Lifestyle Care Management Ltd

# Kings Court Care Centre

**Inspection report**

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Date of inspection visit: 1 December 2015
Date of publication: 06/01/2016

## Ratings

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| **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? | **Good** |

## Overall summary

We inspected this service on 1 December 2015, shortly after it was registered with the new provider. This inspection was unannounced. Kings Court Care Centre provides care for up to 60 older people requiring nursing or personal care. On the day of our inspection 33 people were living at the service.

There was a new registered manager in post. A registered manager is a person who has registered with the CQC 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.

People felt safe living at Kings Court. People's relatives told us they felt the service was safe. Staff were aware of their responsibilities in keeping people safe from harm.

People were protected against the risks associated with the use and management of medicines. The environment was safe. The service was clean and people were protected by effective infection control procedures.

There were enough staff to meet people's needs. People were assisted promptly and with no unnecessary delay. Staff and people told us there were sufficient numbers of staff on duty.

# Summary of findings

People's care needs were met and the home had a calm and relaxing atmosphere. However, staff did not always interact with people in a meaningful way. There were occasions when the staff had missed an opportunity to interact with people. We have therefore identified this as an area of a training need that required improvement.

People were happy with the food provided. People were supported to eat and drink enough to meet their nutritional and hydration needs. The chef was knowledgeable about people's individual nutritional needs.

People were cared for by staff that felt confident in their roles and felt supported. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS are in place to ensure that people liberty is not unlawfully restricted and where it is, that it is the least restrictive practice.

People were supported by staff who respected their privacy and dignity and promoted their independence. Staff spoke about the people they cared for in a professional manner and were knowledgeable about people's needs.

People's care documentation provided the details staff required to enable them to meet people's individual health needs. However, the quality of information recorded surrounding people's personalised choice of activities and interests was not satisfactory. People's experience of activities and social stimulation needed to be improved.

The people we spoke with said they had no complaints about the service, and would feel comfortable speaking to staff if they had any concerns. The registered manager ensured when complaints had been raised these had been investigated and resolved promptly.

People spoke positively about the management. The registered manager was aware of the improvements required to the service. They undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

# 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 safe.

People told us they felt safe.

Medicines were managed safely.

There were sufficient staff who were safely recruited.

Staff demonstrated an awareness of how to report abuse.

**Good**

**Is the service effective?**
The service was not always effective.

More training was required for some staff as they did not always interact with people in a meaningful way.

People were cared for by staff who were supported and had received supervision.

The principles of the Mental Capacity Act 2005 were followed and were reflected in care documentation.

People had access to healthcare support where required.

**Requires improvement**

**Is the service caring?**
The service was caring.

People told us staff were kind and caring.

We observed staff supported people in a friendly and caring manner.

People's privacy and dignity was respected.

**Good**

**Is the service responsive?**
The service was not always responsive.

People's experience of social stimulation needed to be improved.

People's care plans provided guidance and detailed direction to staff about people's healthcare needs.

People's concerns were dealt with proactively and complaints were responded to promptly. People felt confident to raise concerns and knew who to speak with.

**Requires improvement**

**Is the service well-led?**
The service was well led.

Relatives and staff spoke highly of the registered manager.

**Good**

# Summary of findings

The service promoted an inclusive and open culture and recognised the importance of effective communication.

Staff were clear about their roles and responsibilities.

Quality assurance systems were in place to measure and monitor the standard of the service and drive 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 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 1 December 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, one Specialist Advisor with nursing experience and an Expert By Experience. An Expert by Experience is a person who has experience of the type of service being inspected.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service to obtain their views.

We spoke to nineteen people and twelve relatives. We also spoke with the registered manager, the deputy manager, two registered nurses, eight care staff, the activities co-ordinator, the maintenance person, a member of the housekeeping team and the chef. We also spoke to two external professionals who had been involved with the people living at the service.

During our inspection, we observed how staff interacted with people who use the service and how people were supported during meal times and during daily tasks and activities. We also made observations through the day including Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing the experiences of people that may not be able to speak with us verbally.

We looked at records, which included four people's care records, the medication administration records (MAR) for people who used the service and seven staff files. We also looked at other information related to the running of and the quality of the service. This included maintenance work schedules, staff training and support information, staff duty rotas, meetings minutes and the arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe. Relatives told us they felt safe leaving their family member in the home. Comments included "I feel very safe living here. Always somebody around checking if you are alright- definitely safe", "I feel that I am safe. It never worries me because I've never had cause to be worried", "Lovely people here keeping me safe" and "I can do the things that I like and nobody ever tries to stop me". A relative said "Very safe, [name] always looks so snuggly when I come in". Another relative said "She is safe and cared for. When I leave I am confident that she is well supported".

People were protected as their individual risk assessments around their healthcare needs were in place and staff followed them. Staff ensured risk assessments were reviewed regularly. People's risk management plans detailed the support people required to manage the risks and keep them safe. For example, one person had developed a pressure ulcer. This person's care file contained relevant risk assessments including pain management. They received treatment in line with the directions. Regular reviews were taking place and the wound was healing.

Another person was assessed as requiring a pureed diet. There was clear evidence of how the service managed this and we saw that the person received the correct meal during lunch time.

People were protected as risks to their health and safety in relation to the premises were assessed and managed. Relevant checks to ensure the environment was safe were undertaken. For example, water temperatures, fire alarm tests, the call bell system, window restrictors, and wheelchairs maintenance. All areas of the building appeared clean and well maintained. There were no unpleasant odours. One person told us "The cleaning is great. Like your own home is clean".

People's safety in relation to medicines management was maintained as there was a medication policy which outlined how medicines should be safely managed. The medication was given to people safely. People received their prescribed medicines in line with directions and medication was kept securely. The amount of medication in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. There were no missing signatures on the Medicines Administration Records (MAR). We spoke with the designated medicines champion who described safe systems of storing and administering medication. They added "I am proud of my new responsibility and take it very seriously".

Staff demonstrated a satisfactory knowledge of safeguarding people. They knew what to do if they had any concerns and told us they would have no hesitation in reporting any concerns about a colleague's behaviour, or any other worries. One staff member said "I'm aware I can report any concerns to my head office or social services or Care Quality Commission". The registered manager had notified outside agencies appropriately.

There were sufficient staff on duty to meet people's needs. Throughout the inspection call bells were answered promptly. One person said "We don't have to wait too long before we get help". Another person said "We get the same people now, that we know". Staff felt the staffing was sufficient to meet people's needs. One member of staff said "It was quite bad before as we had to use more agency staff but since more people were employed we're much better now and there is better continuity for residents".

People were protected against the employment of unsuitable staff as the good practice guidelines around staff recruitment processes were consistently applied. There was evidence in all staff files we looked at the required checks had been completed which ensured that people were of good character. The files contained a written application, Disclosure and Barring Service (DBS) checks, satisfactory references, proof of eligibility to work in the UK and proof of their identity.

People were protected as accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. The registered manager produced a monthly analysis of accidents and incidents to identify any trends or patterns. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

Requires improvement

# Is the service effective?

## Our findings

The staff did not always demonstrate effective communication with people. We identified that there were occasions when the staff had missed an opportunity to interact with people in a meaningful way. For example, we saw a member of staff entered and exited the communal lounge without interacting with three people sat there. The staff had a clear focus on tasks rather than personalised approach. We saw another member assisting a person to have their nutritional drink. We saw that whilst the staff were focused on the task there was limited communication. Our observations reflected staff interacted better with people who were able to communicate verbally; however those who were not, were often left with limited contact. We raised this with the management and they told us they had identified this as a training issue and were working with the staff to address this.

People told us staff were knowledgeable and had the skills to meet their needs. People told us they had confidence in the staff that provided care. One person said “Carers know what they are doing”. Another person said “I have lots of confidence in the staff. I am sure they know what they are doing. I’ve got no complaints”. One relative told us “Staff are skilled and are working with professionals to help my mother”.

Staff had the right skills, knowledge and experience to meet people’s needs. The registered manager explained that the induction provided to the staff met the Care Certificate requirements. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The staff we spoke with told us they had undertaken a thorough and structured induction when they started to work at the home. One of the recently employed staff told us “I had a good induction, attended a number of courses and had some practical sessions too. I was then assessed by my mentor and shadowed them for some time. I was only allowed to work on my own when I felt confident to do so”. Another member of staff told us “Training is very good here, we have regular refreshers and I feel confident in my role”. The training plan reviewed demonstrated that training relevant to the care needs of people such as moving and handling or dementia awareness had taken place. A member of staff we spoke with demonstrated a very good understating of dementia and the triggers that could result in behaviour which could be described as challenging.

People were cared for by the staff who felt supported in their roles and there was a system in place to provide staff with regular support sessions. Staff files, and comments, showed supervision sessions were ongoing. One member of staff told us “Yes, I have my supervision on a regular basis, had my last one only a couple of weeks ago”. On the day of our visit the registered manager carried out some supervision with the staff. They told us they had identified extra support was required around language skills and facilitated additional support for the person.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest. All the staff we spoke with had a general awareness of the Mental Capacity Act and had received training in this subject to help them understand how to protect people’s rights. One member of staff said “It’s all about respecting their (people’s) choice. We always ask them, for example, if they would like to have personal care before or after breakfast, or about the choice of clothing or menu”. We reviewed one person’s care file, they were assessed as unable to make a decision around their resuscitation status. We saw the processes were followed in line with the good practice guidance and the person’s family was involved.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. We saw in one person’s file that they had DoLS authorisation in place. There were clear records available that reflected the least restrictive measures had been tried prior to making the referral.

People were complimentary about the food they received in the home. One person said “The food is alright, tasty enough”. Another person said “The food varies but generally it is quite good though”. People told us that they were offered a choice of their meals. One person said “I don’t like stews so they will get me something that I like”.

Requires improvement

# Is the service effective?

Care documentation contained details of people's dietary requirements. The chef had a list of people's requirements such as people's likes and dislikes and foods suitable for people with special requirements. Staff were aware about people's dietary requirements. One person was dairy intolerant and we saw that soya milk and alternatives were provided to them.

People's nutritional needs were recorded and monitored. One relative said, 'Right from the start she has been monitored for her weight. She is weighed regularly and her weight has gone up in a short time and she is looking so much better now".

We observed lunch being served and we noted there was a member of staff allocated to each person who required assistance with eating their meal. The staff interacted positively with people and the meal-time felt unhurried. We also saw special aids such as plate guards were available to help people eat independently. We observed that snacks and hot drinks were provided at regular intervals throughout the day and people told us if they "wanted a snack or a hot drink the staff would get it for them".

People were supported to maintain good health. Staff were prompt in contacting health care professionals. Guidance from healthcare professionals had been incorporated into people's plans of care and followed by staff. For example, one person's had been assessed by a psychiatrist in relation to their anxieties which could lead to refusal of medication. There was a clear protocol for staff to follow. One of the external professionals told us "There has been a massive improvement with the new manager, nurses seem better organised now and they're very much on board". Relatives also said staff kept them well informed, one relative said "My mother has already seen the doctor, chiropodist, optician and she is waiting to be referred to the dentist.'

Good

# Is the service caring?

## Our findings

People were complimentary about the caring nature of staff. One person said "The home has improved a lot, last year I felt very worried, I feel happier now". Other comments included: 'The care staff are very good, they are working their socks off", "The girls are very kind people and they are looking after me very well", "Nice smiles and we get the same people now that we know". One relative told us "The care is better that it has ever been, there is always a staff member available, they are really lovely, helpful and caring, anything [name] needs is seen to straight away". Another relative said "The staff are very kind and do their best".

In most cases people were looked after by staff that developed positive caring relationships with them. For example, one person required to be supervised at all times. We saw the staff who assisted them demonstrated a caring approach and a good knowledge around identifying when the person was becoming anxious. We saw them demonstrating understanding and empathy towards person's needs. We saw another member of staff took some music CDs to a person room as they knew the person liked it.

We saw people's choices in where they wanted to spend their time were respected, with some people choosing to stay in their rooms while others preferred to sit in communal areas. People told us staff involved them in any decision about their care. One person said "They (staff) talk to me about my care and ask me if things are alright". Another person told us "I can choose who gives me personal care but I don't really mind".

People's relatives were involved in their care planning. The information about advocacy service was available at the service. The advocacy service's role is to represent a person when they need an independent representative to act in their interests and help them to obtain the services they need. We saw visitors freely coming and going as they wanted during our inspection visit.

Staff built very positive and genuine relationships with people. One care worker told us: "I think we are a caring team and everyone loves our residents to pieces". One care worked told us they came in on their day off, they said "As we have two residents with the same name, I noted yesterday that their clothes were not labelled clearly so I came in today to sort it out and to spend some time chatting to them". They added "I don't think I would have done it a few months ago, but the atmosphere at the home improved so much that I love my job and would not go anywhere else now".

People living at the home looked well cared for, clean and were well presented and smart. People were treated with dignity and respect. People's confidentiality was respected; we saw conversations about people's care were held privately and care records were stored securely. Handover meetings between staff were held in a designated area so that information could not be overheard by people or their relatives. We saw staff knocking at people's bedroom door before entering and the staff also told us "We always knock at their door and ask for permission to go in".

People's diversity was respected and their spiritual needs were catered for. There were regular services in the home facilitated by representatives of a different faith. We were informed that people would be visited in their rooms if they were unable to attend the service in the communal areas.

Requires improvement

# Is the service responsive?

## Our findings

People's experience of social stimulation needed to be improved. There were not enough meaningful activities for people living in the home and the records around people's preferences in relation to their choice of activities needed improvement. People's social interests, their likes and dislikes were not recorded in detail, which meant the staff team were not able to familiarise themselves with people's history, their preferred lifestyle and their individual choices.

We reviewed one person's file and we saw very limited evidence around personal life stories recorded. People were observed sat in the communal area and were not involved in any stimulation. The staff told us activities programme included quizzes, word games, arts and crafts, chair based exercises and nails and pampering sessions, however on the day of our visit we saw there were no meaningful activities provided on one of the units.

We received varied feedback about activities. One person told us "I like to go outside in the garden when the weather is warmer. Staff take me out if I ask". A relative told us "Lack of activities is still a concern".

The manager told us the home's activity coordinator had recently returned from an extended period of absence and they had employed an additional coordinator to enhance social activities and stimulation. The aim was to develop a programme of individually tailored group activities as well as individual stimulation for people who were confined to their rooms.

We identified the service was responsive to people's health care needs. We saw in one person's file there was clear information on how to use distraction techniques to manage their behaviour which could be challenging at times. This included information about the person's preferred discussions and their fondness of animals. Another person has been assessed as suffering from a mental health condition. We saw their file contained thorough protocols for staff to follow. For example, there were clear directions not to interrupt or stop them talking which could distress the person. People told us they were involved in their care planning, one person said "'I haven't really seen my care plan but they (staff) do talk to me about my care so I know what is happening".

People and relatives were encouraged to give their views and raise concerns. The management were visible throughout the home and we saw them talking to people. People told us that complaints were being taken more seriously since the new manager had been in post and that appropriate action was taken to resolve issues quickly. One person said "There has been a great improvement recently". They added they "Felt able to approach the manager at any time". They also said the manager had said to them "If you don't tell me (if you have any worries) how can I put it right"? Another person said "I don't complain but if I felt that things were wrong then I would tell them". Relatives knew who to speak to if they wished to raise a concern. One relative said they had "No hesitation in approaching the manager about any aspect of my husband's care". We reviewed the complaints log and saw that written and verbal complaints were recorded and promptly responded to by the manager. We saw complaints procedures were clearly displayed in the entrance hall.

Questionnaires were used to allow relatives to provide feedback about the service. The registered manager told us that the new provider's annual quality surveys were to be introduced soon.

Good

# Is the service well-led?

## Our findings

Kings Court had recently changed ownership. There was a new registered manager in post. They commenced their role in August 2015 and people told us of the positive improvements they had made.

On the day of our inspection we saw some poor interaction between care staff and the people at Kings Court. We also found that activities for people were limited. We discussed both of these issues with the management. They told us they were aware of improvements needed and what action they were taking to address these concerns. We were satisfied that the manager had taken the appropriate action to make the necessary changes.

People spoke positively about the new manager. One person said "We see her around, a really nice lady". One relative said "The manager is amazing, very helpful. I know that she will deal with any issues". Another relative said "Things have improved since the new manager has been in charge. She is very responsive and sorts things out".

Staff praised the registered manager for her commitment and support. Comments received from the staff included "We're all so happy now as a team since the new manager started", "The vibe of the place has changed immensely, communication is so much better, (the manager) has done wonders, she's so brilliant and made us feel valued". Staff told us they respected the manager's knowledge and experience and felt they listened and motivated the team.

There was an open and supportive atmosphere at the service and a positive culture was promoted. The feedback received from external professionals also reflected the positive culture of the service. Comments included "Very positive home and good team", "It's been a while since I last visited Kings Court but I am quite impressed today". The manager had 'an open door policy' and they were approachable.

Staff meetings were a regular occurrence and individuals' roles and responsibilities were discussed. This meant the staff were clear on their roles. A number of 'champions' in different areas had been appointed to lead on certain areas such as nutrition, diabetes, dignity or continence management. One staff member told us "You're not just allocated to do this, it is what you want to do, depending on your area of interest". We also saw that the meeting promoted an open and transparent culture. The minutes reflected that staff were actively encouraged to provide feedback about the management and the running of the service.

The manager held a daily clinical briefing meeting with nursing staff. We observed the meeting and saw that people's care needs, policies and procedures, new admissions and any training issues or concerns were discussed.

We saw audits had been used to make sure the quality of the service was monitored. On our arrival we saw the manager auditing people's room files. The manager was supported by the provider's compliance officers who carried out support visits on regular basis. We saw the records of the recent monitoring reports and we noted that all of the audits had a corresponding action plan to track progress of any outstanding issues.

We found there were systems in place to ensure that any safeguarding issues were notified immediately and acted upon. The registered manager was clear on their responsibilities to notify Care Quality Commission and we had received notifications in line with the regulations.