Care Quality Commission

Sycamore Meadows Homes Limited

Kings Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 03 November 2014. The inspection was unannounced. The provider registered this home with us in October 2013 and no previous inspections had been undertaken.

Kings Court Nursing home provides nursing and residential care for all ages and is located in the centre of Grantham. It provides care for 29 people in a mixture of single and shared rooms.

The provider is required to have a registered manager to manage the service. 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.

Prior to our inspection we had received a notification that the registered manager had left the home and that a new manager was in place. However, at the time of our visit the registered manager was still registered with us and

Summary of findings

we had not received an application from the new manager to register. Following our visit the previous manager was de-registered and an application to register was received from the new manager.

People felt safe living at the home. Staff were aware of the need to keep people safe from harm and they were clear on how to raise concerns within the home. However, staff were not always sure how they could raise concerns with external agencies.

People were supported to make choices about the care they received. Where people were unable to make choices for themselves information in their care plans helped staff to support them appropriately. The manager was aware of the latest guidance regarding the Deprivation of Liberty Safeguards and were working with the local authority.

Risks to people's health and welfare were identified and where necessary action had been taken to reduce the level of risk for people. Medicines were well managed and advice was sought from doctors and pharmacists when medicines needed reviewing or administering differently. People were able to access healthcare professionals when they had concerns about their health. Where people were at risk of malnutrition appropriate action had been taken.

While staffing levels allowed people's needs to be met this was not always in timely manner. Staff distribution meant at times care was delayed. The provider was in the process of reviewing the level of nursing and care workers hours needed. However, no method of identifying how many staff were needed to meet people's needs were used. Staff had not been supported with appropriate training.

Staff talked to people and engaged them in their care and most people were complementary about the staff. However, some people told us how staff were not always in good mood and how this impacted on their mood for the day. Staff did not always respond appropriately when a person raised concerns.

There was an activities co-ordinator in place, however, people told us they were not supported to pursue interests and activities they had before they moved into the home.

People and staff told us while the manager was approachable; they were often not available. The lack of availability of the manager left the staff team without a consistent set of values to work to and this was sometimes reflected in how they responded to people's needs. There was a robust quality assurance system which had already identified the concerns we found during our inspection.

Summary of findings

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 not consistently safe.

Risks to people's safety while receiving care were identified and action taken to reduce the risk. However, staffing levels did not always allow care to be given in a timely fashion.

Requires Improvement

Is the service effective?
The service was not consistently effective.

The provider had systems in place to ensure people's legal and human rights were protected. However, gaps in training meant staff were not always supported to deliver effective care.

Requires Improvement

Is the service caring?
The service was not consistently caring.

Although some staff were caring, the attitude of the staff was not always positive and people were not always treated in a caring way.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

People were involved in planning the care they received. However, people were not supported to access activities to maintain their enjoyment of life.

People were aware of how to raise a complaint.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

The manager had developed a quality assurance system which identified areas of concern and plans were put in place to address the issues.

The manager was not always visible in the home and staff did not have a consistent set of values to work to.

Requires Improvement

Kings Court Nursing Home

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 03 November 2014 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for people with dementia.

Before the inspection we spoke with the local authority to gather their views on the service provided. We also reviewed the notifications the provider is required to send to us to tell us about incidents which happened in the home.

During the inspection we spent time talking with six people who lived at the home and four of their relatives who visited the home during our inspection. We spoke with a nurse, four members of the care staff and the manager, and pathway tracked three people's care. We completed informal observations throughout the day of staff supporting people and reviewed management records.

Requires Improvement

Is the service safe?

Our findings

People living at the home told us they felt safe. One person told us they felt safe as they had been placed on a rehabilitation programme from the hospital when they had been transferred to the home and this was being maintained. This meant care was provided to support the person to be able to look after themselves safely.

A relative told us they thought the manager and staff ensured their parent was safe. They said, "There's 24 hour nursing care – the carers all know what they are doing, the doors are locked and there are alarms on the door upstairs, fully confident that mum is safe." The person they were visiting told us there was a balance between being kept safe and being given freedom to do as you choose during the day. They said, "I feel safe here, and they are so caring, it is not like a nursing home, it's just relaxed."

We spoke with two members of staff; both told us they had received training in keeping people safe, what the different types of harm were and behaviours which may indicate a person was subject to abuse. Both staff were aware of how to raise a concern within the provider's organisation, however, they were not aware of how to raise concerns externally.

On arrival at the home we rang the bell and a member of staff opened the door. However, they just walked away without saying a word. There was no attempt to identify who we were, why we were there or if it was appropriate to leave us unsupervised. We found another member of staff and identified ourselves. This was a risk for the security of people living in the home.

Risks had been identified and assessed in order to keep people safe. Records we looked at contained information about the appropriate way to keep people safe while providing care. We observed that people were provided with appropriate equipment to reduce the risk of harm.

There were some differing opinions on how quickly staff were able to respond safely to call buzzers and if there were enough staff to meet people's needs. Some people did feel that at times it was taking the care staff too long to respond to calls. One person told us they had logged a complaint in this respect to the senior staff. However, on the day of the inspection call bells were being answered fairly promptly and one relative said, "When he rings the bell the staff are not long coming."

Staff told us at times they did struggle to meet people's needs. A member of staff explained that shifts were often short staffed as there were times when staff would not turn up and not let the manager know in enough time to arrange cover. They also said that when staff were on holiday then they struggled to staff the shift fully. This had been noted by people who lived at the home, one person told us, "Sometimes short staffed if they don't turn up."

We also found the way the shifts were structured meant that people were sometimes required to wait for care. For example, there were fewer carers in the afternoon and evening and staff told us they struggled to meet people's needs at that time.

The manager explained how they were currently looking at the nursing hours to see if a second nurse was needed at certain times of the day. However, no tool had been used to identify people's nursing or care needs and the staff needed to meet those needs. This meant the manager was unable to assure us that staffing levels were adequate to meet people's needs.

The manager told us they had not employed a new member of staff since had been working at the home. However, records showed they had audited the staff personnel files and had assured that safe recruitment practice had been followed.

We found there were systems in place to ensure that medicines were available for people when they needed it. Where people were able to self-medicate we saw they were supported to do so. In addition the nurse kept up to date with best practice around medicines and ensured people's medicine was reviewed when changes were needed. We saw accurate records of medicine administration were kept and regularly audited.

Where medicine needed to be altered to be administered, for example by crushing or dissolving in water, this was brought to the attention of the pharmacist who was able to advise if this was safe.

Requires Improvement

Is the service effective?

Our findings

People who did not have the mental capacity to make decisions for themselves had their human rights protected in line with the Mental Capacity Act 2005. Staff we spoke with had a good understanding of how to offer people choices and the need to involve family and professional representatives if a person was unable to make a decision for themselves. Furthermore, the manager was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the manager was working with the local authority to make sure people's legal rights were protected. The Mental Capacity Act and Deprivation of liberty safeguards are laws which protect people's human rights where they are no longer able to make decisions for themselves.

Staff had not received training or support to help them provide effective care for people. One member of staff told us how more people with dementia were living at the home and they had not received training in how to support them. Records showed training was not up to date and supervisions and appraisals had not been held with staff on a regular basis. We discussed this with the manager who was already aware of the issue as they had completed an audit of the supervision and training records. We saw training in key areas such as DoLS and Dementia had been arranged and supervisions had taken place for half the staff.

Staff also raised concerns that when working the afternoon shift they did not receive a handover from the morning staff and so may not be aware of any changes in people's care needs. There was a handover book in place but we saw it had not been updated for over 24 hours prior to our visit so therefore may not contain all the information staff would need to know about people's care.

People were happy with the care and attention to individual needs around providing meals and nutrition. One person explained how they were able to have more than one breakfast to suit their preferences. Their relative told us, "[My relative] has a light breakfast, followed by a full breakfast and occasionally ask for additional drinks, they bring [my relative] plenty of drinks." Other relatives thought that the meals were, "Pretty good" and "Varied." They told us they would occasionally have a meal with their family member.

Staff were aware of and records documented people's individual needs in relation to diet. For example, where people could not swallow properly, their drinks were thickened and a soft diet was offered to protect them from the risk of choking.

Where people were at risk of malnutrition they had been referred to the GP and some had been prescribed meal supplements to help them maintain a healthy weight. Other people were encouraged to partake in energy rich food like milkshakes made with whole milk. There were snacks such as crisps, biscuits and fresh fruit available for people.

Two people told us they had complex health needs and were seen by their GP's regularly and attended hospital visits. One person told us they were happy and impressed with the level and type of care that they had received from the senior staff at the home. The relative told us, "The staff have worked well to improve the state of ulcers on legs." Records showed and people told us they had been supported to access appropriate professionals to support their health. There was a file in the office which listed all the concerns which needed to be raised with a doctor when they visited. We saw staff go through this file with a visiting doctor.

Requires Improvement

Is the service caring?

Our findings

We observed how staff interacted with people during the day and found that they took time to talk with people. We also saw two members of staff had popped in on their day off and made time to have a cup of tea and a chat with people. One person told us, "Staff find time to just chat to me over and above the job." Another person told us how they were given a surprise birthday party which had been organised by the catering staff.

However, people also told us that staff were not always in a positive mood. One person told us, "Sometimes carers are happy, sometimes they are miserable, but I like them, they sometimes tell me off and I don't like it, I'll snap back. We settle things. It's a good little home."

We saw one person was being supported to go to the lounge following a bath. They were complaining of still feeling damp. Instead of returning the person to their room and dealing with the issue the carer argued with the person that it was because they still had wet hair. This person was not supported to feel comfortable.

Observations of interactions between staff and people living at the home demonstrated that people were treated with dignity and respect. One person told us, "If I want to get up at a certain time the staff knock on the door, use screens and the carers place my seat where I want to be seated." Another person said, "Fine, nothing wrong with the staff, they treat me well and look after me. They are good mannered. They come quickly when you press the button. I took a bath today and it couldn't be better. I asked them to leave me and they did." Staff told us how they promoted people's privacy by leaving them in the bathroom when it was safe to do so and by using screens in shared rooms and ensuring doors and curtains were closed.

People told us they had been encouraged to maintain choice and independence in their personal care. They gave examples of being given choices such as what clothing the person would choose to wear. One person told us, "Well normally the carers will say to me, what do I want to wear. I can pre-plan clothing with the carers." Another person who enjoyed dressing and shopping for clothes said the carers would help her to plan her wardrobe, she said, "They (carers) do speak to us, they ask us what I want and what I would like to do, e.g. dressing"

Records showed that where people had the ability to make choices that increased the risk they were exposed to they were supported to do so. For example, one person had identified they did not wish to be repositioned during the night as it disturbed them. People were supported to discuss their end of life wishes and if they wanted staff and healthcare professionals to attempt to resuscitate them. Where they did not want to be resuscitated appropriate forms were correctly completed to ensure their wishes were followed.

We saw some rooms were shared. When people were receiving care, screens were used to protect their privacy. However, the rooms were not large and so the screen had to be put right up to the other bed. Staff told us how in some rooms this meant they had to get people up in a certain order so there was space to provide care for the other person. Staff also spoke about how they supported one person to get dressed in the bathroom so as not to disturb the other person in the room. This showed shared rooms did not always support care to be given in a way that supported people's dignity or choice.

Requires Improvement

Is the service responsive?

Our findings

People told us they were involved in reviewing and influencing the type of care and treatment that they received. One person felt confident that staff would take on board their wishes and input about care and said, "Yes have not needed to have any input so far, but if I spoke to the deputy manager I think I could approach and have my input included." Records showed a person had requested bed rails as they were concerned they would fall out of bed and these were in place.

We saw one person refused to accept their medication from the nurse. Staff responded positively and asked the person's favourite member of staff to speak with the person. We saw with support and encouragement the person took their medication.

Staff told us how they supported people to receive personalised care by being aware of how independent a person was able to be and how they liked things done. They told us where people were unable to tell them how they liked to receive their care information from relatives was recorded in the care plans.

There was an activities coordinator who was responsible for activities including board games and visits to places of interest. They had also arranged some social events at the home like a Halloween Party and a themed singing session based on the musical The King and I. However, not all the people enjoyed the available activities. We saw that the activities coordinator supported people who actively engaged with them but did not assist others to take part in activities.

People who stayed in their room told us they were not supported to maintain their hobbies and interests. One person told us, "[Activities co-ordinator] not sure, I think she has been but I can't remember the last time she came." They added, "I wouldn't mind being taken outside for some fresh air, I went to hospital last week and it was nice to be in the fresh air as I've worked outside most of my life." Another person told us, "I had not got any fresh air and I don't like doing the activities." Staff told us that they did not have time to support people in their hobbies or interests. One member of staff said, "You don't have time to spend one to one with people, only when you are providing care."

We found there were no activities set out for people with dementia to access at will. We saw this lack of dementia awareness was supported by the lack of dementia friendly signs and colours to help people find their way around the home. This meant people may not be as independent as they would be in a more appropriate environment and care was not personalised to their needs.

We saw there was a suggestion and complaints box placed in the reception area, so that people could raise concerns or suggestions anonymously if they wanted to. Staff told us that if people raised a concern or complaint with them they would immediately report the issue to senior staff or the manager. We saw the manager had received one official complaint since they had been managing the home. We found they has investigated the complaint appropriately and had changed the way care was provided to the person to ensure their needs were met.

People we spoke with told us they knew how to raise a concern and would feel happy to do so. One person said, "I would talk to the manager if I was not happy" Another person said, "I would tell [Nurse] if something was wrong." A third person told us, "If I was not happy I would talk to staff and ask to speak with someone. I've never had to do that."

Requires Improvement

Is the service well-led?

Our findings

Prior to our visit a new manager had been in post for three months. However, at the time of our visit an application to register had not been received from the new manager. This has since been received.

The manager had been working at the home since August 2014. They had identified that there was not a robust quality assurance system in place and had needed to complete multiple audits to identify areas where action was needed. This had required the manager to spend a large amount of time in the office which was over the road from the home.

People using the service and staff told us this had meant the manager had not been visible in the home. We asked one person if they knew who the manager was. They replied, "I've not seen her." Another person told us, "We don't see a lot of [manager] but she came and introduced herself."

A member of staff told us, "I've not seen the new manager a lot to talk to; I know she is over the road but she is not here often." Another member of staff also told us they had not seen much of the new manager but said they knew how to get hold of her if they needed to. They said that they would like to see the manager in the home more often to have the opportunity to raise concerns more readily. The manager had also identified this as a problem and was having an office constructed in the home.

The manager was supported by a deputy manager who worked as a nurse at the home. However, staff told us they were not always supported by the deputy manager as they were often busy with paperwork and were too busy to answer any questions they had. Staff also told us they did not always feel able to approach the deputy manager as they did not always speak to staff in a respectful manner.

The quality assurance system the manager had set up in the home was robust and had identified the concerns we found during our inspection. The manager had already started to take action on a number of issues. We saw they had identified that staffing levels were short meaning that cover for sickness and holidays was hard to identify. They told us they were in the process of recruiting more permanent staff to solve the issue. They had also identified that training, supervision and appraisal had not been happening on a regular basis and had started to provide more support to staff.

We noted that all accidents and incidents at the home were recorded, analysed and evaluated to identify any learning and areas for improvement. The accident book had been completed appropriately. We found the manager had not notified us appropriately when they had concerns about a person's safety.

Staff were aware of the whistleblowing policy and knew they could raise any concerns anonymously within the providers organisation and with external agencies. However, they also told us they felt there was no point in raising concerns as action was not taken.