

Sycamore Meadows Homes Limited

Kings Court Nursing Home

Inspection report

Church Street
Grantham
Lincolnshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kings Court Nursing Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 29 people in one adapted building.

People's experience of using this service and what we found

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. However there had been a delay in renewing people's Deprivation of Liberty Safeguard due to COVID-19.

Some relatives did not find the manager approachable and this meant they had less confidence in raising concerns and complaints.

The provider and registered manager had taken action to rectify all the concerns we found at the last inspection and the provider was no longer in breach of any regulations. There were effective audits in place to monitor the safety of the care provided.

Medicines were safely managed and risks to people were identified and action was taken to keep people safe. People were supported from the risks of infection and the registered manager ensured that staff followed the provider's guidelines.

People were happy with the food provided and action was taken to ensure they maintained their nutrition and hydration. However, at times relatives felt that the food provided did not support people's long-term health conditions.

People and their relatives were involved in planning their care and the choices they made regarding their daily lives were respected. Staff were kind and caring and knew the needs of the people they supported.

There were enough staff to meet people's needs and staff received the training needed to provide safe care to people.

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 requires improvement (published 02 October 2019).

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. The service remains rated requires improvement. This service has been rated requires

improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Kings Court Nursing Home

Detailed findings

Background to this inspection

The 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

One inspector completed the inspection.

Service and service type

Kings Court Nursing 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 four people's relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, assistant manager and a senior care worker.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider did not have in place systems to assess risks to the health and safety of service users or to ensure any risks were mitigated. Systems to ensure the safe and proper management of medicines were not robust. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- Medicines were ordered, stored, administered and disposed of safely. The provider had purchased a computer programme to support staff in the safe use of medicines.
- People received their medicines as prescribed. Medicines prescribed to be taken as required had protocols in place to support staff to administer them safely and in a consistent manner.
- Staff received training and assessments to ensure they were safe to administer medicines to people.
- People's needs had been assessed and risks to their wellbeing identified. Care was planned to keep people safe. For example, where people were at risk of developing pressure areas, protective equipment was in place.
- However, the provider had not always recognised their responsibility to obtain specialist equipment for people's individual needs. While there had been no impact at the time of the inspection this was a risk to people's safety and wellbeing.
- Environmental risks to people had been identified and action taken to keep people safe. For example, doors to areas such as the sluice and laundry were locked when not in use.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely fashion. A relative told us, "I feel that there is enough staff, I have always found requests such as going to the toilet have been adhered to."
- The provider had completed appropriate checks ensure that staff were safe to work with people living at the home.

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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The registered manager had raised appropriate concerns with the local authority safeguarding team when needed.
- Records showed staff had received training in how to keep people safe from abuse.
- Incidents were recorded, analysed and action was taken to stop similar incidents reoccurring.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider did not have in place systems to ensure people gave explicit consent to sharing a room. This was a breach of regulation 11 (Need for consent) 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 11.

- The provider had changed all the bedrooms to single occupancy. This supported people's right to a private life.
- Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. However, there had been a delay when DoLS needed renewing due to COVID-19. No one living at the home had any conditions on their DoLS.
- Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.

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

- People had mixed opinions of the quality of the food provided. One relative told us, "[Name] loves the food, it's the first thing they would talk about." However, another family raised concerns about the lack of support provided around the provision of a healthy diet specific to a condition the person was living with.
- People's ability to eat safely was monitored and where needed people's diets were modified to keep them safe. For example, when needed fluids were thickened to stop people choking.
- People's ability to maintain a healthy weight was assessed. Where people were at risk of being unable to maintain a healthy weight, they were offered fortified food. For example, milk was fortified with extra milk powder to increase its calorie count.

Adapting service, design, decoration to meet people's needs

- The carpets in the home were old and stained in areas. We discussed this with the provider and registered manager who explained that plans were in place to change the carpets, however this had been delayed due to COVID-19.
- Some areas of the home were outdated and needed attention and the passenger lift has recently been out of commission for an extended period. While there is a stairlift in place this had an impact on some people, who lacked the ability to safely use the stairlift. For example, when a person needed to go to hospital.

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

- People received an assessment before they moved into the home to ensure that their needs could be met in a safe manner.
- The registered manager used industry standard assessment tools to identify risks to people while receiving care. For example, people's nutritional needs were assessed using the Malnutrition Universal Screening Tool to ensure people's nutritional needs were supported.

Staff support: induction, training, skills and experience

- Staff new to the home received an induction to ensure they had the skills required to support people safely.
- Ongoing training was provided to remind staff about best practice guidelines and to ensure they kept up to date with any changes in the safe way to provide care. The registered manager had allocated senior staff specific areas of care to champion. For example, infection control. The member of staff was expected to take the lead and to support their colleagues to remain up to date with guidance.
- Staff received ongoing one to one supervision with the registered manager and deputy manager. This provided staff with opportunities to raise any concerns they had.

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

- People told us their healthcare needs were supported. One relative said. "Definitely. [Name] had to go into hospital a couple of years ago and they reacted straight away; they were so kind when she came out of hospital."
- Records showed people had been supported to access healthcare professionals when needed. People were also supported to access hospital appointments to help them maintain their health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. One relative told us, "[Name] would soon say if staff were not very kind to them. However, nothing is too much trouble for them."
- Staff knew people's needs well. For example, one member of staff saw that a person was about to sit in a chair without arms and guided them to a different chair. They explained to the person how they would be able to stand up better from a chair with arms to support them.
- Staff explained how one person would make choices on where to spend the day. This gave staff an indication on the person's mood and allowed them to give the person a little more time and attention when needed.

Supporting people to express their views and be involved in making decisions about their care

- People's choices were respected. For example, one person chose to spend the morning comfortable on their bed and then liked to spend the afternoon in their chair.
- People were also supported to make decisions about their everyday lives for example what they wanted to eat and what clothes they would like to wear.

Respecting and promoting people's privacy, dignity and independence

- People living at the home looked smart and well presented, this helped people to maintain their dignity.
- People's privacy was respected when personal care was being provided. This was supported by the move away from shared rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and some people told us they would be happy to raise any concerns with the registered manager. However, other people told us they were wary about raising concerns and they did not receive a response in line with the provider's policy.
- One relative told us the registered manager had been difficult to communicate with as they had failed to remain calm when discussing a concern. Another relative told us they were unable to raise concerns as they were worried about the impact on their family member living at the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their needs. Relatives told us they had been involved in planning people's care. For example, one relative told us, "In the past [staff] have gone through the care plan and it reflected [my relative's] needs."
- Systems were in place to ensure staff were updated when people's needs changed. At the end of each shift a handover was given to ensure the staff coming on duty had all the information needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other health and social care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to maintain their contact with relatives during COVID-19. There was a visiting pod and an area inside for visits to take place. In addition, people had been able to contact their relatives by telephone.
- People were supported to engage in activities which interested them. For example, some people chose to partake in a game of Bingo and enjoyed themselves. Some relatives said there was plenty going on in the home others raised concerns that the activities did not interest their family member.

End of life care and support

- The registered manager and staff worked collaboratively with other healthcare professionals to ensure that people's needs at the end of their life were identified and respected. They followed best practice guidelines for people at the end of their lives and anticipatory medicines were arranged to keep people pain-free at the end of their lives.

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 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 the provider did not have in place systems and processes to fully assess, monitor and improve the safety of the service or the quality of the experience service users received. 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 registered manager had made improvements in the areas identified as needing action at the last inspection. Systems were in place to monitor the quality of care provided. However, we saw action had not been taken when the manager was unable to contact the Local Authority and renew the Deprivation of Liberty Safeguards.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured the previous rating was displayed in the home. The registered manager had notified us about events which happened in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- There was mixed feedback about the approachability of the registered manager. One relative told us, "When I've rung to enquire about [my relative's] health she always takes the time to find out."
- Other relatives told us they felt at times the registered manager was defensive and unwilling to listen to concerns. One relative said, "I feel that the manager has taken a dislike to me." They added, "I feel that communications could be better." Another relative told us they found the registered manager's tone of voice was sarcastic when they raised a concern. They said, "Concerned family members don't deserve to have that problem."
- Surveys had been completed to gather the views of people living in the home and their relatives. The information from the surveys was used to drive improvements in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
- The registered manager told us that they were supported to improve quality of care by the provider.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.