

MMCG (2) Limited

# Kings Court Care Centre

## Inspection report

Kent Road  
Swindon  
Wiltshire  
SN1 3NP

Tel: 01793715480

Date of inspection visit:  
04 September 2018  
10 September 2018

Date of publication:  
25 October 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 4 and 10 September 2018 and was unannounced.

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

Kings Court Care Centre accommodates up to 60 people in one adapted building with accommodation two floors.

The service supports older people which includes support for people living with dementia.

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. The registered manager was not available during the inspection.

The service was managed by a strong and committed management team who were based at the service. However, the provider did not always support the registered manager and staff team in a way that ensured legal requirements were met.

There was a positive atmosphere throughout the inspection. Management and staff were welcoming to the inspection team and spoke openly with inspectors. There was a dedicated staff team working in the service who were passionate about their job and valued the people they supported as unique individuals. However, staffing levels on the first floor of the service meant that people's needs were not always met. This put people at risk as staff did not have time to manage risks effectively.

Staff were caring and treated people with dignity and respect. However, staff did not have time to spend with people and were rushed trying to meet people's physical care needs.

Systems for monitoring and improving the service were not always effective and did not address issues in a timely manner.

People enjoyed the food and drink food and available and people's individual dietary requirements were met.

There was a range of activities available to people which were arranged by an activity coordinator. However, people who remained in their rooms spent long periods on their own and were at risk of social isolation.

Staff were well supported by the management in the service and there was strong teamwork. Staff had access to range of training and development opportunities to ensure they had the skills and knowledge to meet people's needs.

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 the service supported this practice.

Care plans were individualised and reflected people's needs. People's diverse needs were recognised and people's rights were protected.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

There were not always sufficient staff to ensure people's needs were met.

Systems for monitoring accidents and incidents were not always effective and action was not always taken when trends and themes were identified.

Medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective

People were supported in line with the Mental Capacity Act 2005 (MCA).

Staff were well supported and had the skills and knowledge to meet people's needs.

People received food and drink to meet their dietary needs.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

The staffing levels prevented staff from providing kind and compassionate care.

Staff treated people with dignity and respect.

People and their representatives were involved in their care.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People did not always receive support to meet their assessed needs.

People's personal preferences were respected and people were supported to have access to things that were important to them.

There was a complaints policy and procedure in place and complaints were dealt with in line with the policy.

**Is the service well-led?**

The service was not always well-led.

The provider did not support the registered manager to ensure legal requirements were met.

Systems in place to monitor and improve the service were not always effective.

There were effective communication systems in place that enabled, people, relatives and staff to share their views.

**Requires Improvement** 

# 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 4 and 10 September and was unannounced.

The inspection was carried out by two inspectors and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included notifications received from the service. Notifications are specific events providers are required to notify us about in law. We spoke with commissioners of the service and received feedback from two health and social care professionals.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed care practice throughout the inspection. 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 looked at 13 people's care records, four staff files and other records relating to the management of the service.

We spoke with ten people who used the service, seven relatives and three visiting health and social care professionals. We also spoke with the regional manager, the deputy manager, four nurses, four member of the care staff team, the activity coordinator, the chef and a member of staff working in the laundry.

# Is the service safe?

## Our findings

People told us they felt safe in the service. One person told us, "I feel safe, they [staff] have been doing this a long time". However, people and relatives were concerned about staffing levels on the first floor of the service where people living with dementia were supported. Comments included: "There are not enough staff. I feel sorry for the carers [care staff], they have to do such a lot in the time. They are rushing all the time"; "They [staff] do not have enough time. [Person] is not getting showered as often and therefore not getting hair washed, because of the shortage of staff"; "There are less staff on the floor [since a change in provider] and they [staff] are struggling. Good staff have left, it's too pressured"; "There are never enough staff" and "Yesterday they [people using the service] were still having lunch at 15:00".

Staff we spoke with were concerned about staffing levels on the first floor and felt this put people at risk of not receiving appropriate care and support. Staff comments included: "Staff are always very busy. There are not enough staff. We don't finish personal care until 15:00"; "People need more than we have time to give them"; "It is very stressful due to staff numbers and the increased needs of residents"; "I don't blame [registered manager] and [deputy manager], it's the company" and "Stress levels are getting higher and higher. The management will come and help us if we are short".

During the inspection we saw staff on the first floor were constantly busy. Staff told us that 23 out of 31 people required the support of two staff to meet their personal care needs. There were four care staff and two nurses supporting people. People were left without support in communal areas of the home. For example, one person who was living with dementia was at risk of choking and required thickened fluids and pureed food. This person walked up and down the corridors and into people's rooms which put the person at risk of accessing drinks that were not at the required consistency. We also saw this person being offered cake and fruit by another person in the lounge area of the home. This put the person at serious risk of choking. A member of the inspection team stepped in to keep the person safe.

On another occasion a person was walking down a corridor in a state of undress. A member of the inspection team intervened to protect the person's dignity as they were unable to find a staff member.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the deputy manager about the staffing levels. The deputy manager advised that a dependency assessment tool was completed each week and sent to the provider. The provider then calculated the staffing levels required to meet each person's needs and advised the service how many staff were required. We saw evidence that the registered manager had raised concerns with the provider about the staffing levels within the service.

There were systems in place to record, investigate and monitor accidents and incidents. Records showed that the registered manager and deputy carried out investigations into all accidents and incidents to identify any actions to reduce the risk of reoccurrence. The registered manager analysed the records for trends and

themes to identify areas of improvement. However, action was not always taken when trends were identified. For example, on the report sent on 31 August 2018 the registered manager identified, "Home manager has asked for an increase in staffing levels due to an increase in unwitnessed falls and increased frailty in residents which is hard to evidence through [dependency assessment tool]. Discussed with QCI [quality compliance inspector] and human resources as regional director on leave". At the time of the inspection there had been no agreed increase in staffing levels as a result of the registered manager raising concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained risk assessments which included risks associated with choking, falls, pressure care and malnutrition. However, there was not always clear guidance for staff in how to manage the risks. For example, one person experienced seizures. There was no care plan guiding staff in how to support the person if they experienced a seizure. We spoke to the deputy manager who found the seizure care plan which had been archived in error. However, the care plan did not guide staff in relation to the administration of medicines prescribed for the person in the event of a seizure. Staff we spoke with were aware of the action to take if the person experienced a seizure and there were clear guidelines with the medicine administration records that identified the medicine required in the event of a seizure.

We also found that one person was diagnosed with diabetes. However, there was no care plan guiding staff in how to support the person to manage the risks associated with the diagnosis. We spoke to the deputy manager who arranged for a care plan to be written.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to monitor and maintain the safety of the premises and equipment. However, timely action was not always taken by the provider to ensure equipment was available and in good working order to meet people's needs. For example, there were no baths available that were safe for people to use. It had been identified on 4 April 2018 that bath hoists were obsolete. This was again highlighted to the provider during a 'Visit on behalf of registered provider' which was carried out on 4 and 5 July 2018 which stated, "There are many environmental issues that have been identified that are not being actioned". This was again highlighted on 13 August 2018. We spoke to the deputy manager who told us a quote had been received but they had not yet received a date from the provider as to when the bath would be fitted.

Medicines were managed safely. Medicines were stored in a locked trolley in a locked medicines room on each floor. Temperatures of the medicines room and medicines refrigerator were monitored and recorded to ensure medicines were stored at the correct temperature.

Medicine administration records (MAR) contained photographs of people and all details required relating to their prescribed medicines. Where people were prescribed 'as required' (PRN) medicines, there were protocols in place that detailed when the medicines would be required.

We saw nursing staff administering medicines as prescribed and completing MAR to confirm medicines had been administered. Records showed some gaps in signatures of administration. We checked the balances of medicines which showed medicines had been administered.



We spoke to the deputy manager who showed us this had been identified through regular medicines audits and action was being taken to address the issue.

Staff had completed training in relation to the protection of people from harm or potential abuse and understood their responsibilities to report concerns. One member of staff told us, "I would speak with the management e.g. deputy or registered manager, report and record. The contact numbers for referral under local authority referrals is held in nursing stations".

The provider had a safeguarding policy and procedure in place which was displayed in the staff areas of the service. Records showed that action was taken to investigate allegations and that appropriate referrals were made to outside agencies.

People were protected from the risk of infection. Staff wore personal protective equipment (PPE) appropriately. The service was clean and free from malodours. There were cleaning schedules in place to ensure cleanliness was maintained. Soiled laundry was managed effectively to reduce the risk of cross infection

## Is the service effective?

### Our findings

People's care needs were assessed and care plans developed that recognised good practice guidance and ensured people's rights were protected. Care plans included people's communication needs which ensure the provider was working to the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's care plans included details of people's dental care needs in line with National Institute for Health and Care Excellence (NICE) guidance relating to "Oral health for adults in care homes".

People were positive about the food they received. People's comments included: "Food is very good. I can choose; breakfast can be a cooked one" and "Food is quite good, regular cups of tea (said with a smile). Quite a variety of food. I eat in the dining room as I need to keep walking".

The chef was knowledgeable about people's dietary requirements and received a "preference/dietary notification form" for people moving into the service or where People's dietary needs changed. The chef attended the daily morning meeting of heads of department to ensure they were aware of people's changing needs.

Where people had specific dietary requirements, these were detailed in people's care plans. For example, one person required a pureed diet and thickened fluids. We saw that staff supported the person to have food and drink to the correct consistency.

The service met people's cultural needs in relation to dietary requirements by ensuring they sourced appropriate ingredients. This ensured people's beliefs were respected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that where people had been assessed as lacking capacity to consent to restrictions in relation to their care and treatment DoLS applications had been submitted to the supervisory body. Where authorisations had been received these were documented in people's care records.

Care records showed that mental capacity assessments had been completed and a best interest process

followed to ensure decisions were made in people's best interest. For example, one person had a stair gate across their room door to prevent other people entering the room. There was a mental capacity assessment identifying the person lacked capacity to consent to the use of the gate. There was a record of a best interest process being followed and the person's family were consulted in relation to the use of the stairgate for reassurance. A visiting health professional told us "They have completed very good mental capacity assessments and best interests and have involved advocacy".

Staff had completed training in MCA and understood how to support people in line with the principles of the act. One member of staff told us, "It is important to respect people's decisions. If they decline, then we can go back later or try and a different carer".

People and relatives were confident in the skills of staff supporting people. One relative said, "The staff are trained really well. They meet person's needs through observation. They know when she's awake even when her eyes are closed".

Staff completed an induction period and shadowed experienced staff when they started working at the service to ensure they had the skills and knowledge to meet people's needs. Training completed included: Moving and handling; food hygiene; dementia care; food hygiene and introduction to care. Staff were complimentary about the training they had received. One member of staff told us, "The training is brilliant. I have had management skills training which has helped me". Staff were supported to achieve nationally recognised qualifications in social and health care. Staff were able to request additional training to develop their skills and knowledge. For example, one member of staff had completed specialist training in dysphagia and diabetes to enable them to better understand the conditions.

Staff told us they felt well supported and had regular supervision with their line manager and an annual appraisal. One member of staff said, "[Registered manager] does appraisal. This includes staff development and training".

Health and social care professionals were positive about the working relationship they had with the service. One health professional told us, "[Service] is very good at getting us on board quickly. There have been improvements in when the care home refers. It's more timely". Another visiting professional told us, "They work with us to find a solution".

People were referred to health professionals when needed. Records showed that people had been supported to access: speech and language therapy (SALT); tissue viability, dietician, and G.P. This ensured people had access to appropriate medical support to enable them to live healthier lives.

The deputy manager told us there were plans in place to improve the environment, particularly for people living with dementia. There was an improvement plan in place for decorating the service, however there were no dates in place to determine when the work would be carried out. We saw that some areas of the service had been redecorated.

## Is the service caring?

### Our findings

There was a strong caring culture within the service. However, the provider did not support staff to ensure people received kind and compassionate care by ensuring there were sufficient staff to meet people's needs.

People were positive about the staff working in the service. People's comments included: "Staff are very pleasant. They look after me well"; "Staff are very good" and "The staff know what they are doing. I have no complaints. They know how I like things and I can have a laugh and a joke with most of them".

Relatives told us staff were caring. However, they were concerned that staff did not have enough time to 'really care'.

Staff had a caring approach to people and recognised them as unique individuals. One member of staff said, "They are people who have had lives and have histories. I like to see them as who they were and not how they may be now".

Throughout the inspection we saw many kind and caring interactions. For example, on the ground floor we saw a member of staff supporting someone with their breakfast. They had a gentle approach and watched for non-verbal signs that the person was ready for more food. The member of staff gave gentle positive feedback to the person about how well they were doing.

On the first floor we saw that staff were caring in their approach but had little time to show genuine warmth and affection as they were rushing to complete tasks and meet individual physical needs. For example, a person was sat alone in a communal area. A member of staff came in and smiled at the person. The member of staff spoke briefly to the person then rushed out. The person responded to the member of staff after they had left the room. This was not a positive interaction for the person.

Staff showed genuine concern when speaking about the impact on people when staff did not have enough time to spend with them. One member of staff said, "There is not enough time to give people what they need. There is not enough time to interact".

People were involved in their care. We saw people were given choices throughout the day and those choices were respected. Staff took time to explain to people what they were going to do before supporting them to ensure people understood. For example, staff showed people protective aprons and asked if they would like to use them before meals. One member of staff supported a person to touch the apron before putting it on to give additional reassurance.

Relatives and representatives were involved in people's care. One relative told us, "I have good relationships with staff, they keep me informed. They let me know about a fall". Relatives were involved in the development of people's care plans. One relative said, "I was involved in the care plan. [Person] was sleeping in a chair at home. Staff are gradually encouraging [person] to sleep in bed".

People were treated with dignity and respect. Staff knocked on doors before entering rooms and closed doors before providing personal care. Where people required support with personal care and were in communal areas, staff supported them discreetly to go back to their rooms.

Staff spoke with and about people in a respectful manner, referring to people by their preferred names.

Staff supported people to maintain and improve their independence. For example, one person had improved their mobility and was walking without a walking aid. We saw one member of staff encouraging a person to eat independently. The member of staff quietly prompted the person and kindly offered additional support when the person became tired.

## Is the service responsive?

### Our findings

People on the ground floor of the service received care to meet their individual needs. Staff on the first floor knew people well but staffing levels did not enable staff on the first floor to meet people's needs. For example, one person's care plan identified they required repositioning three hourly. On the day of the inspection the repositioning record showed the person had been repositioned at 5:15. There was no further record when the records were seen by the inspector at 11:12. We spoke with staff supporting the person who told us, "We're going to [person] next. [Person] has had breakfast but I forgot to write it down. [Person] has not had any personal care yet". We spoke to other staff about the repositioning of people in line with their care plan. Staff told us it was difficult to find time to do this with so many people to care for with complex needs. One staff member said, "Repositioning. We just don't always get a chance to do it".

Where people remained in their rooms they were at risk of social isolation. Care plans for people who remained in their rooms stated they required "hourly comfort checks". We saw that these records were ticked by staff hourly. However, we spoke with staff about the hourly checks. Staff comments included, "They [people] get an eye check hourly. We physically check pad if needed. There is not always an interaction"; "Hourly checks. We just tick form if OK" and "We check pads to make sure they're not soaking".

The record for another person who remained in their room and required repositioning three to four hourly showed they were supported with personal care relating to continence at 00:10 on the day of the inspection. There was no further record until 09:30 when the person was supported to have breakfast. The person did not receive any personal care until 12:00.

This was a breach of Regulation 9 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were recognised as unique individuals and care plans reflected people's diverse needs. For example, one person required support to maintain their religious practices. The care plan guided staff in how to support the person. Staff we spoke with were able to tell us how they supported this person and recognised the importance of respecting the person's cultural needs.

The registered manager and staff went to great lengths to ensure people had access to the things that were important to them. For example, one person had their pet living with them. The person told us, "It's very important for me to have my [pet]. I couldn't dream of going to any other place". The person told us staff supported them with the management of their pet and it was clear this had a significant impact on the person's well-being.

The service had recently employed an activity coordinator who was responsible for organising and implementing activities for people. There was a range of activities available for people who were able to join in group activities. People were positive about those activities on offer. Comments included, "I like to do the exercise which we have from time to time and we had a fete at the weekend which was lovely. If you want to go to them you can. If you don't you don't" and "I go to some activities. Not a lot, depends what's on" and "I

like painting".

On the day of the inspection the activity on offer was the hairdresser visiting. The activity coordinator spent their time taking people to and from the hairdresser. This meant there were no other activities on offer for people.

Some people in their rooms enjoyed their surroundings and preferred to be on their own. One person told us, "I like to do things on my own. I do word search, read a lot and watch TV". However, other people spent long periods with no social interaction and did not benefit from one to one activities.

People were confident to raise any concerns about their care. One person told us, "If I had a problem I would talk to staff". Relatives were aware of the complaints procedure and were confident issues would be addressed. One relative told us, "I feel listened to. I am not dismissed".

The provider had a complaints policy and procedure in place and records showed that complaints were managed in line with the complaints policy.

## Is the service well-led?

### Our findings

The provider did not support the registered manager to ensure legal requirements were met and to make sure the service was well-led.

There were systems in place to monitor and improve the quality of the service. However, systems were not always effective. Systems had identified some of the issues identified at the inspection. However, action was not always taken to ensure the provider met the regulations. For example, the registered manager had identified that staffing levels were not adequate to meet people's needs and had raised this with the provider. At this inspection we found the provider was not meeting their legal requirements relating to staffing.

This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. At the time of the inspection the registered manager was not in the service.

In the registered manager absence, the deputy manager showed great knowledge about the service and the people living there. It was clear the deputy manager was committed to providing good quality care and promoted this approach to all staff.

The management team promoted a person-centred culture that ensured people were at the centre of everything the service did. People enjoyed living at the service. One relative told us, "The level of care is very good". Staff were positive about the service. Staff comments included: "I love it here. It's excellent"; "The care is good. I enjoy coming to work" and "We are a really strong team and we manage well".

People and relatives were positive about the management team in the service. One relative told us, "[Registered manager] is very approachable, I could go to her with any problems".

Health and social care professionals told us the management team were approachable. Comments included; "[Registered manager] is welcoming. [Deputy manager] and [nurse] are welcoming, stoic, fantastic with people with very complex needs. On the whole, it's a positive experience coming to the care home and I like coming here" and "I have had very positive experience with regard to the management of the service. [Registered manager] is always available, prompt and knowledgeable, if she is not available [deputy manager] assists with the same level of professionalism. When I have visited, Kings Court appears to be well-led".

Staff were equally complimentary about the management team in the service. Staff comments included; "I



believe we are improving lots of things. [Registered manager] is improving things" and "The manager is very supportive and has been personally supportive in giving opportunity to me".

Everyone we spoke with felt that communication was good. There were a range of opportunities for people and relatives to be involved in the service and share their views. For example, there were regular resident and relative meetings. Relatives comments included; "They hold regular meetings for relatives, they use them to ask what we think and then make a note of it" and "There are relatives meetings which are very useful; can raise things. For example, at weekends they did use a lot of agency staff, they now use regular staff at weekends, people who know [person]".

There were systems in place that ensured management and staff communicated effectively. Staff told us there were daily handovers which one of the management team attended. There were regular staff meetings and staff told us they were confident to share their views. One member of staff told us, "We have staff meetings about every three months. I am comfortable to speak out if I have something to say".

The management team in the service completed a range of audits to monitor the quality of the service. This included: infection control; training; medicines; pressure wounds health and safety and care plans. The registered manager or deputy completed a 'daily walk round'. Where issues were identified action was taken to address them. For example, on one 'walk around' the registered manager identified that fluid charts being completed to monitor people's fluid intake were not being totalled. This was shared with the staff team and we saw that fluid intake was now being monitored effectively.

The service worked closely with other professionals and took opportunities for shared learning to keep up to date with good practice. For example, the service worked closely with a local hospice. A member of the hospice staff told us they provided 'mini' training sessions for staff and that staff always "engaged well" with the sessions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider did not ensure service users received care and treatment to meet their individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not ensure there were effective systems in place to monitor and improve the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not ensure there were sufficient staff deployed to meet people's needs.