Springcare Limited

Kingscourt

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection that took place on the 21st of July 2015.

Our last inspection in September 2013 found that the provider was meeting all the regulations assessed.

Kingscourt Nursing Home is a purpose built three-storey property on the outskirts of Chester city centre and close to local shops, doctor's surgery and other amenities in Hoole. The home provides care for up to 37 older people, some of whom require nursing care. All of the rooms are single occupancy and some have en-suite facilities. At the time of our visit there were 36 people using the service.

The service does not currently have a registered manager. The manager in post at present has applied to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 we spoke with during our visit had different experiences of the quality of the support they received. Many people we spoke with were complimentary about all aspects of the care and felt that they received dignified and respectful support from the staff team. They felt safe, well looked after and happy with the staff team. Some comments we received suggested that staff were not always as attentive as they should be, that people were supported in a rushed manner and did not always promote people's privacy.

We observed care being provided to people in a dignified and positive manner. People had their points of view listened to when they made suggestions. Staff practice was centred on the needs of people and in particular their preferences and interests. A comprehensive activities calendar was in place and people told us that they had particularly enjoyed recent outings.

We observed that staff interacted well with those who had limited verbal communication. Staff were patient in their approach and understood what people were telling them. The independence of people was taken into account through the design of the building as well as the mobility aids that people used. People were free to move throughout the building with staff discreetly supervising them to ensure that this movement was safe.

We spoke to three relatives of people who lived at Kingscourt at the time of our visit. Comments were positive about the way the registered provider kept people informed of their issues affecting their relations. They were satisfied that the health of people were monitored on a daily basis and that action was taken to ensure that their relation remained healthy.

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We have made a recommendation about the regular review of personal evacuation plans for people using the service.

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?

Good

The service was safe.

People who used the service told us they felt safe.

Staff showed a good understanding of abuse and how incidents should be reported but not all staff had received the necessary training in this.

The building was clean and hygienic although not all domestic staff used personal protective equipment in line with the registered provider's infection control policy while attending to cleaning tasks.

Staffing levels met the needs of people and medication was safely managed.

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Is the service effective?

Good

The service was effective

Meals served to people in their bedrooms were not always maintained and served at the correct temperature and required re-heating. People eating in the dining room were served appropriately hot food with a choice of nutritional meals. People were offered drinks regularly.

The registered provider had made reference to people's capacity in care plans and that these all stated that people had the capacity to make decisions for themselves. Staff had not received training in the Mental Capacity Act 2005 and associated deprivation of liberty safeguards.

People were able to mobilise independently through the building and make their own choices. This was promoted by the registered provider through the design and layout of the building and staff practice. Call alarms were attended to during our visit

Is the service caring?

Good

The service was caring

People told us that they thought they received a dignified service. People told us they knew how to make a complaint if they needed to and were confident that their concerns would be acted upon.

The health of people was promoted by the service in a caring and timely manner.

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Is the service responsive?

Good

The service was responsive

The activities co-ordinator provided activities which were varied and appreciated by people who used the service.

A complaints procedure was available and people told us they knew who to talk to if they had any concerns.

Summary of findings

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Care plans were personalised and reviewed on a regular basis.

Is the service well-led?

Good

The service was well led.

The registered provider had conducted a quality assurance questionnaire which showed satisfaction from people using the service and their families in regard to the quality of the support they received. The scoring for the staff questionnaires was rated as 'very negative' yet there was no evidence of action taken to address this by the registered provider.

There was evidence representatives of the registered provider visited the service but there was no report or commentary on the quality of the care provided.

We observed that the manager was not consistently visible within the service. Staff and relatives confirmed this and wanted the manager to maintain a presence in all areas of the building.

Health and safety audits were maintained and up to date. Nursing staff were able to account for medication stocks through daily auditing. Care plans were updated regularly when changes to people's needs occurred. Care plans were routinely reviewed once a month as part of quality assurance

Kingscourt

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 the 21st of July 2015 and was unannounced. This meant that the provider did not know of our intention to visit in advance.

The inspection team comprised of two Adult Social Care Inspectors.

Before our inspection we reviewed all the information we held about the service. This included any notifications received from the registered provider, safeguarding referrals, concerns about the service and any other information from members of the public. We contacted the local authority commissioners who told us that they had visited the service in recent weeks yet had no serious concerns about the provision of care. Healthwatch had conducted a visit on the 4 June this year. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. Their last report raised recommendations which included points relating to the management of the service, the displaying of activities, maintenance issues and the temperature of food taken into people's bedrooms.

We had asked the registered provider before our inspection to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned this to us when we asked. We also looked at our own records in relation to the registered provider.

We spent time talking to six people who used the service as well three relatives and four members of staff. We toured the premises and looked at seven care plans as part of our assessment of the quality of support provided. We also looked at other records relating to the management of the service. These included staff and training files, medication records, care plans and other relevant documents.

Good

Is the service safe?

Our findings

We spoke with six people who lived at Kingscourt. They told us:

“Yes I feel safe here”

“I do not have any worries about being looked after here”

“They are very good with my medication, I recently had medication and got better and they told me that I did not need it anymore”

“They never miss my medication, it is always there and I get what I want”

We looked at how the registered provider protected people from abuse. We checked our records which suggested that three safeguarding referrals had been made to the Local Authority since we last visited in September 2013. These were not substantiated.

We spoke to four members of staff. All demonstrated a thorough understanding of what constituted abuse and how concerns would be reported. They were aware of the whistleblowing process and how CQC and the Local Authority could be used as external agencies for raising concerns.

Staff told us that they had received safeguarding training. One member of staff who had responsibilities for being in charge of shifts told us that they had not received this training since they had started earlier this year. The person was still able to give us an account of the action that would be taken in the event of having an allegation of abuse reported to them but this was based on past working experience. We recommend that this person attends safeguarding training so that all staff can consistently identify abuse and take action if allegations are made.

We looked at the safety of the building in respect of the premises and the standards of hygiene maintained. Three domestic staff were on duty during our visit (one of whom had just started) and they were systematically going through the building attending to any cleaning tasks that were required. One member of staff did not have any uniform and was cleaning in their own clothes and not using any personal protective equipment. We asked the manager about this who advised that they had not yet received a uniform. The wearing of personal protective equipment is included within the registered provider’s infection control guidelines. As a result, this policy designed to control the spread of infection had not been followed. The Provider Information Return made available to us prior to our visit also stated that staff were provided with appropriate personal protective equipment and observation takes place on an on-going basis to ensure effective use.

We detected no offensive odours in the building during our visit except for a slight odour near to one person’s bedroom. There was evidence that this room was cleaned regularly with the carpet having been cleaned that day. All areas of the building were clean and hygienic with the exception of a toilet in the en-suite of one bedroom.

The Local Authority commissioning team and the most recent Healthwatch report from June 2015 both made reference to improvements needed to the decoration and maintenance upkeep of the building. This visit confirmed that while some refurbishment and decoration had been undertaken, the premises were jaded in appearance and a structured plan of refurbishment was needed. Arrangements were in place for the maintenance of the building.

In shower rooms, records of water temperatures were available and these had been completed with the exception of one. We told the manager about this who stated that this would be rectified. All areas that presented a potential threat to the safety of people who used the service were only accessible through a coded locked door; such as the laundry. A door to a sluice was not locked even through signs indicated it should be.

A passenger lift served the two upper floors. This operated satisfactorily but we did note that the lift was not very well lit.

Risk assessments relating to manual handling, pressure sore susceptibility, risk of falls and nutritional risks were in place for all individuals and had been reviewed regularly. Personal evacuation plans had been devised for each person and were available to staff if needed in an emergency. These had been reviewed for all of 2014 yet there had been no review in 2015. The plans contained details of people’s weights, any specific medical conditions that they had as well as their understanding if provided

Good

Is the service safe?

with requests from members of the emergency services. The lack of review for each plan in 2015 meant that potentially people were at risk given that the information held for each person may have changed significantly.

We recommend that the registered provider maintains regular reviews of personal evacuation plans to ensure that people are safe.in the event of an emergency.

We spoke to four members of staff about staffing levels. They said that staffing levels were adequate yet sometimes the dependency of people could change and occasionally they felt under pressure. We looked at staff rotas and found that the compliment of staff on duty included the manager, administrator, registered nurse, six care assistants, three domestic staff, kitchen and laundry staff. The staff rota tallied with the number of people actually on duty. Staff appreciated that there were times when short notice of sickness could occur but told us that the service never operated at dangerous levels of staffing.

We looked at five recruitment files Records contained references, medical fitness declarations, interview notes and application forms. Registration numbers for registered nurses were all current. Staff handbooks, confidentially declarations and training agreements were all available on personnel records. Personnel records were secured appropriately.

We looked arrangements for the management of medication. This was to ensure that people who used the service had their health promoted by the proper and safe management of their medicines. People were provided with the option to manage their own medicines. One person had chosen to do this and a risk assessment had been put into place to ensure their safety. Other people decided to let the staff team manage their medication. We spoke to three people about their medication and all were happy for the staff team to deal with this. People told us that they always received the medication they needed.

Medication was appropriately stored. This included controlled medications controlled drugs register was available. We used this to check stocks of these drugs and found that the medication in stock tallied with the register.

Medication administration records were appropriately recorded. Staff signatures indicated when medicines had been given. Staff had recorded a code when medicines had not been given, for example, in instances when a person had refused the medication of they were in hospital. In addition to this, staff had recorded the receipt of medicines as they became responsible for them and had maintained a daily audit of stock levels. This meant that people benefitted from a well-managed medication system which was accountable.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. Their comments about food were mixed with some people stating that food provided was good whereas others noted that the food was cold when presented and had to be re-heated. Comments included:

"The food is good here"

"I like pie and they make great pie"

"They cut up my food for me which is great"

"The food is sometimes good, we get a choice"

"The menu is repetitive"

"The food is pretty good"

"Food is cold and then they ask us if we want it re-heating when it reaches us"

"Staff are good and help me with my personal care"

"Carers are great; the best ever"

"I do have a button to call staff but it is a waste of time-staff are too busy to respond"

We looked at how the registered provider maintained the nutritional needs of people who used the service. Some people preferred to have their meals in their rooms and meals were taken to them in a wheeled stacked trolley. We spoke to seven people who had meals in their rooms and they told us that meals were cold by the time they got to them. Food temperature records were completed in the kitchen after each meal and these suggested that food had been served at the right temperature initially. Comments from people about cold food suggested that there was no provision to keep meals hot when they were carried to people's bedrooms. Staff offered to re-heat meals in a microwave but people did not feel that this was appetising. The same comments were observed in the last Healthwatch report in June 2015 with assurances given at the time that this would be reviewed.

Lunch was served in a dining room which was linked to the kitchen by a hatch. This meant that staff could inform kitchen staff of the preferences of people as well as ensure that their meals were hot. The dining room was a pleasant room with tables set out for lunch and a printed menu on each table of the choices available that day. Menus gave options for people.

Lunchtime in the dining room was a relaxed occasion with people not being hurried. One person was being assisted to eat by a member of staff who was standing rather than sitting next to the person. This meant that staff could not communicate with this person effectively to determine what part of the meal they wanted next and whether they were enjoying it. Most people were able to eat independently. Staff asked people if the meal was to their requirements throughout lunch.

Staff told us that they did not think that any person at Kingscourt was nutritionally at risk yet they acknowledged that nutrition in some people had to be closely monitored. We looked at seven care plans. In each was a risk assessment which outlined how likely people were at risk of malnutrition. Each one was completed and scored correctly indicating an outcome for how often the person should be weighed as well any dietician advice. One care plan showed that one person who's nutrition had improved under staff care had resulted in their risk assessment also improving and now only being needed to be weighed monthly.

We spoke to four members of staff about the training they had received. Training included health and safety topics such as infection control and food hygiene as well as other training relating to the specific needs of people such as dementia and Parkinson's Disease awareness. Training certificates were available in personnel files to confirm this. One senior member of staff told us that they had not received safeguarding training. There was no evidence that this was to be addressed. The personnel files did not show a consistent approach to induction with some being in place and others not completed.

Staff told us that they had received supervision over recent months with the exception of one person who had not received any supervision since they had come to work at Kingscourt earlier in the year. Staff who had been employed by the registered provider for a number of years confirmed that they had received annual appraisals. We looked at supervision files and found that while some

Good

Is the service effective?

supervision had taken place, there were no recorded supervisions for two people. This mean that staff were unable to gain an indication of how good their practice was or whether improvements were needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We asked staff about their understanding of the mental capacity act as well as deprivation of liberty safeguards (otherwise known as DoLS). Staff did not have any knowledge of the principles of the Mental Capacity Act or the safeguards. They told us that they had not had training on this. The seven care plans we looked at included a statement of whether people had the capacity to make decisions for themselves. The care plans we looked at all stated that people did have capacity. The manager told us that no-one was subject to a deprivation of liberty order at the time of our visit.

Staff we spoke with considered that there was good communication in the service between their colleagues. A handover took place at the start of every shift and involved both nursing and care staff. A summary of the intended running of the shift provided an allocation of where care staff would be allocated as well as events that would needed to be taken into consideration such as measuring the weight of certain individuals or medical appointments they were due to attend. We witnessed staff communicating with each other effectively by passing on relevant information about individuals or where they were up to with a particular task.

The wellbeing of people was taken into account by the service. We looked at seven care plans and saw that people regularly had access to other medical services such as doctors, chiropodists and opticians. People had attended hospital appointment for routine issues such as the monitoring of anticoagulant (blood thinning) medication. Records of medical appointments were recorded and contained an on-going account of the health issue and how it was treated. All people who used the service were registered with a General Practitioner. Regular observations were made on people in respect of blood pressure and temperature. Checks were also made on blood sugar levels for those who had diabetes. When appropriate, observations were made on people ore regularly if it was suspected that their health was deteriorating.

We spoke to relatives who told us that the staff let them know of any update to their relatives needs or whether they had had an accident. Some people who used the service had some communication difficulties. Staff were aware of these and communicated with people in an appropriate manner. Staff were able to understand what these individuals wanted.

Our tour of the premises noted that they promoted the independence of individuals. People could access all parts of the building they needed to with or without required walking aids. One person used a motorised wheelchair to move around all parts of the building freely. This person was also able to access the rear garden area from the building. The building has a call alarm system throughout so that people can alert staff if they require assistance. We spent some time monitoring the length of time between alarms being activated and staff response. We found that the response time was about one minute.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives. They told us:

“The staff are very helpful and help me to walk because I cannot do it anymore”

“Staff help me with my personal care and they are very respectful”

“Most staff are good ”

“Staff are the best ever”

“I couldn’t be happier with Kings Court for my mum. The staff always treat mum with great respect”

“We have found Kingscourt very good for my relative. She is unwell at present. The home recognised she was becoming very unwell and called the GP”

The Provider Information Return was sent to us prior to our visit. This stated that residents were encouraged to participate in day to day activities, choices and the maintenance of individuals. Our observation of care practice suggested that this was the case.

People were supported in a respectful and dignified manner. Staff called people by their preferred terms of address Staff showed patience and kindness to people during our visit and explained to people how they were to be supported and involved them at that level. The privacy of individuals was taken into account yet we did see on occasions that while staff knocked on people’s doors, they did not wait for a response and entered the room anyway. Explanations were given about how people were to be supported, for example reassurance in transferring them, meals that were on offer that day and activities that were taking place. This involvement in their care was not consistently applied in care plans.

We looked at how the independence of people was promoted by the staff. Many people relied on mobility aids such as zimmer frames and walking sticks and were able to move around the building as they wished. One person told us that they liked to go into Chester city centre on occasions and that they were able to do this regularly to meet friends.

No one was receiving any support from an advocacy service during the time of our visit. We were told that an advocate would be sought if needed.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives.

“Staff are very helpful”

“The Activities lady is very good”

“ I have never had to raise a complaint as such, but would know where to go and who to go to if I needed to”

We spoke to four members of staff. All considered that they sought to provide a person centred approach

We looked at seven care plans. Each one included an individual assessment of people’s needs prior to them coming to live at Kingscourt. The assessment covered their main health needs as well as social interests that were important to them. This was then translated into a care plan. Each care plan we looked at outlined the individual needs of people were taken into account and useful information could be gained from care plans in respect of how individuals could best be supported. Care plans were reviewed on a monthly basis and where changes to the needs of people had been identified; short term care plans had been produced to reflect these changes. Care plans were accurate, up to date and easy to follow and understand.

The social needs of people in care plans included reference to their past interests. The registered provider employed an activities co-ordinator who was present during our visit. We noted that this person interacted very well with people and people’s comments were very positive about the work the co-ordinator did. An activities list was on the wall for the next two week although the activity for the day of our visit had changed. People told us that they were able to get out on a regular basis and enjoyed this. Activities within the home were carried out such as reminiscence sessions, manicures, hairdressing and bingo. Music entertainers were also a regular feature within the service. We observed the activities co-ordinator discussing the delivery of morning newspapers with one person. The person made a constructive suggestion about these and the co-ordinator stated that they would look into this as it would be helpful. The activities co-ordinator sought to include all people in activities. Some people were healthy enough to go out or to assist in tending to the garden outside. For other people, the co-ordinator would talk to people on a one to one basis with activities such as reading to limit social isolation.

There did not appear to be much evidence that all people had been consulted in respect of care plan reviews. They told us that they had not had the opportunity to be involved in reviewing care plans or discussing progress made by their relative but were kept informed of any changes by the staff at Kingscourt. We did see some evidence in care plans that initial contents of care plans had been confirmed by the individual with agreement made through a signature.

We looked at how complaints were investigated by the registered provider. A complaints procedure was on display in the hallway. This outlined the process for people who wished to make a complaint and contained the details of the registered provider as well as CQC. There was no evidence that a complaints procedure in alternative formats for people who used the service was available. One person told us that they did not think that there was a complaints procedure yet later made reference to the fact that they had used it. Complaints records showed that any complaints received were dealt with and recorded although one person did suggest that they had not been happy with the outcome of their complaint. Other people told us that they knew who to speak to if they had concerns and were confident that the matter would be dealt with.

Good

Is the service well-led?

Our findings

We received mixed comments about the management of the service. People living at Kingscourt told that they appreciated the efforts of the staff team but did not make much reference to the manager of the service. Relatives told us that there had been changes in the manager over the past two years. Our records confirmed this.

One person did not believe that the service had had a stable manager for some time and that managers tended to "come and go". "There is no leadership within the home".

Another told us " I will say there have been lots of changes in manager over the 18 months mum has been there, the interim manager was fantastic! I have met the manager who was off and she is always polite"

Other people commented positively on the work of the staff team as a whole.

The manager at Kingscourt had been employed by the registered provider since the summer of 2014. Earlier this year, this manager was on leave for some time and a temporary manager had been put into place until the manager returned. The manager had returned within the past two weeks before our visit. The interim manager was also present during our visit to ensure that the manager could answer any queries we may have had.

The manager had applied to CQC to become the registered manager of the service. This process was on-going.

We spoke to the manager and the interim manager about the level of involvement they had or had had from representatives of the registered provider. They told us that they had been visited by the nominated individual for the provider and the area manager earlier this year. No report on the quality of the service was produced and no reports had been received prior to this. As a result, the registered provider could not be sure about the quality of care that they were responsible for.

A quality assurance exercise had been conducted by the registered provider earlier this year. The results of this were displayed in the main hallway. Questionnaires had been sent out to people who used the service, their families and the staff team. A scoring system had been used and this indicated that people using the service and their families were satisfied with the care that was being provided to them. A staff survey had been done but the score concluded that there was low staff morale within the service. There was no indication of what steps the registered provider had done to analyse this further other than display results.

The provider information return suggested that the Manager had a visible presence around the home during shifts to monitor the quality of service, to challenge and address any poor practice and to support staff in their duties. The manager was able to assist us throughout the inspection by facilitating access to documents and other materials we needed. However, during our visit, the manager tended to stay in the office area and we did not see them maintain a presence with staff or people who used the service. Staff confirmed this stating that there needed to more managerial presence within the home so that their needs and the needs of people using the service could be better understood.

We checked our records prior to our visit. We found that the registered provider informed us of any incidents that had occurred within the service. The provider information return (PIR) was requested by us and the registered provider returned this to us in a timely manner. A certificate of registration was on display within the building.

We looked at how the service looked at other aspects of quality within the service. Health and safety audits were carried out on a monthly basis and this extended the checks on fire alarms and other systems. Audits were completed every three months on infection control. Nursing staff used a daily stock check of medication which enabled them to account for all medication within the building at any one time. Care plans were regularly reviewed. Where changes had occurred to the needs of people, care plans had been adjusted. One care plan suggested that one person's nutritional needs had improved and this had been reflected in the plan after a review of care plans.