Care Quality Commission

Express Care (Guest Services) Limited

Kingston Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 17 and 18 April 2018. We previously inspected this service in December 2016 and found the following breaches of the Health and Social Care Act; Regulation 10 Dignity and respect; Regulation 12 Safe care and treatment; Regulation 14 Meeting nutritional and hydration needs; Regulation 17 Good governance and Regulation 18 Staffing. In December 2016 we rated the service as 'Requires Improvement'. Following the last inspection we met with the provider and asked them to complete an action plan to show what they would do, and by when, to improve the service.

Kingston Court Care Home is situated in the grounds of the Cumberland Infirmary in Carlisle.

Kingston 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 home accommodates up to 74 people in a purpose built building with three floors. At the time of our visit there were 63 people living there.

The home had a suitably qualified and experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service to support this practice required further development; we made a recommendation about this.

The service provided structured activities for people who lived at Kingston Court. People told us they welcomed these activities and enjoyed them. The service intended to develop in this area and create a broader range of activities.

Risk assessments and care plans provided guidance for staff in the home. People in the service were involved in the creating of support plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action

taken to lessen the risk of further issues.

The registered manager ensured that there were sufficient staff to meet people's needs in a timely manner. Our findings corroborated this. Staff were suitably inducted, trained and developed to give the best care possible. We met experienced and kind team members who understood people's needs as well as new staff who were keen to learn.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. They accessed hospital appointments as a matter of routine.

We saw that an assessment of needs was in place and that the staff team analysed the outcomes of care for effectiveness. People were very happy with the food provided and we saw well prepared healthy meals that staff supported and encouraged people to eat.

The home itself was clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

We observed kind, patient and suitable support being provided. Staff knew people well. They made sure that confidentiality, privacy and dignity were maintained. Staff were suitably skilled in providing end of life care.

The registered manager had successfully improved the home since our last inspection and intended to develop it further. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

Complaints and concerns were suitably investigated and dealt with and good records management was in place in the service and there was a quality monitoring system in place which was used to support future planning.

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.

There were sufficient staff available to meet people's needs in a timely manner. There were risk assessments in place that identified and minimised hazards to the people who used the service.

Staff, including the registered manager, were knowledgeable about abuse and knew how to keep people safe.

Medicines were managed appropriately.

Is the service effective?

Requires Improvement

The service was effective.

People's needs were being thoroughly assessed.

The staff were well trained, competent and confident in their approach.

People were not being deprived of their liberty inappropriately.

People's nutrition and hydration needs were being met.

Is the service caring?

Good

The service was caring.

People were able to, and had, accessed advocacy services.

Staff treated people with dignity and respect.

People lived their lives as independently as possible.

Is the service responsive?

Good

The service was responsive.

People were able to take part in activities.

The service was able to deliver end of life care.

There was a complaints policy and procedure in place.

People received care personalised to their needs.

Is the service well-led?

Good

The service was well led.

The registered manager had made significant improvement to the service.

The registered manager was present within the home and took an active role in all aspects of the service.

The quality assurance system helped support continuous improvement in the service.

Care Quality Commission

Kingston Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 provide a rating under the Care Act 2014.

This inspection took place on 17 and 18 April 2018. The first day was unannounced.

The inspection was carried out by two adult social care inspectors, an inspection manager, a specialist professional advisor in tissue viability and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied the inspector had experience in the care of older people.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke with health and social care professionals and asked their opinion of the service.

We observed people's care and support in all areas of the home. We spoke with 10 of the people who used the service, five relatives and 23 staff including the registered manager, care staff, nurses, kitchen staff and maintenance staff. In addition we consulted two representatives of the local authority, reviewed 11 care records and various other records relating to the service such as training records and equipment maintenance logs. We walked round the building and with permission entered people's rooms.

Good

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Kingston Court. One person told us, "Yes I feel safe here. It's very secure, alarms everywhere and the staff are very vigilant." Another person added, "I feel safe because of the level of care I get here." A relative commented, "This place is very good. Mum is very safe here."

We last inspected this service in December 2016 during which we judged that staff were not appropriately deployed which meant people were not having their needs met in a timely manner. During this inspection we observed that people were not having to wait when they required support. Staff were working efficiently and according to the duty rota there were sufficient staff on each shift. We spoke with staff who told us they felt there were enough staff on duty in each area of the home. One person who used who used the service said, "Buzzers do get answered fairly quickly. Seems to be enough staff. They seem to do everything they need to do." At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

In December 2016 we noted that medicines were not managed properly, particularly food and drink thickening agents. Food and Drink thickening agents are used to keep people who have swallowing difficulties safe from choking. During this inspection we saw staff had systems in place that ensured that thickening agents were not left unattended and were not shared between people. We observed one family ask a member of staff if their relative could get a drink. The member of staff returned with some thickened fruit juice and told us, "[Name] gets thickened juice now as she finds it difficult to swallow without choking. She requires both thickened drinks and pureed food". The member of staff then correctly completed a food and fluid chart for the person. This meant the staff were knowledgeable about the use and recording of thickening agents. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

The safe administration of medicines was outlined in policies and procedures at the service. Medicines were administered by staff trained to do so whose competencies were regularly scrutinised by senior staff. All medicines were stored safely in a locked cupboard and medicines trolley along with the appropriate records. There was a fridge for medicines that required cool storage. Time sensitive medications, such as those used in the management of diabetes, were being given at the correct times and there were systems in place to help prompt staff to do this. Controlled drugs were securely stored and monitored. We carried out spot checks on medicine administration records and controlled drug records and found them to be correct. We noted that there was guidance on them for the use of as required medicines. The ordering and disposal of medicines was carried out in conjunction with a local pharmacy. One person told us, "I take lots of medication and it's always on time. Staff are very good here."

Recruitment records showed that all applicants for posts at the home had a formal interview and had undergone background checks before commencing employment including references from previous

employers and checks to see if they had a criminal record. Where staff had not attained the best standards of conduct they had been dealt with in line with the providers human resource policy.

We spoke with members of staff and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. We spoke with the registered manager who demonstrated their knowledge on how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

Records indicated that the service had responded to incidents and accidents. Based on previous incidents the service recognised that frail elderly people were often at risk of falling, particularly from their beds at night. Each person had an individual falls risk assessment and care plan. Those identified to be at risk had measures in place such as safety mats by their beds at night. A relative told us, "Yes, my brother is safe here. Staff are very nice and if he tries to get out of bed, there's a mattress on the floor to stop him hurting himself. We agreed that he should have the mattress on the floor to help him."

We looked at people's care records and saw as well as a falls assessment they each had individualised risk assessments covering a variety of areas, for example mobility, personal evacuation in the event of a fire and nutritional needs. In addition, the registered manager carried out generic risk assessments on the building including fire risk and health and safety risks. The risk assessments undertaken identified ways to minimise risk to people who used the service and helped keep them safe from harm. We saw equipment, such as hoists, were well maintained and regularly serviced as were domestic appliances. The registered manager also had business continuity plans that outlined what staff should do in the event of larger scale problems such as heating failure or a power cut.

We saw the home was clean and well maintained. Staff had access to personal protective equipment and had the training and knowledge to carry out safe infection control practices. One person mentioned, "Yes, this place is very clean and hygienic. There's no smell or anything." Another said, "They always put on gloves and aprons before they do anything for me."

Requires Improvement

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the system for making and tracking DoLS referrals was not always sufficiently robust and records relating to people's capacity was at times unclear and contradictory. We spoke with the registered manager both during and after the inspection. She showed us plans to improve the monitoring of DoLS within the home. We also saw new forms being used that had been introduced which helped staff come to decisions about people's capacity and record it correctly. The systems being introduced supported staff in protecting people's rights and complied with best practice outlined in Mental Capacity Act Guidance.

We recommended that the service continued to make improvements in this aspect of people's care.

When we inspected the home in December 2016 we found people were not having their nutritional and hydration needs met. Issues included poor quality meals, slow service and drinks being served lukewarm.

During this inspection people were more complementary. A relative told us, "Food is really good here. Mum has pureed food at the moment but even that is okay". A person who used the service said, "Food's pretty good. It's well cooked and well presented. I'm diabetic so have to be careful what I eat". Another person added, "I'm quite fussy sometimes I ask for an alternative and they give me ravioli or something like that, the tomato soup I like and they make nice sandwiches." Another person commented, "They make me a special salad at lunchtime which is good. Cooked breakfasts are good too".

People's nutritional needs were being met. We saw everyone had support plans relating to food and fluid. We noted that kitchen staff were making nutritionally balanced meals that took into account people's needs. For example fortifying foods to ensure people did not lose weight. This helped to support people to achieve a healthy balanced diet in line with their support plans. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dietitians and speech and language therapists had been asked for and provided. We monitored a lunch time meal service and observed it was well organised with people who required additional support receiving it. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

We spoke with staff and asked them if they felt confident and well trained whilst carrying out their role. Staff told us, "Yes we are well trained" and "We also have opportunities for external training and distance learning." We asked people if they thought staff knew what they were doing. One person told us, "Everything that I've seen makes me feel staff are well trained. Staff have confidence in the tasks they do".

Records confirmed that staff had completed mandatory training. This included health and safety, fire, infection control and safeguarding vulnerable adults. New staff were provided with induction training which included a period of supervised working. During this time their progress was monitored by senior staff.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff and the registered manager the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

The home had recently come to an agreement with the local hospital to utilise 15 of its beds for people who were well enough to leave hospital but were waiting for packages of care to be put in place. A senior hospital manager was frequently visiting Kingston Court to meet with the registered manager to ensure this transition was going smoothly for people. In addition the home had appointed a nurse to lead on this initiative. This meant that Kingston Court was making a valuable contribution to relieve pressures within the hospital.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended the GP or the dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

The home was in a reasonable state of repair. Communal areas, corridors and bedrooms were clean and well maintained. There were separate areas for people to watch television and relax, dining areas and each person had their own bedroom which was personalised to how they wanted it. Work was being undertaken on the unit for people who lived with dementia to make the unit more dementia friendly.

Good

Is the service caring?

Our findings

We spoke to people who used the service and asked if staff were caring and kind. One person told us, "Staff do know me well already and I've only been here a week! It's the best home I've lived in."

At our previous inspection in December 2016 we found the service had failed to ensure that people were treated with dignity and respect. This was demonstrated by the use of an intrusive communication system, the use of inappropriate staff language and the disregard to people's privacy in their bedrooms.

During this inspection we observed staff treating people in a respectful manner, no inappropriate language had been used and the call bell system had been significantly improved. We noted people's privacy and dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. In addition they had been trained to treat people equally and account for people's diversity. One relative told us, "When I'm here visiting my relative, if he needs [personal care] I go outside to wait, while they change him in the privacy of his room with the door shut." At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

The registered manager had details of advocacy services which could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives. The registered manager was able to give examples of this.

We looked at people's written records of care and saw care plans were devised with the person who used the service and with occasional support from their relatives. One person we spoke with told us, "I do have meetings with social workers and staff to discuss whether or not I should stay here. I'm not sure I need this level of care and we have been discussing some kind of supported accommodation which keeps a bit of independence for me." A relative said, "Staff do ask me things about my relative's care, so yes, I am involved." This meant people were actively involved in making decisions about their care treatment and support.

When we spoke with staff they knew people well, one person who used the service commented, "I am treated as an individual, as a person, not a number." They were able to tell us about people's preferences and what kind of support they required. This information was accurately recorded in people's care plans. A person commented about their relative, "He seems to be well liked. Yes they know him well." This meant staff had the correct information and the time to build caring relationships with the people they supported.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep people safe.

Care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to retain as much independence as possible. We saw that some people were able to manage their own personal care whereas others required some support. All of the people who used the service were encouraged to be as independent as they wanted and were able to be.

The home had a welcoming atmosphere and people confirmed that family and friends could visit freely.

Good

Is the service responsive?

Our findings

When we last inspected in December 2016 we found the service was not providing sufficient person centred activities for people living in the home. During this inspection people told us, "There are always things going on." We observed that recently there had been music therapy, a coffee afternoon, baking, a pamper day, flower arranging, a violinist, a bagpiper, pets as therapy dogs and birds of prey. One person told us they were keen to follow their own hobby, "I write poetry and when my desk and chair arrive, I will sit at my desk and write some more. I also like reading, I have 6,000 books you know! I will have a selection of them brought in for me from time to time and keep them in my bookcase when it gets here." We spoke with staff and discussed further developments in meaningful activities throughout the home. Staff were keen to engage with activities and recognised they were an important part of caring for people. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

The service had a system of assessment in place which focused on people who used the service and their needs. They contained information about what levels of support people required, for example some people required help getting in and out of the bed. These assessments were detailed and used recognised best practice tools such as a falls risk assessment. Staff told us that people and where appropriate their relatives were involved in the assessment process.

People's care plans were written in the first person and with the involvement of people who used the service, their relatives or advocates and staff. People's strengths and areas where they required support were included. For example, some people required support with their skin integrity and had been identified as being at risk of pressure ulcers or had post-surgery areas that required care. In these cases we found people had been appropriately referred to the tissue viability nurse for advice. Post-surgery areas and pressure ulcers had been identified on a body map along with a description, measurements and a photograph where appropriate. We saw detailed plans of care that included evidence of when areas were dressed and what dressing had been applied. There were evaluation charts and progress reports for each wound.

Care plans were comprehensive and contained information around all aspects of people's health and wellbeing. Staff had taken time to build a 'picture' of each person using a variety of sources including the person themselves, relatives and health and social care professionals. Together the staff and people who used the service had used the information to develop care plans that took into account people's current needs and abilities and encouraged people to be as independent as possible.

The service employed a number of strategies to help people communicate. We observed staff being tactile and reassuring people living with dementia. There were notice boards throughout the home displaying both writing and pictures and also had a speaker system from whic announcements could be made, for example a fire test was announced during the inspection.

The service had a formal complaints policy and procedure. The procedure outlined what a person should

expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

The service was able to deliver end of life care. There were policies and procedures in place and the registered manager explained staff were well trained in this area. The registered manager told us care at the end of life would be supported by a multi-disciplinary team approach which could include the GP, the local hospice services and other health and social care professionals.

Good

Is the service well-led?

Our findings

We spoke with staff and asked them about the leadership in the home. They told us that the registered manager was, "Firm but fair." People who used the service commented, "Leadership is good here [it is] a well-run ship!" And "The [registered] manager is good, we have no complaints."

When we last inspected the service in December 2016 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because of this we rated the service as requires improvement. Subsequently the provider employed a new registered manager. We found that the registered manager had worked hard to improve the service and on this inspection found there to be no breaches of the Regulations. We asked a relative about their experience of the registered manager and the service. They told us, "When the [registered] manager started we were all invited to a meeting to discuss the changes that were to be made. We know the [registered] manager but haven't had any need to see her very often though. Everything works really well here. When Mum took a turn for the worse, we were offered a hospital bed for her to be looked after there, but to be honest, we think she will get better care here with staff she knows and trusts." At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

We noted that the registered manager was involved in all aspects of the service. She was respected by both people who used the service and staff. She modelled professional behaviour to her team and was clearly knowledgeable about best practice within older persons nursing care.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for the future of Kingston Court.They said, "My vision and values as the home manager is to build a reputation to be the most leading, respected and responsive nursing home provider in Cumbria, working in partnership with our local authority and NHS trust to ensure a safe and meaningful lifestyle for each individual who resides with us. I want to build an environment where our staff are proud of their achievements and happy to build on their individual development throughout their career with us and in turn create a culture that promotes, safety, care, compassion and motivation. I want be a registered manager of a home that promotes equality, diversity and especially, the quality and dignity of all who live and work here."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that

this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the registered manager had worked hard to improve the service There was also evidence within records that people and, where possible, families were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys.

The ratings from the previous inspection were displayed in the home as required and on the provider's website.