Island Court Care Home Limited

Island Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Island Court Care Home is a care home which provides personal care with nursing to mainly older people, although it also provides care to younger adults. Island Court Care Home is registered to accommodate 55 people, some of these people live with dementia. 55 people lived at the service when we visited.

People's experience of using this service and what we found
Communication care records lacked information to ensure people who were non-verbal received care in line with their preferences.

Some care records had missing information such as frequency of repositioning for people with skin integrity issues.

Some people and their relatives were not actively involved in the development of assessments and care plans.

People's needs were assessed before they moved into the home to make sure these could be met, and it was the right place for them to live.

We found people were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.

People received their medicines when they needed them, and medicines were managed safely by suitably trained staff.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received on-going support, training and supervision to be effective in their roles.

The environment was clean, and staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported to have maximum 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.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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 inadequate (published 10 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
The inspection was prompted in part due to concerns received about the management of safeguarding incidents, recording processes and unsafe discharge and pre assessment practices. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective 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**

Island Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and a specialist advisor who was a nurse. An Expert by Experience made calls to relatives on 05 October 2021 to gather feedback on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Island Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 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 six people who used the service and seven relatives about their experience of the care provided. We spoke with five care staff, including seniors, the registered manager and area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six 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.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from this risk of abuse

- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse is not just physical, it can also be emotional, financial and institutional."
- The provider had effective safeguarding systems in place and staff had a good understanding of what action to take to ensure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I would take action to protect the individual and report to my manager. If I was unhappy with how the matter was dealt with, I would contact the police and local safeguarding team."
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I feel safe. I use a hoist and there's always two of them to make sure I'm safe." A relative told us, "I believe [name of relative] is safe. [Name of relative] tells me they look after them well. [Name of relative] needs prompting to eat and I think they are helping them with that. They look after them well."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors.
- The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, one person who was at risk of falls had a detailed risk assessment which gave staff members instructions to ensure the person was supported when mobilising. It also contained detailed instructions to manage risks associated with bed rails. This included staff ensuring equipment is secure and checked for gaps and risks of entrapment before leaving the person's room.
- Staff we spoke to were aware of people's risk assessments and knowledgeable about how to keep people safe.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people were cared for by a consistent staff team. One relative said, "When I visited there were enough staff around, the staff we talk to they are very good."
- Each person's staffing requirements were pre-assessed on an individual basis. These were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

● Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.

● People's care plans detailed how they preferred to take their medicines and included clear protocols for medicines given 'as and when' needed.

● The provider had procedures to ensure medicines were stored and managed appropriately. All staff trained in medicines were aware of and demonstrated they understood the providers procedures.

● The registered manager and staff who administered medicines had been specifically trained. The registered manager completed regular competency checks to ensure safe medicines procedures were followed.

● Medicine Administration Records (MAR) showed administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Records showed incidents and accidents were monitored and analysed so changes could be made to reduce the risk of further harm.

Good

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.

This is the first inspection of this existing service under the new ownership. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were used to formulate a plan of care, however some records did not contain enough information such as communication plans.
- People were assessed before they used the service and people's diverse needs were discussed prior to using the service. These included religion and sexuality.

Staff support: induction, training, skills and experience

- People continued to be supported by a staff team who had the appropriate skills, knowledge and training to carry out their roles.
- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "I believe the staff have the skills and knowledge to be able to complete their tasks. [Name of relative] is well cared for."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. One staff member told us, "The training is good, and my competency is checked."
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about food was sought regularly by staff members asking people and making observations. One person told us, "The food is a lot better now. We get variations now to what we had." A relative told us, "The food is lovely, cooked breakfast, fresh, a lot of choice. Three different choices at dinner times. Sandwiches for teatime and biscuits with tea in the evening, before bed. They are always going around with cups of tea."
- People's care records detailed any specialist advice which had to be followed. Kitchen staff also had this information and were aware of when people's diets required modification to help prevent choking, or where they required diabetic or fortified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Where required, staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
● Staff monitored people's health care needs and would inform senior staff members and healthcare professionals if there was any change in people's health needs.

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.
● Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
● People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Adapting service, design, and decoration to meet people's needs
● The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs to promote orientation and independence for those living with dementia were used throughout the home. For example, signs to individual bedrooms, toilets and bathrooms.
● The premises provided people with choices about where they spent their time.
● People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same. 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

At our last inspection we found systems and processes had not been established and operated effectively. The lack of governance systems and oversight meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● The inspection was prompted in part due to concerns received about the management of safeguarding incidents, recording processes and unsafe discharge and pre assessment practices. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were now at risk of harm from these concerns.
● We found some people who were receiving treatment for pressure damage which is a form of damage to the skin and underlying tissue, had gaps in their repositioning charts. We found evidence that showed the pressure damage area was responding well to treatment and staff we spoke to confirmed regular repositioning was taking place. Furthermore, there was no clinical evidence of infection. We raised the issue of gaps in the repositioning charts with the registered manager who informed us they believed it was error by staff members and acknowledged that the gaps should have been identified from the monthly audits of care records. The registered manager confirmed they would have a meeting with all staff members about the importance of accurately recording on repositioning charts. In addition, the registered manager confirmed they would make amendments to the monthly audits to ensure any future gaps are identified so that they can then be addressed.
● Care records did not always contain enough information. For example, two people were non-verbal. Although communication plans were in place, these did not contain detail about how people communicate their consent or how they felt about the care they received. New staff may therefore not be able to communicate effectively with people. Despite the lack of information in records, experienced staff knew people well and could explain people's communication needs using non-verbal cues.
● We found people and their relatives were not actively involved in the development of assessments and care plans. As a result, some people had not seen their care records and some relatives were not aware of

changes to people's health conditions. One relative told us, "I'm not aware of anything that has been put in place to prevent [name of relative] falling." Another relative told us, "We don't have much communication with the service at all. We're not told of anything, never been told [name of relative] isn't okay or seen care records". We raised this with the registered manager who acknowledged improvements could be made and confirmed a new review meeting schedule would be arranged. This would give people and their relatives an opportunity view records and be involved in the development of their care.

● At the last inspection we found medication audits were not effective at ensuring records were accurate and up to date. For example, we found medication stock for controlled drugs were not in line with MAR charts and three prescribed medication tablets were missing. At this inspection we found controlled drugs stock were in line with MAR charts and evidence that regular audits of controlled and prescribed medication stock were undertaken.

● At the last inspection we found some people who had recorded high blood sugars levels had no recorded evidence of any discussion or action taken to address high levels. At this inspection we found high levels were being recorded and monitored and discussions and action taken.

● At the last inspection we found some care plans were not up to date. At this inspection we found care plans detailed people's current needs. For example, one service user was diagnosed with a health care condition, this was detailed in the person's care plans with clear instructions for staff members to follow in relation to the management of the health care condition.

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

• People, relatives and staff expressed confidence in the management team. One person told us, "The manager is good, always talking to people and making sure we are ok."

• People and relatives told us there was a positive and open atmosphere. A relative told us, "The staff are all very good. No problems at all, all staff are very nice and helpful."

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 was aware of the legal responsibility to notify us of incidents that occurred at the service.

• The registered manager told us if mistakes are made, they took full responsibility to ensure that the same mistake were not repeated. The information was used as a learning opportunity and to improve the service.

• Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I have no issues with raising concerns, it's much better under the new ownership, they are open to suggestions."

• The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Engaging and involving people using the service, the public and staff.

● Annual satisfaction surveys were issued to people and their relatives, overall responses were positive.

● The registered manager spent time working with staff on the floor to identify areas that may need improvement.

● The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.

● Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Continuous learning and improving care.

● Feedback from people, relatives and staff was encouraged through meetings and some quality questionnaires. Feedback was used to support continuous improvement.

●The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.

●The registered manager provided regular learning opportunities for staff.

Working in partnership with others

●We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.