshed.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. One person said, "I have the same carers who come around the same time every day and stay for as long as they need to."

Medicines were safely managed. At the time of the inspection people were only being prompted to take their medicines. There were regular audits in place and any shortfalls found were quickly addressed.

People were protected by the prevention and control of infection. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

# Is the service effective?

## Our findings

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them in providing effective care that met people's cultural needs. The staff we spoke with understood that the people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Any application to deprive a person of their liberty in their own home must be made to the Court of Protection. At the time of our inspection all the people using the service were able to give their consent and were actively involved in their care plan.

Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent the service would ensure that appropriate steps would be taken legally to identify someone to act in their best interests.

People could be assured that they received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. One person said, "The staff all know what they are doing; they have training and when there is anyone new they spend time with another carer to learn what to do."

Staff were supported through regular supervision and on-going support. One member of staff said, "It's brilliant here, could not ask for a better team of staff to work with, everyone is very supportive and I have been encouraged to complete my NVQ level 2 (National Vocational Qualification), I feel so proud as to what I have achieved."

People were encouraged to be as independent as possible and to prepare meals for themselves within their own home. However, if they chose to they could have meals prepared for them which they could have either in their home or in a communal dining area in the complex.

A welfare check was undertaken each day which ensured that all people were well and action was taken if they were not. People remained responsible for seeking any assistance with their healthcare needs but if staff were concerned about anyone's health they would contact their GP on their behalf. The staff would take the necessary action in an emergency.

## Is the service caring?

### Our findings

People could be assured that they were supported and cared for by staff that were passionate about the care they gave and were kind and compassionate. One person told us, "The staff are all very nice and helpful; they go the 'extra mile' to help you. I had a birthday recently and everyone sent me a card and one member of staff gave me flowers, they treat you very well." We read comments from a recent survey completed by people who used the service, they included, 'More than happy here, I am well looked after.' 'I just want to express my thanks for all the care and attention given to me during the last year. It is very much appreciated.'

Staff spoke fondly of the people they cared for and knew people's likes and dislikes and their preferences as to how they wished to be cared for. We saw that people's care plans recorded all the information the care staff required to deliver consistent care. One person said, "I am in control, if we need to make any changes to the care plan we do and I can agree with the staff if we need to alter times etc."

People told us that staff protected their dignity and treated them with respect. One member of staff said, "It is important to put people at ease when you provide personal care, I chat to people and ask them how they want me to help them. I always make sure the door is closed when we are in the bathroom."

Staff understood their responsibilities in maintaining confidentiality. The provider had a policy in place in relation to data protection and all files and information was kept securely.

The registered manager was aware of the need to involve an advocate to support people who may not be able to speak up for themselves. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

## Is the service responsive?

### Our findings

The personal support service provided by K.R. Court had a set number of hours available each day; this meant that people could only be accepted on to the service if there were sufficient number of hours available. The registered manager met with people and their families who requested a service and together they developed a care plan to meet the person's individual needs.

The care plans detailed the care people required and gave staff information about people's history and interests. This enabled staff to enter into meaningful conversations with people and develop close working relationships. One member of staff said, "One person was in the war so tells me lots of stories about what happened to them." The plans were reviewed every six months or more often if required.

Although, the service did not provide activities for people they were able to encourage people to take part in the activities available within the complex. These included a Knit and Natter group, a poetry group and two choirs. This could prevent people from becoming socially isolated and lonely and overall supported their well-being.

If people expressed a wish to remain in their own home at the end of their life the service facilitated support for people and their families. They offered pastoral support to families and liaised with other health professionals which ensured that people's expressed wishes were followed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, which complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed to. There was a complaints procedure in place and there was information available to people about how to make a complaint if they needed to. In the last 12 months no complaints had been raised.



# Is the service well-led?

## Our findings

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support.

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. The registered manager understood their responsibilities in relation to the regulations.

People spoke positively about the registered manager and duty managers. One person said, "[Registered manager] is very good, always available if you ask to see her." Staff said that all the managers were very supportive and helpful and that they would not hesitate to speak to them if they had any concerns.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We saw from a recent survey that everyone who completed the survey were happy with the service that was provided and had no suggestions as to how to improve it.

Staff demonstrated their knowledge and understanding around such things as whistle-blowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to incidents or complaints.

There were effective systems in place to monitor the quality of the service. Audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

The registered manager liaised with health professionals and encouraged members of the local community to join in activities such as the two choirs. This meant people who may not be able to get out as much themselves in the community had an opportunity to meet and socialise with people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.