Lifestyle Care Management Ltd

Kings Court Care Centre

Inspection report

Kent Road
Swindon
Wiltshire
SN1 3NP

Tel: 01793715480
Website: www.lifestylcare.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected this service on 12 and 14 December 2016. Kings Court Care Centre provides accommodation and nursing care for up to 60 older people. The service comprises of two floors; ground floor general nursing unit and the top floor for people living with dementia. At the time of our visit 54 people were using the service.

There was a registered manager in post. 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 told us they felt safe at the service. Staff we spoke with understood the appropriate procedure that they would take if they suspected any concerns around people's safety. There were sufficient numbers of staff on each shift to meet people's needs. Staff records demonstrated the registered manager followed safe recruitment procedures to ensure staff were suitable to work at the home. Staff received appropriate support through induction, training and supervision. Staff we spoke with said they felt able to speak with the management at any time.

People received their medicines as prescribed. Medicines were administered and recorded appropriately. However, we found one medicine was not stored securely. Risks to people's well-being had been identified, recorded and measures had been put in place to protect people. However, one person was at risk but no action had been taken to manage this risk. We raised this with staff who took immediate action.

People were supported to maintain a balanced diet. People were also supported to access health care professionals when required and their advice was followed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the registered manager understood the MCA and DoLS and the provider followed the legal requirements. The provider had identified through their own internal audits the MCA decision specific assessment was not always clearly documented. There was an action plan in place that specified that the documentation for specific decisions was going to be in place by February 2017.

People were cared for by compassionate staff that enjoyed working with people. The staff treated people with dignity and respect. People were involved in decisions about their support. There were a range of activities on offer for people to participate in if they chose to do so. This included both group and individual activities.

The registered manager ensured quality assurance systems were in place to monitor the quality of care provided and drive improvements within the service. The registered manager and staff promoted open and

transparent culture.

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.

Staff had the knowledge on how to act on any concerns of abuse or suspected abuse.

Medicines were administered and recorded appropriately. However, we found one medicine was not stored securely.

Risks had been identified, recorded and measures had been put in place to protect people's well-being. However, one person was at risk but no action had been taken to manage this risk.

There were sufficient staff in place to support people's individual needs.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge they required to carry out their roles.

Staff were aware of their responsibility in relation to the Mental Capacity Act (MCA)
2005.

People's right to make their own decisions was respected.

People nutritional needs were met and people were supported to access health services.

Is the service caring?

Good

The service was caring.

People's care was provided by caring and compassionate staff.

Staff understood how to respect people's privacy and dignity.

People were involved in their care and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received support that met their needs.

People's care records reflected people's individual needs, wishes and choices.

People knew how to make a complaint and their concerns were responded to and dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was highly regarded by staff, relatives and professionals.

The team promoted open and positive culture.

The registered manager ensured quality assurance systems were in place to monitor the quality of care provided and drive improvements within the service.

Kings Court Care Centre

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 checked 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 12 and 14 December 2016 and was unannounced. The inspection team consisted of one inspector, a nurse Specialist Advisor and an 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service to obtain their views.

During our inspection we spent time observing care throughout the service. We spoke to seven people and six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, three registered nurses, four care staff, the chef and the activities co-ordinator. We also contacted three external professionals who had been involved with the people living at the service to obtain their views.

We looked at records, which included seven people's care records and a sample of the medication administration records. We also viewed five staff recruitment files including their support and training information and at a range of records about how the service was managed.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe in the service. When asked if they felt safe at the service one person told us, "I've never had any concerns". Other comments included "I do feel safe and supported by the carers" and "The staff are all very kind and won't do anything that I'm not happy with". A relative also commented "I have been visiting [person] for nearly three years now, and during that time, I have never seen anything that has given me cause to be concerned in the way that all of the staff care for the residents in the home".

People were cared for by staff that were aware of safeguarding issues and their responsibility to report any concerns. Staff we spoke with were able to recognise different kinds of abuse and told us they would not hesitate to report if they witnessed or suspect any abuse. One member of staff told us, "I'd inform nurse in charge or manager".

Risks to people's well-being were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage these risks. For example, one person was at risk of hurting themselves using a call bell cord. They had a clear risk assessment in place that explained the reason the person had no cord in their room and that they needed to be checked regularly. Records confirmed the person was checked regularly. However, we identified one person had lost weight in recent weeks and no action had been taken for example, a weight monitoring regime. This meant the person was at risk of losing more weight. We raised this with the staff who immediately contacted the person's doctor who prescribed them a fortified supplement drink. The staff also implemented an acute care plan that outlined how the weight loss was managed and the person supported to maintain their well-being.

There was sufficient staff on duty to meet people's needs. Throughout our inspection we observed people were attended to promptly and without an unnecessary delay. One person told us, "There are lots of staff here and I like each and every one of them. They do have new staff starting from time to time and you usually know who they are because they will come with somebody else who shows them how to do the jobs". Another person said, "There's always lots of staff around and I never have bother finding someone when I need them".

The registered manager ensured a safe recruitment and selection process was followed. All the staff files we looked at contained the required pre-employment checks. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The professional qualifications of nursing staff had also been checked to ensure they were fit to work.

People's medicines were managed safely. People told us they had their medicine as needed. One person said, "If I'm having a really bad day, I can ask the nurse and she will see if she can give me any more". Other comments included, "One of the nurses will bring round my tablets for me four times a day. They always make sure that I have a drink and although I always tell them I will take them, they insist on standing there while I take them and then they sign in the book to say I have done so" and "My tablets are given to me by

the nurse and she always watches me while I swallow them". One relative told us, "If [person] had her way, she would take pain medication all the time because she doesn't understand about only having it every few hours. The staff are really patient with her and I've lost track of how many times they have to explain to her that she can't have any more until the time is right. She will register the information for about 10 to 15 minutes, but then will forget completely and will start asking again."

We observed the administration of medicines and we saw that medicine was given to people in a professional and safe manner. Staff ensured the person's identity, discussed any 'as required' (PRN) medicines with them and ensured the person took their medicine. The staff signed as administered only once a person had taken their tablets. When people used transdermal (skin) patches there were clear records when the next patch change date was due and clear records of where the patch was previously applied to ensure rotation. There was a good system for provision of PRN medicines. Each medicine had a separate instruction sheet giving the rationale, dose and any limitations or restrictions.

The medicines were stored securely in the drugs room. Drug trollies were locked and secured against the wall when not in use. We noted where the medicines needed cold storage the records of fridge temperatures had been maintained and were within the safe parameters. The medicines stock was updated monthly, any no longer required medicines were discarded appropriately. We checked the stock of three random medicines and found they were correct. However, found a tube of fluid thickener stored in a kitchenette area in one of the lounges. We raised this with the registered manager who immediately disposed of the tube and was going to discuss this with the staff.

Accident and incident recording procedures were in place and appropriate action had been taken where necessary. For example, one person suffered a fall, the staff contacted the doctor and regular observations were commenced. The registered manager kept a log of all accidents and summarised these on monthly basis so any trends or patter could be identified.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were knowledgeable and knew how to support people well. Comments included, "They seem to do everything I need" and "They appear to have all the skills necessary to look after my (relative)". An external professional commented, "Kings Court has a complex mix of residents who all have complex and fluctuating needs. At times the mix of needs presents an increased challenge for the staff. They strive to manage this and not to move people from their home with success".

Staff told us and records confirmed staff received training relevant to their roles. Staff commented positively about the training. Comments included; "It's very good to refresh and improve our job" and "We had Virtual Dementia training, it helped us to deal with dementia, helped us to see how it is to have dementia. We had fire training, moving and handling and other mandatory training. (This) helped us a lot". All new staff received induction and their competencies were assessed using a holistic competencies tool that incorporated staff shadowing an experienced member of the team. Staff received training that reflected the Care Certificate. The Care Certificate is a nationally recognised set of standards that social care and health workers follow in their daily working life.

Staff told us they felt supported by the management. The provider had a system in place to provide staff with regular support sessions. Staff files and feedback received reflected supervision sessions were ongoing. One member of staff told us, "I had one to one with nurse, had the last one with manager as it was appraisal, I like them, we can say what's happening, I can say my views, they (management) are listening". Another staff member told us, "Yes, manager is good, she goes through a lot of things, and if something happened we'd have group supervision as a learning curve and to reflect".

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 so that they can 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 are called Deprivation of Liberty Safeguard (DoLS). Where people were assessed as lacking capacity to consent to care and treatment and were considered to have restrictions to their freedom a DoLS was applied for. However, we found that the MCA decision specific assessment was not always clearly documented. This had been already identified through provider's internal audits. The action plan specified that the documentation for specific decisions was going to be in place by February 2017.

Staff had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and told us how they ensured people's right were protected. Comments included, "It's about giving people choices, food, clothes, what they like to eat, sometimes people change their mind last minute and we'd ask the kitchen to do what people want", "MCA helps to assess if a person has capacity to make certain decisions, (to assess) them we'd pick (their) better day, redo if needed to make sure people have not been assessed if they're like temporarily confused, for example when suffering from a urine infection" and "The

act says that everyone needs to be deemed to have capacity, if any decision (they can't make a decision) find a good time to do the assessment, or even do by two different staff and compare it. Some people may be resistant to personal care and we'd do best interests decisions with family, social workers and dementia liaison team".

People told us their wishes were respected. Comments included, "I always choose for myself what I'd like to eat every day. If I don't like the choices they will make me something I do like", "I decide everyday what I'd like to eat, when I'd like to get up and go to bed and where I sit and what I do every day" and "I make my mind up every morning as to what I'd like to eat and if I want to stay in bed, I can do, or otherwise the carers will get me up after I've had my wash".

People were supported to maintain good nutrition. We observed the midday meal experience. Food was served hot from the kitchen trolleys and looked appetising. People were offered a choice of drinks throughout their meal. Where people required special diets, for example, pureed or fortified meals, these were provided. The chef had a list of people's requirements in kitchen that was updated when needed. People were encouraged to eat and when required assisted to eat. One relative told us, "[Person] is not eating very well at the minute, but the staff are being really patient with her and trying to encourage her to at least have a little at a time. I have been really impressed by the care they have all taken with her".

People were supported to maintain their health and access health professionals. One relative said, "The local GP visit's at least once a week and more often when he is needed. I came in last week to find a GP with my (relative) as she has a chest infection which is proving difficult to shift. They also have an optician and a dentist comes in to make sure that [person's] glasses are regularly checked and her dentures looked at". One of external health professionals told us, "Welcoming and informative. Nursing staff are willing to engage in discussions and make referrals to other services in a collaborative and person centred way. Flexible and enabling for residents".

Good

Is the service caring?

Our findings

Throughout our inspection we observed numerous positive interactions between people and staff such as staff interacting with people at eye level and making numerous attempts to engage them in conversation. One person was participating in the quiz but they did not feel well. The staff were patient and offered the person their attention and warmth. Another person was sat in the lounge facing the room. The staff were heard saying, "Would you like me to move you closer to the window so you can see out?" The person decided they preferred to watch other people playing quiz and their choice was respected.

People were cared for by staff that developed positive caring relationships with them and were enthusiastic about their roles. Comments received from staff included; "I like working with elderly, chatting to them", "I like working here, I like giving empathy to people, it feels good even if people can't remember our names, they cheer up when they see us, it feels good" and "Care needs to come from heart, you've got to love what you're doing".

People told us staff were caring. One person said, "I love all the staff, I had a lovely hand massage the other day, it made my hands feel like new". People's relatives were equally complimentary. Comments from relatives included; "I have never witnessed anybody being uncaring or unkind or speaking to her in a way I wasn't comfortable with" and "I've never seen anyone treating mum without respect and courtesy and I visit at all different hours of the day and days of the week". One of external professionals said, "Given the dependency of residents, staff are flexible in approach. We have observed some very good practice and the staff are always willing to discuss and implement recommendations. This is an ongoing process and is still embedding into the culture of the home".

People's dignity and privacy were respected. People were encouraged to personalise their bedrooms and people's relatives and friends had an unrestricted access to the service. When staff spoke about people they used respectful language and they displayed genuine affection. When staff were supporting people they did so in a way that respected people. For example, we observed a member of staff asking a person during lunch, "Would you like something to cover your nice T-shirt?" instead just giving a person an apron.

Staff gave us examples how they promoted people's dignity. Comments included; "We give people things they can manage to eat, make sure there's a napkin, wet wipes to wipe face, shut the door when personal care is delivered", "We knock at people's door, we ask if we're about to give people a wash, if people agree we'll still explain what we're doing, for example a cream can be cold so people can be frightened so we'd explain" and "Dignity is just about knowing what people like, and this 'what about if it was my mum". Feedback from people and their relatives confirmed the staff were respecting people's dignity; "They wouldn't dream of doing anything personal without the door and curtains being closed" and "The nurses always knock on my door before they come in and always close the door before they start caring for me".

People's independence was promoted and people were involved in their care. One person said, "When someone knocks on my door, if I'm not ready for them, I'll send them away". Another person added, "I have to be lifted out of bed and into my chair each morning and then back into bed at night. The carers let me

have the control for the hoist so that I can make it let me up and down. The carers always talk to me and tell me what they are doing, and even though I don't like being hoisted". A relative said, "[Person] definitely makes her own mind up about what she will accept help with. She is fed, but they take their time and she always decides when they've had enough". Another relative said, "Because staff have worked with [person], she can now feed herself again for the first time following her stroke". People had access to advocacy services when they needed them. One person was due to be visited by their paid relevant person's representative soon. Advocates are people independent to the service who help people make decisions about their care and promote their rights.

On the day of our inspection no people were receiving end of life care. People's advanced wishes relating to end of life were recorded in their care plans. Staff worked closely with other professionals to ensure end of life medicines were prescribed when required.

Staff understood and respected people's confidentiality. One member of staff said, "You don't disclose, don't tell staff about people unless it's on a need to know basis, when a care plan needs to be updated". Records relating to people's care were stored securely in locked nurses' stations.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission. The information was used to create people's care plans. The registered manager told us they were in a process of changing the care plan to a new format. The care plans we viewed were mostly detailed and regularly reviewed through a resident of the day scheme. People's care records contained people's allergies, likes, dislikes, preferences and included people's preferred names, interests and hobbies. One relative told us, "The manager came and met with me and my (relative) while [person] was in hospital and awaiting a bed to come available in the home. I was very impressed with how caring [registered manager] appeared to be and how honestly she answered all of my questions. She did a full assessment with us and three days later [person] had moved in". An external health professional told us, "Documentation suggests they know residents and make it their home. They respect the uniqueness of the individual, their likes and dislikes and routines".

We found the service was responsive to people's needs. One person's file stated they liked having toy animals at the end of her bed. We saw these were placed at the end of their bed as per person's wish. People told us they received support they needed and wanted. One person said, "I like a particular blanket on my bed. It always comes back from the laundry really quickly as I feel lost without it". One relative told us, "[Person] is prone to picking up chest infections, so they (staff) have become really good at picking up the early signs and trying to get her onto medication sooner rather than later so that it doesn't develop into anything more serious".

People had a choice of activities to attend if they wanted. We spoke to one of the activities co-ordinators based on dementia unit who told us activities were arranged mainly on an individual basis because of the nature of people's condition. Additionally a number of group activities such as bingo, music events, pampering sessions, movie time, quizzes, theatre trips and garden centre visits took place. The staff were planning a Christmas party for residents, relatives and staff that was taking place the following weekend. People had a range of communal areas to use and an enclosed garden. The registered manager told us they had identified the need for the dementia unit to be more dementia friendly and planned for a refurbishment.

The provider had a procedure for making complaints. Information about how to complain was available to people and visitors. The complaint logs reflected two complaints were received this year. The registered manager told us they were able to address any concerns via the open door policy before these escalated to a complaint. No people or relatives we spoke with had ever made a complaint and they told us the registered manager would address any issues as soon as they arise. Comments from people's and relatives included; "I've never really had anything that I needed to complain about. I do know what to do however, and I would talk to the manager firstly to try and sort the problem out" and "We have been very pleased with how everyone has looked after [person] since she first moved in and we have never had anything to complain about. That may be because manager operates an open door policy which means if I have any concerns whatsoever I can raise them with her then and there". We saw a number of thank you cards and compliments were received by the service.

People had opportunity to provide feedback. The registered manager told us they sent out thematic surveys.

For example, the most recent one was a food survey. Where an action was required it was followed up with individual people. For example, menu changes were offered to people. The registered manager told us the professional survey was due to be sent out later in the month. The registered manager also held residents' and relatives meetings. One relative said, "There are regular residents meetings. We come along to support my (person). It's useful because we find out what is happening and the residents are asked for their ideas for future activities, outings and food choices".

Good

Is the service well-led?

Our findings

The registered manager and nurses provided strong leadership to the team at Kings Court. People and their relatives spoke positively about how the service was run and commented on good communication. Comments included; "The manager is lovely. I always see her around and if I need to chat with her, I can", "I like the fact that (registered manager) will always phone me to tell me there is something wrong with [person] and will keep me informed as her treatment progress" and "General experience is very positive (registered manager) is approachable and tries to resolve issues". One of external professionals said, "Manager is always open to feedback, a reflective and adaptable manager. She has enabled us to visit her home and its residents in a flexible way according to residents' needs".

Staff also spoke positively about the registered manager and the culture of the service. They told us they felt listened to and respected. Comments from staff included; "Team work is fine, it's a matter of communication, positive culture, you need to tell the nurse of any mistakes and correct them, we can discuss as a group to support staff. The manager is very supportive, listens to our ideas, we can always go to her", "Very proactive and sets standards high" and "Manager applies her leadership according to the situation, she listens to staff, very supportive, door always open".

Staff were encouraged to attend team meetings, unit meetings and daily flash meetings. Daily flash meetings were the short meetings attended by heads of departments, i.e. kitchen, housekeeping and nursing staff to discuss ongoing service delivery and aid communication. We viewed a sample of minutes and noted issues such as completing charts and care practices were discussed. Staff had opportunities to share practices and learn from each other. One of the staff told us, "We'd discuss people's specific behaviour during handovers so the staff had directions how to approach people".

Staff were aware of provider's whistleblowing policy. Staff told us they would not hesitate to report any safeguarding concerns to the nurse on duty, the registered manager or head office. Staff were also aware they were able to report outside the organisation. One member of staff said, "I'd report to manager or regional manager or Care Quality Commission (CQC)". Another staff member said, "I'd report to manager or to safeguarding team in Swindon".

The registered manager had systems in place to monitor the quality of the service. The audits included medication, kitchen, care plans, safeguarding and accidents. The registered manager gathered monthly data that included people's falls, pressure ulcers, infection control issues, and staffing issues. They reported these to the head office which ensured any trends or patterns could be identified. The provider's internal compliance team carried out regular audits. The registered manager ensured when an action was identified this was addressed. For example, one audit identified that an infection control audit was overdue and we saw the audit was completed. A number of actions were compiled into an ongoing plan to ensure continuous improvement. The registered manager told us the provider was in a process of reviewing their policies and procedures.

Additionally a number of health and safety audits were undertaken to ensure the safety and welfare of

people and staff. We saw the evidence the checks of environment included water temperatures, flushing of little used outlets, fire alarm checks, lifts checks and the nurse call bell checks.

The team worked with other organisations to ensure people received appropriate support. People's care records reflected working with local multi-disciplinary teams. One of the external health care professionals told us, "Staff are very keen to facilitate access to all the relevant services in Swindon".

The registered managers understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted any notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We use this information to monitor the service and ensure they responded appropriately to keep people safe.