

Care UK Community Partnerships Ltd

Francis Court

Inspection report

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Tel: 01342488148

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Francis Court is a care home with nursing. Care is provided across three floors in one purpose-built building. Francis Court support people with long term conditions, mobility needs and people living with dementia. They are registered to provide support to up to 87 people and there were 76 people living at the service at the time of this inspection.

People's experience of using this service:

People told us they felt safe and the feedback they gave us about staff and the care they received was consistently positive. Despite people's positive experiences, we found shortfalls in how some nutritional risks were monitored and responded to. Records relating to topical creams were not accurate and checks had not proactively identified or addressed this. There was also an ongoing issue with doors in certain parts of the service that had not been addressed, which could affect fire safety. There was a governance framework in place but it had not robustly addressed every issue we identified. Care plans did not always accurately reflect care delivery, so we made a recommendation about care planning.

People spoke positively about the activities on offer, which were varied and catered to a variety of needs and interests. There were systems to involve people and ask for their feedback. People were encouraged to be independent and staff provided care in a dignified manner, respectful of people's privacy.

People were satisfied with the food that was prepared for them and the kitchen responded to people's dietary requirements when preparing meals. Staff sought input from healthcare professionals when where required and people benefitted from input from trained nursing staff at the service. Staff had received the right training and support for their roles and there were sufficient numbers of staff at the service to meet people's needs.

End of life care was planned for sensitively and the provider was in the process of implementing improvements in this area. There was an ongoing plan to improve the service and people had been involved in this. People spoke positively about how the service was run and felt confident in the management team. People knew how to raise a complaint and individual complaints were documented and responded to in line with the provider's policy.

Rating at last inspection: Good (Published 9 December 2016)

Why we inspected: This inspection was due in line with our policies, we brought it forward slightly due to an increase in safeguarding concerns shared with CQC.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor the service and respond to any concerns. We will request an action plan from the provider and return to inspect in line with our policies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Francis Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, three assistant inspectors, a specialist nurse 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.

Service and service type: Francis Court 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.

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: The inspection was unannounced.

What we did:

Before Inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We reviewed information sent to us in the provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During Inspection: We spoke with ten people and two relatives. We also spoke with the registered manager, the regional manager, the regional director, two nurses, three team leaders, three care staff, a kitchen

assistant and one maintenance worker.

We looked at care plans for 11 people including risk assessments and medicines records. We checked records of incidents, complaints and minutes of meetings. We reviewed five staff files and records of staff training. We viewed a variety of checks and audits including fire safety and health and safety documentation.

After Inspection: We received evidence by email from the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at Francis Court. One person said, "I wasn't safe at home, whereas here, I am safe. There are a lot of staff to give you assistance when you need it." Another person said, "The main thing about it, is it's safe, there's no doubt about it."
- Despite this feedback, we identified shortfalls in records relating to medicines and risk.
- Where people were prescribed topical creams, their records were not always accurate.
- We reviewed six people's topical medicine administration records (TMAR) and found gaps or inconsistencies in all of them. For three people their daily notes showed creams had been applied but this had not been appropriately recorded in the TMAR.
- On one unit, staff were unable to locate three people's TMARs so we received these after our visit. In one case the body map was inaccurate about where the cream should be administered. This showed best practice was not being followed in relation to medicines records.
- After the inspection, we received evidence to show staff had administered creams and recorded this in daily notes. This showed the creams were administered as planned, but staff did not maintain accurate medicines records in line with NICE guidance.
- Records about nutritional risks did not always contain sufficient detail about how to respond to them. Two care plans for people living with diabetes lacked detail about their dietary preferences and needs. Another person was assessed as at high risk of malnutrition but there was a lack of guidance about the types of snacks they could be encouraged to eat if their weight fell. After the inspection, we received evidence to show this had been addressed.
- We identified an ongoing issue with maintenance that could affect the safety of the premises. Each unit had kitchenette areas with automatic door systems. These systems were not working correctly which meant doors did not open and close when required. Staff told us they got around this by propping doors open, which would impact on the effectiveness of the doors in the event of a fire. There was a plan to reduce this risk, the kitchenettes were not used by people as intended and there was limited use of electrical equipment to reduce the risk of fire. After the inspection, we received evidence to show only one of the three doors affected was a fire door.
- The registered manager told us the doors were fixed in October 2018 but staff told us the problem persisted. Records showed maintenance staff raised the issue again with the provider in February 2019 but it was not fixed by the time of this visit in May 2019. This did not show a robust and timely response to repairs that were necessary to ensure the safety of people's home environment. After the inspection, we received evidence to show work was underway to fix the fire door.

The above issues with records relating to risk and medicines and checks to the home environment are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas, people's medicines were managed safely. Staff followed best practice and kept records of medicines up to date. Records documented what medicines people were prescribed as well as how and when to administer them.
- Aside from nutritional risks, risks to people had been assessed and plans were in place to keep them safe. Risk planning covered areas such as behaviour, pressure care and malnutrition.
- Where incidents occurred, action was taken to reduce risk. A person told us, "When I fell recently there were staff there right away and they managed it all very well."
- One person was living with dementia and where staff had noted a new behaviour they displayed when they were anxious. Staff completed an incident form and the guidelines for how to support the person safely were reviewed. Staff contacted the person's GP and kept a record of any other incidents to monitor for any patterns.
- There was a central record of all accidents and incidents at the service and these were escalated and analysed by the provider, so that lessons could be learned if things went wrong. Where one person had frequent falls there was a review of the risk on each occasion and equipment was put in place to keep them safe.
- In response to previous concerns, the service had reduced the use of bedrails in the service by using alternative equipment and methods to reduce the risk of people falling at night. This showed a learning approach to risk.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding adults and were able to describe how they would identify and respond to suspected abuse. One staff member said, "I would ensure residents are safe and that if there is anything that has caused harm it is reported accordingly to the local authority and CQC."
- The registered manager had a good knowledge of local safeguarding procedures and kept records of any current concerns. Records showed that where the local authority had requested information about a recent fall, staff had provided this and a plan was in place to keep the person safe.
- CQC had been notified where allegations of abuse had occurred. Due to an increase in notifications shared with CQC, we brought this inspection forward.

Staffing and recruitment

- People said there were enough staff to support them safely. One person said, "When I want to get up in the morning I ring the bell and they usually come quickly." Another person told us, "You can wait for staff sometimes, but there are enough. You have an emergency bell, then they come quickly."
- Staffing numbers were based on people's needs and were calculated using a tool the provider had developed. Records showed people's dependency levels were regularly reviewed and the calculated numbers of staff required were sustained.
- The provider carried out checks to ensure staff were appropriate for their roles. Staff files contained evidence of recruitment checks such as full work histories, references and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record checks and hold a database of staff who would not be appropriate to work in social care.

Preventing and controlling infection

- People lived in a clean home environment. A relative told us, "I'm very impressed by the standard of cleaning, and awareness of cleaning staff." We observed that communal areas and people's rooms were clean and tidy with no malodours.

- Housekeeping staff were observed cleaning the service throughout the day. There were systems to ensure all areas of the service were regularly cleaned and were regularly checked.
- Staff were able to tell us how they provided care in a way that reduced the risk of the spread of infection. Staff were observed washing their hands and using personal protective equipment (PPE) where required. Staff had received training in this area which was regularly refreshed.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were satisfied with the food on offer. One person said, "The food isn't what I'd have at home but it's good enough, I usually enjoy my meals and there is always a choice." Another person said, "The food is excellent, nothing fancy but it's so well cooked and good quality."
- People were regularly asked for feedback through surveys and meetings. Aside from the two instances detailed in Safe, care plans reflected people's food preferences and informed staff about particular foods they liked.
- People received food in line with their dietary requirements. Each person had an eating and drinking plan which made clear if they had any allergies or dietary needs. For example, one person had been recommended to follow a pureed diet due to swallowing difficulties. This was recorded in their care plan and we observed this person was prepared a meal of pureed foods that was presented in an appetising manner. Kitchen staff showed us records they held which showed where people had specific dietary needs or allergies.

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

- People's needs had been assessed before they moved into the service. Care records contained evidence of an initial assessment that captured people's needs and preferences, as well as assessing levels of risk.
- One person was living with dementia and had been admitted to the service recently. Information from their assessment about their background and interests had been added to their care plan and been used to identify activities they would enjoy. The assessment had also documented information about their medical conditions, needs, routine and preferences.
- The provider used nationally recognised tools to assess people's needs and risks. Needs relating to skin integrity, malnutrition and falls had been assessed with a system to record the levels of risk. Staff reviewed these needs regularly so that people's needs and risks could be monitored.

Staff support: induction, training, skills and experience

- People and relatives said staff were competent in their roles. One person told us how they felt staff used mobility aids competently. A relative described to us how a staff member responded effectively to changes in a person's behaviour.
- We observed staff supporting a person living with dementia who had refused their meal, they showed competence by engaging gently with the person, talking to them about their preferences and showing them foods to make a choice. Where nursing staff supported people with clinical needs, we observed this was done in line with best practice.
- Training records showed staff had completed an induction and regularly attended courses in areas such as health and safety, skin integrity and dementia care. Staff told us they found these courses useful and

records showed training was regularly refreshed.

- Staff told us they received supervision. One staff member said, "When you sit down with someone you can talk about things that you wouldn't do on a daily basis or in a group." Records of one to ones showed a discussion about various aspects of their roles and performance.

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

- People said their healthcare needs were met and staff supported them to see healthcare professionals when required. A relative said, "I get told of anything that's happened, like if [person] has needed the doctor, they are straight on the phone."
- Records showed input of healthcare professionals in people's care. Staff kept a record of appointments attended and professionals' advice was added to care plans. For example, one person had recently had input from a speech and language therapist about swallowing difficulties and the appointment was recorded and their eating and drinking care plan had been updated in line with the professional advice.
- People's care records showed they had regular input from dentist, optician, chiropodists and GP. Where staff had recently noted a change to a person's health, the GP had visited them the week before our visit and prescribed medicines.

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

- The home was purpose built with wide corridors and doorways to enable people to access communal areas with walking aids or wheelchairs. We observed people moving through the home environment during our visit.
- There was a lift to enable people to move between floors and at the time of our visit, works were underway to install an additional lift as well as a programme of redecoration and refurbishment.
- In an area of the home for people living with dementia, there was clear signage to help people to orientate themselves. People's rooms had pictures and symbols that were familiar to them to help them identify their rooms. There were also posters and nostalgic items around communal areas for people to engage with, to give people points of reference and familiarity.

Ensuring consent to care and treatment in line with law and guidance

- People told us staff asked them for consent on a day to day basis before completing tasks and we saw that staff recorded consent in daily notes.
- People had consented to their care plans and this had been documented. Where people were unable to consent, the correct legal process had been followed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed staff followed the MCA and any restrictions had been applied for. Where one person was

living with dementia, staff had assessed they were unable to make certain decisions around their care and safety. Staff had documented best interest decisions for the person and this had input from their relatives as well as health and social care professionals. Staff had applied for a DoLS approval because there were restrictions in place.

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

Good: ☐ 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

- People told us they were supported by kind staff who knew them well. One person said, "I'm always surprised that everyone knows my name; they know what I like and what I need. All the staff are so nice in all they do." Another person said, "The staff are lovely people, they can't do enough for you. They've been interested in my life story and always have time to talk." A relative said, "All staff have time for everyone, it's lovely to see how they are with people and I know [person] appreciates it."
- We observed pleasant and caring interactions between people and staff throughout the day. Staff knew everyone and routinely stopped to say hello and chat, people told us this was their usual experience. Staff used appropriate touch to engage with people, where staff noticed a person's hand was cold they got a blanket for them.
- Care plans recorded people's backgrounds; including their culture and religion. We saw examples of people being supported to practice their faith. People were asked about their sexuality and gender identity at assessments and the provider had projects underway, including additional staff training, to increase awareness of sexuality and create a safe environment for people to disclose this information so staff could provide personalised care.

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

- People told us staff knew them well and responded to preferences they expressed. One person told us, "I go to bed whenever I like, it all suits me, they fit around people." They told us how they had moved in and were able to follow the routine they had always followed at home.
- Another person told us how they had asked to go outdoors more and they had then been supported to do this. People's feedback showed they were regularly involved in their care
- People were given opportunities to make decisions about their care at assessments and reviews, where people were asked about their routines, preferences and activities.
- There were regular meetings and surveys that provided people opportunities to discuss their home and gave them input into decisions. Records showed the building works had been discussed with people and relatives as well as recent changes to activities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful when providing care. We observed people were wearing clean clothes and had been supported to style their hair or wear make up where they wished to.
- People said staff asked for permission before entering their rooms and this matched our observations. Staff knocked on doors and were able to describe to us how they provided care in a way that was respectful of people's privacy.
- People were encouraged to retain independence. Staff were able to describe to us how care was provided

in a way that allowed people to do tasks themselves. There was evidence in care plans of people's strengths and abilities being considered. Where one person wished to retain ownership over their medicines, staff had planned care so that they were able to do so safely.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received personalised care, but we found instances where records were inconsistent. Whilst there were detailed plans about people's needs and what was important for them, we found examples where care plans did not match the care being delivered.
- One person was able to do a number of care tasks themselves and daily notes showed they were regularly supported in this way. However, their personal care plan stated that they required staff support with these types of tasks. Another person told us they liked jazz music and we observed their bedroom had pictures and items that reflected their interest. They told us staff regularly supported them to listen to music and staff knew about this interest when we asked them. However, this was not mentioned in the person's care plan.
- The impact of these shortfalls was minimised because people were supported by consistent staff who they were familiar with. However our findings showed that because records were not always clear, people could receive care that didn't match their preferences if they were supported by new or unfamiliar staff.

We recommend that the provider reviews their systems for capturing and recording people's needs and preferences to ensure care plans reflect care delivery.

- Care was planned around people's needs. Where people had complex care needs, there were detailed plans in place to inform staff about how to meet them. One person was living with dementia and may decline care. There was a detailed plan in place about how to support them, based upon their background and preferences. Staff were knowledgeable about how to support this person in this way.
- Care plans provided sufficient detail about how people liked to receive care, considering areas such as mobility and cognition. Care was regularly reviewed and any changes were actioned by staff.
- People told us they liked the activities on offer. One person said, "Every day is different. I've enjoyed a bus trip out. I like the children who come in. There's lots going on, we had the dog yesterday." Another person said, "I enjoy the hymn singing. Services are advertised and I like to go. I'm looking forward to going in the garden this afternoon, it will be nice to have tea out there." Another person told us, "I like it that it's quiet. I like watching my own TV, doing crosswords and reading, and I can choose to have company when I want it."
- The activities on offer catered to a variety of interests, needs and personality types. Activities were planned based on people's feedback and records showed people had regular opportunities to request activities. Staff recorded when people took part in activities and records showed people who were cared for in bed received activities on a one to one basis.

End of life care and support

- End of life care was planned in a personalised way. Where people were in receipt of end of life care information was recorded about medicine in place and nursing staff had been trained in how to support people to receive them.

- Information about people's preferences when they reached the end of their lives was recorded. One person's end of life care plan documented which aspects of personal care they would like attended to so they had a dignified death, it also recorded which loved ones they wished to be with them when they passed away.
- We saw evidence of staff working alongside the hospice and staff had a good knowledge of services available to people who were approaching the end of their lives. Staff told us how they approached this subject sensitively with people. Records showed where people did not wish to discuss end of life care, staff had documented this preference.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and felt confident any issues would be addressed. A relative told us how the registered manager promptly dealt with a matter they had raised with them.
- People were given information about how to complain and the complaints policy was on display within the service.
- Staff documented all complaints and records showed they were investigated and responded to in line with the provider's policy and there had been 25 complaints in the last 12 months. We noted there was a lack of evidence that themes of complaints had been identified and responded to, which we have reported on further in the Well-led domain.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that the service was well-led. One person said, "I've lived here a few years and I think it's run better now, things happen when they should. The staff are happy and work well together." Another person said, "I'm happy here, it's well managed and simply works well." A relative told us, "There has been a good impression from the start; it's welcoming and a good environment."
- Despite this positive feedback, our findings showed more work was required to ensure the governance of the service was robust. The provider's auditing systems had not identified and addressed areas of concern identified at this inspection. Where we found gaps in records relating to topical medicines and nutrition, the providers audits had not proactively identified and addressed this. Environment checks had identified the issue with doors not closing, but the provider had not acted promptly and robustly to ensure they were fixed in a timely manner.
- The level of analysis was inconsistent. There was a system to check and monitor the levels of risk such as infections, injuries and pressure sores at the service, but in other areas this was lacking. Whilst complaints had been responded to, we observed that many were about people's needs not being met properly. This showed a pattern but we did not see any evidence of learning from this theme. Similar issues had also come up in a recent residents' meeting, but no overall action plan had been drawn up. After the inspection, the provider told us they discussed trends and patterns of complaints at meetings.
- The level of reporting to CQC was inconsistent. Providers are required by law to notify CQC of important events such as deaths, allegations of abuse and serious injuries. CQC had been notified regularly of these types of events, but we identified one instance where an injury a person sustained in January 2019 would have required a notification to CQC. The provider notified us of this after the inspection. In response to our feedback, the provider told us they would review their systems for reporting and responding to incidents. We will check if this has been sustained at our next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives said they had regular meetings which they found beneficial. A relative described how they valued these meetings because they felt listened to, despite rarely having to raise any issues.
- People benefitted from staff communicating effectively with relatives and professionals. Individual care records showed regular contact with professionals and relatives, which had been documented and followed up where required. A relative said, "They are good at sharing information with us, such as staffing issues."

- Staff told us they felt supported by management and had systems in place to share information with each other. There were daily handover meetings and these were used to pass on important messages about people's care.
- Regular staff meetings took place and these were used to discuss current practice as well as to share information and messages. Staff said they were encouraged to make suggestions and felt confident to raise anything they wished to with management.

Continuous learning and improving care

- Staff responded to people's feedback to improve care. Where a person had raised staff did not spend enough time chatting to residents, a 'Tea at 3' initiative was introduced. This was 15 minutes each day which was dedicated to staff spending time having a cup of tea and a chat with people.
- There was an ongoing plan to improve the service. Building works were underway to introduce an additional lift to make the service more accessible for people, there were planned refurbishment and redecoration works to improve the environment.
- There was ongoing plans to learn and develop care delivery. At the time of inspection, staff were working to gain Gold Standards Framework accreditation in end of life care. This had led to training opportunities and seen improvements to the way end of life care was planned for.

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 17 HSCA RA Regulations 2014 Good governance There were gaps in records relating to risk and topical creams and auditing systems had not identified and addressed these.