

Pearl Dusk Limited

Country Court

Inspection report

North Country Court
Southcoates Lane
Hull
Humberside
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Tel: 01482702750

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 October 2018 and was unannounced.

Country Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Country Court accommodates up to 34 older people who may be living with dementia in one adapted building. At the time of our inspection 33 people were using the service.

There was a manager in post who registered with CQC in May 2018. 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.

Although a quality assurance system was in place, further development of this was required to ensure systems within the service were being operated effectively. Further auditing was required to ensure meetings with staff to discuss work performance (supervisions) were carried out in line with the providers policy. Actions from surveys completed by people using the service and their relatives needed to be developed, to demonstrate what had been put in place following people's feedback. We recommend the quality assurance systems are developed further to ensure these are robust.

Medicines were managed in a safe way and people received them as prescribed. People using the service and relatives confirmed that staff were caring and looked after people's health and nutritional needs well. Risks to people's health and well-being were monitored and health care professionals were contacted for their help and advice when required.

People's dietary needs were met. Food served looked appetising and nutritious. Staff provided support to people at mealtimes in a patient and sensitive way.

People's care records were personalised and staff were aware of their preferences for care and support. People's communication needs were known by staff and people were provided with the care, support and equipment they needed to remain independent.

There were sufficient staff to meet people's needs and staff recruitment processes were robust. Staffing levels provided met people's needs and they remained under review by the management team. Staff understood their responsibilities to protect people from harm and abuse. They had completed safeguarding training and had policies in place to guide them. Staff had access to a range of training. Accidents and incidents were safely monitored and appropriate action taken where this was required.

People told us staff respected their privacy and promoted their dignity. People using the service had their end of life wishes detailed within their care plans. Observations showed staff were compassionate, kind and caring and had developed good relationships with people using the service and knew people well.

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

A range of in house activities was provided and based on people's preferences. People were supported to maintain relationships that were important to them.

The provider had a procedure for receiving and dealing with complaints. Issues raised were used as learning to improve the service provided. Staff spoken with were fully aware of their responsibilities in supporting people if they needed to complain about the service they received. People using the service had access to an advocate.

People using the service, relatives and staff told us the registered manager was approachable and supportive.

We gave feedback to the provider and the registered manager at the end of the inspection. The registered manager reviewed the supervision documents where we had identified that eight members of staff had not received supervision in line with timescales set in the providers policy. Following the inspection, the registered manager provided us with a plan for when these supervisions had been arranged for these members of staff.

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 was safe.

Medicines were managed safely and medicine records were completed. Arrangements were in place to prevent the spread of infection.

Staff were recruited safely and in sufficient numbers.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. Maintenance and fire safety checks were undertaken to protect people's health and safety.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions. When they were assessed as lacking capacity to do this, the provider and registered manager acted in people's best interests and consulted with relevant people.

Staff undertook training, supervision and had annual appraisals to maintain and develop their skills.

People had their nutritional needs met. People had access to a range of healthcare services and professionals. The environment was appropriate to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People had their privacy and dignity maintained. Staff responded to people in a kind and sensitive manner.

People were provided with information and supported to make choices about their care and support.

Information was held securely in line with the General Data

Is the service responsive?

Good 

The service was responsive.

Care records were personalised. People were monitored and assessed by staff and relevant health care professionals to help maintain people's well-being. The provider had arrangements in place to support people at the end of their life.

People were supported to maintain their hobbies and had access to a range of activities.

People were supported to raise concerns or complaints. Issues raised were dealt with and this information was used to maintain or improve the service.

Is the service well-led?

Requires Improvement 

The service was well-led; however, some aspects of quality monitoring of the service were not always effective.

Although there was a quality monitoring system in place and regular audits had been undertaken, this required improvement to ensure all areas of the service were included. The shortfalls we identified with scheduled staff supervisions, had not been identified by the current processes in place. Further work needed to be done in relation to developing action plans from feedback given through surveys and how this information was shared with stakeholders.

Staff told us they were listened to by the registered manager and felt able to raise suggestions or concerns.

Country Court

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 the 17 October 2018 and was unannounced and was carried out by one inspector.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service, which included notifications sent to us since our last inspection as these would tell us how the provider managed accidents and incidents that affected the welfare of people who used the service.

Prior to our inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioners and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care.

At the time of our inspection 33 people were living at Country Court. We observed care and staff interactions with people in communal areas. We spoke with the registered manager, the provider, the chef, a housekeeper, the activities coordinator, two members of care staff, five people using the service and six relatives.

Six people's care files and medication administration records were reviewed. The recruitment records, supervision, appraisal and training documents for five staff members were also looked at.

We looked at how the service was using the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interests meetings were held in order to make important decisions on their behalf.

A selection of documentation relating to the management and running of the service including; the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, policies and procedures and maintenance of equipment records were also looked at. We also completed a tour of the environment.

Is the service safe?

Our findings

People told us that they felt safe living in the service. Comments included, "Yes, I am safe and sound here, as it's lovely." Another person told us, "Yes, of course I am, as everyone is kind and they look after us well."

Relatives we spoke with also told us they were confident that their family members were safe. One relative commented, " [Family member] is safe here, we can rest easy now knowing they are in safe hands." Another told us, "I have no concerns whatsoever that my relative is safe. I visit every day and have never observed anything untoward, only kindness."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. For example, risk assessments and plans of care were in place where people used bed rails to keep them safe. Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. Relatives told us that staff dealt well with people who were confused or distressed. One relative said "My relative is not the easiest of people and can be very demanding and at times rude. The staff here have only ever shown kindness towards them and it has obviously rubbed off, as my relative's personality has changed and they are much nicer to be around now and more considerate." Another told us, "Occasionally there are one or two people who may cause some minor disruption from time to time and they [staff], are very professional, very gentle. I never witnessed anything that caused me concern."

We found infection prevention and control policies and procedures were in place and enough housekeeping staff to keep the service clean. The registered manager completed audits of the environment to identify and address potential issues to ensure these were completed in a timely way.

Medicines were managed and administered safely. Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them.

People using the service, relatives and staff we spoke with told us that they felt staffing numbers were adequate. The registered manager told us they had put in place arrangements to ensure there was sufficient staff to support people. A dependency tool was used to ensure there were sufficient staff to meet the needs of the people using the service. We saw that call buttons were within easy reach for people so they could get assistance if they needed. We observed call bells were responded to promptly. A relative told us, "There always seems to be plenty of staff about when I visit and I spend a lot of time here."

Accidents and incidents were recorded and reviewed by the registered manager and senior management team to identify any emerging trends that may need further scrutiny.

Maintenance safety certificates for utilities and equipment was up to date and ensured premises were safe. People had personal safety documentation for evacuating them from the building in an emergency, including positive motivators to encourage their cooperation. Fire safety and equipment checks had been regularly carried out and all but two staff had received fire safety training. This meant people using the service were kept safe from the risk of harm.

Is the service effective?

Our findings

Staff were provided with supervision and appraisal to discuss any further training and their performance. Staff we spoke with valued this support and told us these systems helped them to develop their skills further. Comments included, "Yes we have regular planned supervision and are able to raise anything at any time. We don't have to wait for a supervision to raise something." Another told us, "Yes we have alternate supervisions, with one face to face and another via the computer. I have no complaints about this system, as it works for me."

When we checked the record of supervisions we found that eight staff members had not received supervision within the timescales set in the providers policy. We have made a recommendation about this in the well led section of this report. When we spoke with the registered manager about this they immediately arranged alternative dates for these staff members.

Staff completed training in a range of subjects including; dementia, person centred care, infection control, moving and handling, safeguarding, fire safety and the mental capacity act. This helped staff to maintain their skills.

People told us they were confident the staff knew what they were doing and had their best interests at heart. Newly appointed staff completed a period of induction where they worked with senior staff at the service to learn how to provide effective care to people. Newly employed staff had access to the National Care Certificate which sets out common induction standards for social care staff. Staff had received refresher training to keep their knowledge and skills up to date.

Equality and diversity training was provided which helped staff encourage people to live their lives without restriction. The registered manager told us, "We ensure staff are well trained so that they understand people's human rights are respected at all times regardless of age, ethnicity, cultural beliefs or sexual orientation, and that they treat everyone with dignity and respect and ensure that our service users autonomy and freedom of choice is upheld at all times." Staff we spoke with provided examples of how people's equality and diversity were respected.

People told us staff supported them effectively and they were involved in decisions about all aspects of their lives. One person told us, "They [staff] are marvellous. They help us with the things we need help with, but in a way that suits us. They ask us and consult with us about how we want or like things to be done."

A refurbishment plan was in place, new dining chairs had been purchased, a new adapted bath obtained and the registered manager was working with the dementia mapping team to create a more 'dementia friendly' environment. Work on this project had begun including the replacement of heavily patterned carpets, posting photos on people's bedroom doors and introducing signage to assist people who required assistance with orientation around the home.

We observed lunchtime and found the experience was relaxing for people. We observed people were offered

choices at lunchtime and were supported to eat and drink enough to maintain a balanced diet. Where required adapted equipment was available if people needed it to assist them with eating.

When we spoke to people about the food provided they told us, "The food is wonderful, there is plenty of choice and they [staff] are happy to get you something else if you change your mind. Another told us, "There is only one problem with the food, it is good my appetite has increased and so has my weight." Relatives told us they felt the meals provided were of a good quality and they were welcome to have meals with their family member should they wish to.

We observed that drinks and snacks, including suitable alternatives for people who required soft or textured diets, were provided throughout the day in communal and bedroom areas. Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these.

Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Initial assessments had been carried out prior to people coming to live at the home. We observed these had established if people had cultural or ethnic beliefs that affected how they wished to receive their care.

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. We observed a person asking if they could see a doctor. A member of staff checked they were happy for them to contact the GP and explained they would come back and tell them when their appointment was. Reviews were also held with people and professionals who were involved in their care. Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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 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 are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission [CQC] monitors the operation of DoLS which applies to care homes. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was following the principles of MCA and where needed applications for DoLS had been made by the registered manager. The registered manager told us there were currently ten people using the service who were subject to DoLS authorisations. Staff understood about MCA and DoLS and were aware of which people in the service were subject to a DoLS authorisation.

Throughout the inspection we saw information was available in a variety of formats for people, including the use of pictorial documents. Care plans detailed people's preferred method of communication and guided staff in how to promote effective communication.

Is the service caring?

Our findings

People told us staff were kind and caring and respected their privacy and dignity. People told us, "The staff always knock on my door and wait to be asked before coming in." Another commented, "I like [Name of staff]. We always have a laugh and joke. They are angels." Relatives told us, "The staff are all wonderful, apart from being at home, which is no longer an option for us, my relative couldn't be better cared for. We are so lucky to have found this place."

Staff were mindful of respecting people's privacy and dignity and gave examples of how they achieved this without breaching confidentiality. They described in detail how they respected people's individuality and how they supported and enabled them to stay in touch with their family and friends and to maintain their interests.

People using the service told us there were no restrictions on visiting times. Relatives confirmed this was the case and they were always made to feel welcome. One relative told us, "They, [staff] look after me too, making sure I am okay, offering me something to eat and things like that. They are also very good at respecting our privacy, always knocking and waiting for a response before they enter. They treat people with respect at all times."

The provider had a policy and procedure for promoting equality and diversity within the service. Staff completed training in equality and diversity and demonstrated an understanding of discrimination or prejudice-free support. They showed a positive regard for what was important to people and mattered to people. Care plans reflected people's personal preferences and wishes in relation to this.

People were supported to live according to their wishes and values and had access to advocacy services. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. Staff interacted well with people and consulted them about their daily lives and decision making about their care and support. People using the service and their relatives told us staff sat and spoke with them about their care plans and asked what they wanted to raise at their care meetings and supported them to achieve this. Any changes to people's needs were also discussed with them and how these could be best supported in line with people's wishes.

Staff demonstrated an in depth understanding of each person as individuals, their personalities, qualities, attributes, how they communicated and expressed themselves, their strengths and the areas they required support in to promote their independence.

We observed staff were attentive and there was positive interaction between them and people using the service. Staff were observed consulting with people and providing explanations to people prior to completing tasks. We saw staff were patient and used encouraging and positive language with people, engaging in discussions with them about how they were feeling, their plans for the day and if there was anything they could support them with. Staff had time to speak with people to promote their well-being. We observed one person ask staff when their visitors were coming, staff responded patiently, explaining that

their visitors were due after lunch.

Pictorial signage was in place supporting people to find their way around the service and locate toilets and bathrooms. Information was available to people in a format that met their requirements to ensure they were kept informed. Notice boards displayed information about events taking place within the service and other useful information.

The registered manager told us, "We want the best for the people using the service and want them to be treated the way we would expect to be treated ourselves. Ensuring we are delivering high standards of care, that staff are well trained in person centred care, are patient and meet people's needs in their preferred way."

Staff we spoke with were aware of the need to ensure information was kept confidential at all times. People's health and care files and medication administration records were held securely. Staff completed telephone calls and discussions about people's healthcare needs in private. Staff records were also held securely.

Is the service responsive?

Our findings

People told us staff responded to their needs. One person told us, "All the staff help me. They are all very good." Another person said, "They are there for me every step of the way, nothing is too much trouble." Relatives told us, "It's lovely, we don't have to worry anymore and the change in [Name of person] speaks volumes." Another told us, "The staff have always gone through the care plan with us and made sure we understood things and agreed, so everyone is working together."

remove space

People's needs were assessed prior to their admission to the service. Information was gained from people, their relatives, relevant healthcare professionals, the local authority or discharging hospitals to ensure people's needs were known and could be met.

Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care plans were regularly reviewed and usually reflected people's changing needs and wishes.

People's care records were person centred and detailed their previous lives, their likes, dislikes and preferences for their care and support. They contained information for staff about how to support people's mental health and physical well-being. The activities coordinator told us how the introduction of a therapy doll had provided reassurance and alleviate anxiety levels for one person and how sensory and reminiscence activities also helped to reduce people's anxieties and promote their well-being.

Staff reviewed people's care needs on a regular basis and where changes in need were identified we found care records were updated to accommodate these. Reviews were held with the person, their family and relevant healthcare professionals, which kept all parties informed.

People were encouraged to maintain their relationships with their family and friends where possible. Visitors were made welcome at any time and had the option of having a meal with their relative if they wished to. People could also go out or stay with their family and friends when they wished.

The activities coordinator although recently appointed, understood people's hobbies and interests and had developed the activities programme based on people's preferences. During our inspection we observed activities taking place. For example, in the afternoon we observed a game of bingo taking place. Other people were seen to be reading, listening to the radio, watching television, doing jigsaws and word puzzles, while some of them had their hair done at the in-house hairdressing salon.

People told us they enjoyed activities and as well as the in-house programme, entertainers visited in the evening and new things were introduced regularly. One person told us they had particularly enjoyed a recent session where different animals and reptiles were brought into the service.

We noted that staff understood the importance of promoting equality and diversity. This included

arrangements that had been made for people to meet their spiritual needs. For example, attendance at a church service and being supported to remember people who had lived at the home and had since died.

There was a complaints policy and procedure on display in the service. When we spoke with people they told us they knew how to raise concerns and they would be confident in doing so. They said they would be supported to do this should the need arise. One person using the service, described the complaints process to us and showed us where the policy was displayed within the service and the copy they had in their own bedroom.

Records seen showed there were arrangements to ensure that people's concerns and complaints were listened and responded to, in order to improve the quality of care. There were no ongoing complaints at the time of inspection.

The provider had arrangements in place to support people at the end of their life. For example, where people chose to, care plans included information of what they wanted to happen in the event of illness and subsequent death.

The registered manager was aware of the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, and sharing and meeting information and communication support needs of people with disabilities, impairments or sensory losses. They acknowledged they needed to develop their approach in managing people's individual communication needs.

Is the service well-led?

Our findings

The registered manager had registered with CQC in May 2018.

A quality assurance system was in place, but further development of this was required to ensure systems within the service were being operated effectively. For example, the audit systems in place had not identified that not all staff supervisions were carried out in line with the provider's policy. Actions from surveys completed by people using the service and their relatives needed to be developed to demonstrate what had been put in place following people's feedback. Audits were undertaken to ensure people received a safe and effective service which met their needs. We saw that some were limited with the type of questions asked and this did not allow for a more in-depth analysis in how the service could be improved. We recommend the service seeks support and training for the management team about effective quality assurance systems to ensure these are robust.

People using the service and their relatives made positive comments about the registered manager. Everyone knew the registered manager's name and told us they were approachable and spent time with them on a daily basis to obtain their feedback. This provided people with a further opportunity to discuss any issues or concerns they may have.

The registered manager told us they promoted an open-door policy so people using the service, visitors, staff and healthcare professionals could speak to them at any time. During our inspection we observed people and their relatives coming into the office to chat with the registered manager and deputy manager.

Staff we spoke with told us they felt supported by the registered manager and that they were visible within the service, regularly working alongside staff. Staff told us, "We have a really good team and we work well together." Others commented [Name of registered manager] is very approachable and we are able to go to them at any time with any queries or anything we need to discuss." Staff told us that communication within the service was good with shift handovers, memos and a communication book in place to share and update information.

The registered manager told us that staff meetings were held, and senior management team meetings were held regularly where best practice was shared and audit information including accidents and incidents was analysed. Records from these meetings evidenced that actions were put in place following the analysis.

The registered manager told us they had developed good professional relationships with local healthcare professionals and social care agencies to ensure people continued to receive the support they required as their needs changed.

An ongoing programme of maintenance was carried out by the maintenance person and external contractors. Service contracts were in place for utilities and equipment. Recent refurbishment work included the replacement of dining chairs, an adapted bath and ongoing redecoration.

We reviewed the accident and incident records held for the service and found the service had notified the Care Quality Commission of notifiable incidents as required.

The management team considered people's diversity, equality and human rights in the way the service was managed. People using the service and relatives confirmed they were treated as individuals and their diversity was respected.