

Pearl Dusk Limited

Country Court

Inspection report

North Country Court
Southcoates Lane
Hull
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Tel: 01482702750

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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 ●

Summary of findings

Overall summary

Country Court is registered with the Care Quality Commission (CQC) to provide care and accommodation for 34 older people some of whom may be living with dementia. All accommodation is on the ground floor and bedrooms are all single occupancy, nine of which have en-suite facilities. There is a large lounge, a dining room and a small conservatory. An additional quiet lounge also has a small conservatory attached, which has been converted into a reminiscences room. People can access an inner courtyard should they wish to sit outdoors.

This inspection took place on 24 March 2016 and was unannounced. The service was last inspected August 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 33 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

People were cared for by staff who had received training in how to recognise abuse and how to report this to the proper authorities. They understood the importance of protecting people from abuse and knew what signs may be apparent if someone was the victim of abuse. Staff who had been recruited safely were provided in enough numbers to meet the needs of the people who used the service. The service was clean and tidy and there were no malodours. People's medicines were safely handled by staff who had received training.

People who used the service were provided with a varied and nutritional diet which was of their choosing. Information had been recorded about people's likes and dislikes and this was catered for by the cook. Staff closely monitored the nutritional intake of the people who used the service and made referrals to dieticians when needed. People were weighed on a regular basis. Staff had received training which equipped them to meet the needs of the people who used the service and this was updated regularly. People's fundamental human rights were protected and legislation was used to protect people if their liberty needed to be compromised for their own safety.

People who used the service were cared for by staff who understood their needs and were kind and caring. Staff understood the importance of respecting people's privacy and dignity, and encouraged people to remain as independent as possible. People who used the service or their representatives had been involved with formulating their plan of care and had been involved in reviews about their care.

The registered provider had a complaints procedure which was displayed in the service and provided in the 'Statement of Purpose' and the 'Service User Guide'. This informed people who used the service or other

stakeholders they could use the complaints procure if they wished to raise any concerns. All complaints were investigated to the complainants' satisfaction and information was provided about other agencies to contact if the complainant was not happy with the way their complaint had been investigated. People were provided with a range of activities to pursue both in-house and in the local community. Information was available for staff to refer to which described the person and their preferences about the way they would like to be supported and cared for.

The registered manager undertook audits which ensured the service was well run. People who used the service and other stakeholders were asked for their opinions about how the service was run.

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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Is the service effective?

Good ●

The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs and were supported to gain further qualifications and experience.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people in their care and people who used the service had an input into decisions made about this.

Staff respected people's privacy and dignity and upheld their rights.

Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People received care which was person centred.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good ●

Is the service well-led?

The service was well-led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Good ●

Country Court

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 registered provider was 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 24 March 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with 12 people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with five staff including senior care staff, care staff, the cook and the registered manger.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, comments included, "The girls are good, they make sure we are all safe and look after us well", "I do feel safe here, I trust all the staff" and "I know them well and they know me, I'm happy here." They told us they thought there were enough staff on duty, comments included, "There always seems to be plenty of staff about", "I get seen to quickly, never have to wait" and "I see plenty of staff." People we spoke with told us they received their medicines as prescribed by their GP, comments included, "I always get tablets on time" and "Yes, they bring them to me in my room."

Visitors told us they felt their relatives were safe at the service, they told us, "My mum is safe, they staff make sure she is" and "I think they are safe you always have to ring the doorbell to be let in." They told us they felt there were enough staff on duty to meet their relatives' needs, comments included, "I think there's enough staff, they never seem to be rushed or stressed" and "They [the staff] keep a good eye on them [people who used the service] they're never left alone."

When we spoke with staff, they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior member of staff on duty or directly to the registered manager; they were confident the registered manager would report any concerns they raised with the appropriate authorities.

Staff were able to describe to us the different types of abuse they may witness or become aware of and said these included, psychological, sexual, physical and emotional. They were aware of changes in people's behaviours which may indicate they were subject to abuse, for example, becoming withdrawn or low in mood. They were also aware of physical signs which may indicate people were being abused, for example, unexplained marks and bruises. We looked at records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse, and their duty to protect people.

People's human rights were respected and they were not discriminated against because of their age, race or cultural beliefs. Staff understood the importance of respecting people's rights and ensured they were treated with dignity and respect at all times. People's right to lead a lifestyle of their own choosing was respected by the staff and they were supported in this. For example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People's care plans we looked at contained assessments undertaken by the both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person. For example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a fall, a stay in hospital or following an illness. Assessments were in place which instructed staff in how to support people who may display behaviours which may challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were

able to describe what actions they should take to ensure people were safe and did not harm themselves or others.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people's safety if the premises were flooded or services like gas and electric failed. People's care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency.

Staff told us they had a duty to raise concerns to protect people who used the service, and understood they would be protected by the registered provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate. They told us they would protect staff as well and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and be protected.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred at the service to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any finding with staff and these were discussed at staff meetings or sooner if needed.

Staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience of caring and supporting older people. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services [DBS]. This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an on-going stock control was kept. There was a record of all medicines returned to the pharmacist. We looked at the medicines administration record sheets and these had been signed by staff when people's medicines had been given; staff used codes for when medicines had not been given or refused. The temperature of the fridges used to store some medicines had been monitored and staff knew the parameters the fridges should be working at to keep the medicines stored in them safe.

Is the service effective?

Our findings

People who used the service told us they enjoyed the food provided, comments included, "The food here is marvellous, you can't ask for better", "I really enjoy the food, there is plenty of choice" and "I enjoy the Sunday roasts." They told us they could see their GP when they were ill, comments included, "I get to see my doctor when I want, they just call him" and "They send for the doctor when I'm ill." They also thought the staff had received the training they needed to meet their needs, comments included, "The staff are wonderful, they make sure I'm cared for well" and "You can't fault the staff, they really know what they are doing."

Visitors told us they thought their relatives were provided with a varied and wholesome diet, comments included, "The food here is great, there is so much choice" and "It always smells really good when I come and mums put on weight since being here." They told us they felt the staff had the skills to meet their relative's needs, comments included, "The staff seem to know what they are doing; they never seem to panic or get flustered."

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision sessions afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Staff recorded how people had been cared for and if there had been anything untoward happen. This was then communicated to the next shift and areas to monitor were passed on. The staff also communicated if anyone had been seen by their GP and what the outcomes of these visits were. People's care plans contained copies of assessments of their communication needs, following the assessment, instructions had been provided to the staff in how best to communicate with the person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. The registered manager told us they were in process of making application to the authorising body for DoLS for eight people. At the time of the inspection they were waiting to hear from the authorising body for a decision. They were reminded of their duty to report to us the outcome of these decisions.

We saw the food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated; however, the majority of people ate in the dining room. We saw these were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more. Staff provided assistance to those who needed it, however, we did observe staff standing while assisting people and talking to each other rather than the person. This does not respect people's dignity. This was discussed with the registered manager and they agreed to speak to the staff involved to reinforce their dignity practise. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. The cook also knew the importance of fortifying the diets of those people who may have a reduced appetite to ensure they received the proper nutrition.

People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

One of the lounges had been converted into a memory lounge and was filled with furniture and domestic items which would be familiar to the people who used the service and would evoke memories from their past. The service was decorated in a way which helped people who were living with dementia find their way around and identify bathrooms and toilets.

Is the service caring?

Our findings

People who used the service told us they felt the staff were kind and caring, comments included, "The staff are so kind they will do anything for you, nothing is too much trouble", "I love living here the staff are really kind and patient" and "You can't ask for better staff, they are all good carers." They told us they had been involved with reviews, comments included, "We have meetings and they ask me how I'm getting on" and "We had a meeting the other week and my daughter came, I think I'm doing alright." People we spoke with told us they felt the staff respected their privacy and dignity, comments included, "They always knock on my door and ask to come in" and "They never just barge in they always ask first if it's alright to come in."

Visitors we spoke with told us they thought the staff were kind and caring and respected people's privacy and dignity, comments included, "They are all so nice and kind", "They are always the same, very patient" and "They always ask if it's ok to come in when we are visiting."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. Staff described to us how they would maintain people's dignity by ensuring doors were closed when undertaking personal care and making sure people were happy with the care tasks being undertaken. They also described to us how they would ensure people's choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer. One member of staff said, "When people have dementia you have to take your time, they can't respond quickly and have to process the information. Sometimes, you have to go away and then go back later."

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways including verbal and non-verbal communication, for example, smiling and nodding; to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff which included catering and domestic staff so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their life experiences. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their

relatives told us they knew what was in their relative's care plans and the registered manager kept them well informed about their relative's welfare.

The registered manager told us they had used an advocacy service in the past and this would be made available to people who used the service if they needed it. Staff told us they understood the importance of maintaining confidentiality when dealing with people's personal information. Care plans were computerised and access was limited dependent on the member of staff's role, for example, the registered manager had more access than the care staff to people's personal information. The computers were password protected.

Is the service responsive?

Our findings

People who used the service told us there were plenty of activities to choose from, comments included, "We do lots of quizzes", "The care staff do all kinds of things with us and people come in to sing to us, it's really nice" and "We go out and about in summer." People told us they would approach the registered manager if they had any concerns, comments included, "I would see [registered manager's name] if I had any complaints" and "I have made complaints in the past about the food and they always sort it out, they never take offence"

Visitors told us they knew they could raise concerns and who these should be directed to, comments included, "I would go straight to the manager, she's quite approachable and I know it will be sorted out."

Care plans we looked at described the person and what areas of daily living the staff need to support them with, for example, some aspects of personal care, mobility and dressing. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example meals, getting up, going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people may have needed more support, for example mobility, falls, nutrition, skin integrity and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people's needs changed.

People's care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professionals involved with the person's care. The reviews recorded the opinions of all those involved including the person, about how their care was being provided and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people's needs had changed rapidly, for example, when a person was at the end of their lives. Instructions for staff to monitor people who stayed in their room were recorded in their care plans. This included turn charts, fluid and food intake charts and general observation charts. These had been completed consistently and gave a good picture of what care and attention people had received. Staff had completed daily notes which showed how the person had been that day and how their needs had been met.

The service provided people with a range of activities to choose from this included playing group games such as bingo and quizzes, and one to one activities which may involve simply sitting with the person talking about their families or looking at photographs. The staff supported people to access the local community and to keep in touch with friends and relatives. People's care plans documented what activities they had undertaken on a daily basis.

Some people preferred to spend most of their day in their room and staff respected those wishes; however, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything or if they wanted to join in with the organised activities. We also saw staff visiting people in their rooms and spending time with them to ensure they didn't become isolated or depressed. Staff told us this was an important part of their job. One member of staff

said, "I make sure I go round everybody and see if they are ok or if they want anything. You have to keep an eye on them so they don't get too lonely."

The registered provider had a complaints procedure which was displayed in the entrance to the service. This was also provided in the welcome pack given to all new admissions. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation.

Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate.

We saw a record was kept of all complaints received, these recorded what the complaint was, how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they made sure, when needed; people received a copy of the complaints procedure in a format which met their needs, for example, in another language or large print. The registered manager had also kept a record of all compliments and thank you cards sent from relatives praising the work the staff had done and the quality of the care provided.

Is the service well-led?

Our findings

People who used the service told us they found the registered manager approachable, comments included, "[Registered manager's name] is ever so good she comes round every day to see if I'm alright or if I need anything" and "I see her every day, I can talk to her and she listens." They told us they were asked for their views about how the service was run, comments included, "We have meetings every now and again to see if we are happy. I made a suggestion about the food and they changed it. I'm happy here" and "I have been to meetings and my daughter comes as well, we usually have a cup of tea afterwards."

Visitors told us they felt included in discussions about the service, comments included, "We have filled out questionnaires before and come to meetings" and "[Registered manager's name] asks us if we are ok with everything every time we visit, we have made suggestions before and things did change." They also felt the registered manager ran a good service and was approachable, comments included, "She's really nice and makes sure things get done and the residents get looked after, she keeps a good check on the staff."

During the inspection we saw the registered manager was accessible to staff and spent a great deal of their working day out of the office checking staff practise and ensuring people's needs were met. Staff told us they found the registered manager very supportive and approachable, comments included, "We can go to her for advice and guidance, she's always happy to help, the deputies help as well" and "All of the management team are great they support us really well."

The management style was open and inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection. Staff told us they had regular staff meetings where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example, updates on dementia, nutrition and other aspects of working with older people. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable. All staff had a job description and this defined their roles and responsibilities.

The registered provider had produced a document which detailed the visions and values of the service. This explained that the service endeavoured to provide people with support to maintain their independence and skills and lead a healthy lifestyle which was of their choosing. It also outlined the service people should expect to receive in the service user guide.

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the regulated activity of the service and how this affected the care and support provided to the people who used the service. The registered manager told us they kept up to date with changes or new ways of working by using the internet, they had also signed up for regular newsletters issued by organisations which undertook research into the way older people were cared for.

Surveys were undertaken with people who used the service, their relatives and visiting health care

professionals to ascertain their views about how the service was run. The surveys identified various topics for people to comment on and these views were collated and analysed with action plans set to address any short falls.

We saw meetings were held with the people who used the service and their relatives; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level of cleanliness of the service.

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people's care plans, the environment, medicines, health and safety, staff training and staff recruitment. The registered manager made sure equipment used was serviced and maintained as per the manufacturers' recommendations. The fire alarm system was checked regularly and all fire fighting equipment was maintained and serviced.