

Helmreal Limited

# Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 22 and 23 November 2017 and was unannounced.

Court Nursing Home is a privately owned care home with nursing services situated in Rock Ferry, Wirral. The home provides residential and nursing care for up to 31 older people living with dementia or other mental health difficulties. At the time of the inspection there were 28 people living in the home, two of whom were in hospital.

At our last inspection in April 2017, we found that the provider was in breach of Regulations in relation to seeking consent, person centred care, care planning, risk management, safety of the environment, complaints processes, audit systems, systems to gather feedback regarding the service and safe recruitment of staff. The service was rated as requires improvement overall and we issued the provider with a warning notice in relation to Regulation 12; Safe Care and Treatment. This inspection looked to see whether sufficient improvements had been made to ensure the provider was meeting the fundamental standards of care.

In April 2017, we found that risks to people were not always managed appropriately as not all risks were assessed. During this inspection, we saw that detailed risk assessments were in place for specific risks. This helped to ensure that staff had access to clear guidance on the risk people faced and how this could be mitigated. The provider was no longer in breach of regulations regarding this.

At the last inspection we found that care records did not provide clear advice on what support people required and plans regarding the management of wounds were poor. During this inspection we saw that care plans were detailed regarding people's needs. This included detailed plans regarding wound care. We saw a letter from a tissue viability nurse which congratulated staff in the home on the improvement in the care they provided to people with regards to wound management. The provider was no longer in breach of regulations regarding this.

At the last inspection we found that emergency evacuation procedures were not clear. During this inspection we saw that the provider had developed a new evacuation procedure and staff had been provided with training regarding this. Personal emergency evacuation plans (PEEPs) were in place for people and included detailed information regarding the support they required in the event of an emergency. We found however, that not all safety concerns addressed at the last inspection had been fully addressed, as fire drills had not been completed and not all legionella checks had been undertaken.

Systems were in place to help ensure that the environment and equipment within the home remained safe. However, we saw that not all fire doors closed appropriately within their frames and a radiator in the dining room was very hot to the touch and posed a burns risk should people lean or fall against it. Although improvements had been made since the last inspection we found that risk was still evident and further improvements were required and the provider was still in breach of regulations regarding this.

During the last inspection we found that there was a lack of assessments in place to establish whether people were able to make specific decisions regarding their care and treatment and best interest decisions were not evident for people who were unable to make specific decisions.

During this inspection we found that applications to deprive people of their liberty were made appropriately and mental capacity assessments were in place to establish if people could consent to live in the home. However, mental capacity assessments were not completed for all relevant decisions. This meant that the principles of the Mental Capacity Act 2005 were not followed.

In April 2017 we found that systems in place to audit the quality and safety of the service were ineffective. During this inspection we saw that the provider completed a series of detailed audits which identified areas for improvement. We saw that most of these actions had been addressed, but not all of them. The audits in place did not identify all of the concerns we highlighted during the inspection and not all actions identified on the action plan submitted by the provider following the last inspection had been met. Sufficient improvements had not been made and the provider was still in breach of regulations regarding this.

At the last inspection we found a lack of systems in place to gather feedback from people regarding the service. During this inspection, we saw that quality assurance questionnaires for relatives had been redesigned and issued to relatives. Staff meetings took place regularly and staff told us they were encouraged to share their views. We found however, that meetings had not been held for people living in the home or their relatives.

At the last inspection we found that safeguarding notifications had not been submitted to the Commission as required. During this inspection we found that there had not been any safeguarding incidents, but the registered manager was aware of what needed to be reported.

During the last inspection we found that people did not have person centred care plans in place to meet their needs. During this inspection we looked at the newly developed care plans and saw that people had detailed, personalised plans in place, including plans to address their medical health needs. Care files included people's preferences in relation to their care and treatment and provided information on what was important to them. The provider was no longer in breach of regulation regarding the provision of person centred care.

At the last inspection we found that the complaints procedure lacked sufficient detail. At this inspection we saw that a new complaints procedure had been developed which provided clear information on how to raise concerns and included contact details for the local authority and the ombudsman. The provider was no longer in breach of regulations regarding this.

We saw that medicines were stored securely and medication administration charts had been fully completed and reflected people's allergies. However, most of the stock balance checks we made were inaccurate and there were no protocols in place to guide staff when to administer medicines prescribed as and when required. We found that medicines were not always managed safely.

When we looked at how staff were recruited at the last inspection, we found that this was not always completed safely. During this inspection we saw that there were gaps and in one case, inconsistencies, in staff's employment histories and it was not clear that the most appropriate references had been received. We found that sufficient improvements had not been made and staff were still not recruited safely.

We looked to see if the environment had been adapted to support people living with dementia, to maintain

their safety and assist with orientation. Although some adaptations had been made, such as a sensory garden and photographs on bedroom doors, the service could benefit from further developments which may assist people living with dementia. We made a recommendation regarding this in the main body of this report.

A registered manager was in post. 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. Feedback regarding the management of the home was positive.

There were sufficient numbers of staff on duty to meet people's needs in a timely way. People told us they felt safe living in the home and staff were knowledgeable about safeguarding procedures.

Records showed that people's needs were assessed holistically and planned care was based on current guidance and best practice. Staff sought advice from other healthcare professionals when required and systems were in place to ensure people's needs could be met when they transferred between services.

Systems were in place to support staff in their role, such as regular supervision and an annual appraisal, as well as regular training.

People's nutritional needs were assessed and met by staff. This included choice from a well-balanced diet and support from the dietician when people were assessed as at risk of malnutrition.

People told us that staff were kind and caring and that they were treated with respect by staff. Interactions we observed between staff and people living in the home during the inspection were warm and familiar.

Care files we viewed showed that people were encouraged to be as independent as possible and people we spoke with agreed. Care plans showed that family members had been involved in the development of care plans.

An activity coordinator was employed and a schedule of planned activities was advertised. People told us they enjoyed the activities available.

The registered manager told us they had undertaken a locally recognised end of life training course; 'Six Steps.' The principles of this training had been implemented within the home. This helped to ensure people had a comfortable and dignified death.

The rating from the last inspection was clearly displayed within the home as required.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Not all checks had been completed to ensure the environment was safe.

Medicines were not always managed safely.

Safe recruitment practices were not always followed.

Risk regarding care and treatment was assessed and managed appropriately and care plans provided detailed guidance on how to meet people's needs.

There were sufficient numbers of staff on duty to meet people's needs in a timely way.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not always followed.

The service would benefit from further developments which may assist people living with dementia.

Staff were supported through regular supervision, an annual appraisal and regular training.

People's nutritional needs were assessed and met by staff.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring and treated people with respect.

Care files showed that people were encouraged to be as independent as possible and people we spoke with agreed.

Care plans showed that family members had been involved in

the development of care plans.

There were no restrictions on when relatives could visit. For people without the support of family, information on advocacy services was available.

### Is the service responsive?

Good 

The service was responsive.

People had detailed, personalised plans in place. Care files included people's preferences in relation to their care and treatment.

Complaints were recorded and investigated appropriately.

An activity coordinator was employed and a schedule of planned of activities was advertised.

Systems were in place to ensure people received dignified care at the end of their life.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Systems in place to monitor the quality and safety of the service were not always effective.

Systems in place to gather feedback from people required further development.

There was a registered manager in post and feedback regarding the management of the service was positive.

The rating from the last inspection was clearly displayed within the home as required.

# Court Nursing 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 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 22 November 2017 and was unannounced. This was a planned comprehensive inspection in line with our methodology as the 'Safe' domain had been rated as 'Inadequate' at the last inspection in April 2017.

The inspection team included two adult social care inspectors 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.

Prior to the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

We used this information to plan how the inspection should be conducted.

During the inspection we spoke with the provider, registered manager and three other members of the staff team. We also spoke with seven people living in the home and two relatives that visited during the inspection.

We looked at the care files of eight people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various times during the inspection.

Many of the people living in Court Nursing Home were unable to share their views with us, due to memory

difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



# Is the service safe?

## Our findings

At the last inspection in April 2017, we found that the provider was in breach of Regulations and the safe domain was rated as 'inadequate.' The breaches identified were in relation to the provision of safe care and treatment and safe recruitment of staff. During this inspection we looked to see whether the provider had made improvements and were meeting legal requirements.

In April 2017, we found that risks to people were not always managed appropriately as not all risks were assessed, such as those relating to seizures and challenging behaviour. During this inspection, we saw that detailed risk assessments were in place for specific risks such as seizures, smoking and choking. This helped to ensure that staff were provided with clear guidance on the risk people faced and how this could be mitigated. The provider was no longer in breach of regulations regarding this.

At the last inspection we found that care records did not provide clear advice on what support people required and plans regarding the management of wounds were poor. During this inspection we saw that care plans were detailed regarding people's needs and provided staff with clear guidance on how best to support people. For example, one person's file included a care plan in relation to their nutritional needs. It reflected that the person was at risk of malnutrition and that their dietary intake should be monitored by staff. It also gave staff clear information on the amount of fluids the person should drink each day to maintain their health and wellbeing and records we viewed showed this was provided. We found however, that the amount of fluids taken had not been totalled each day to ensure staff had reviewed the records and adequate fluids had been taken. The registered manager told us this was always reviewed in handover and they would ensure staff recorded the totals during this time.

When people displayed behaviours that could be challenging, we found that they had detailed and personalised plans of care in place to guide staff how to support individuals during these times. They advised on potential triggers for these behaviours, early warning signs that they were becoming agitated and what techniques worked best for them. Staff had received training in how to support people who displayed these types of behaviours and we saw staff effectively diffuse situations during the inspection.

We reviewed records regarding wound management and found that improvements had been made. Care plans were detailed and reviewed regularly and showed that wounds were regularly assessed to ensure the most effective care was being provided. We saw a letter from a tissue viability nurse which congratulated staff in the home on the improvement in the care they provided to people with regards to wound management.

We found that records relating to people's care and treatment were detailed, legible and most were up to date. They reflected the care and support people required and were stored securely. Care files were accessible to all staff to ensure they had access to relevant information they required to enable them to support people safely. The provider was no longer in breach of regulations regarding this.

At the last inspection we found that emergency evacuation plans and procedures were not clear and staff

had not been provided with appropriate knowledge to ensure they could safely evacuate people in the event of an emergency. During this inspection we saw that the provider had developed a new evacuation procedure which was on display within the home. Records also showed that staff had been required to study the new policy and most staff had completed a questionnaire regarding this to help ensure they had a good understanding of actions to take in an emergency.

Personal emergency evacuation plans (PEEPs) were in place for people and with one exception, they all included detailed information regarding the support they required in the event of an emergency.

A new health and safety officer had been appointed and was responsible for fire safety within the home. Records showed that the fire alarm was tested weekly and evacuation equipment was available for use. We found however, that not all concerns addressed at the last inspection had been fully addressed as fire drills had still not taken place. We discussed this with the registered manager and following the inspection, they confirmed that a fire drill had since taken place and would be completed regularly to ensure all staff had the knowledge and skills required to help evacuate people safely in the event of an emergency.

Checks required to minimise the risk of Legionella were not always fully completed at the last inspection. During this inspection we saw that checks on water temperatures were made and recorded and all were within safe ranges. A legionella risk assessment was in place, however, not all steps had been taken to minimise risk as shower heads had not been cleaned regularly in line with guidance. The provider told us this would be added to the cleaning schedules to ensure it was completed and since the inspection, have confirmed they have been dismantled and cleaned.

We saw that systems were in place to help ensure that the environment and equipment within the home remained safe. For example, external contracts were in place to ensure the safety of electrics, lifting equipment, call bells, portable appliance testing, fire equipment and the passenger lift. The provider told us that the gas had been checked in January 2017 but that they had still not received the certificate. Following the last inspection, we confirmed with the company that conducted the checks that the gas was safe. Regular internal checks were also made and recorded, in areas such as emergency lighting, automatic closures, air mattresses, scales, window restrictors, radiator covers and furniture.

However, when we walked around the home, we saw that not all fire doors closed appropriately within their frames. Records reflected that this had been identified during a health and safety audit earlier in the week and the provider told us that they had ordered the required parts to enable them to be repaired. The maintenance person was due to visit the home the following day to make the necessary repairs.

We also found that a radiator in the dining room was very hot to the touch and posed a burns risk should people lean or fall against it. The registered manager told us that a new cover had been ordered and on the second day of the inspection, we saw that it had been delivered and was due to be fitted by the maintenance person the following day.

Although improvements had been made since the last inspection we found that risk was still evident and further improvements were required.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how medicines were managed within the home. We found that medicines were stored safely in trolleys within a locked, temperature controlled clinic room. If medicines are not stored at the correct

temperature it can impact on the way they work. A policy was in place which provided guidance to staff and records showed that staff had completed medicine training and had their competency assessed in this area. Medication administration charts we viewed had been fully completed and reflected people's allergies. This helped to ensure that people did not receive medicines they were allergic to.

The registered manager told us that all medications were counted weekly; however, four out of the five stock balances we checked were not accurate. This meant that accurate records were not maintained. The registered manager told us they would reintroduce daily stock balance checks to ensure any discrepancies would be identified quickly.

When people were prescribed medicines on a PRN (as and when required) basis, we saw that protocols were not in place to ensure that people, who were unable to tell staff when they needed them, received them. For instance, one person was prescribed a medicine to help them when they became agitated. They were unable to inform staff when they needed this and it was up to the staff to identify when it was appropriate to administer it. However, there was no recorded guidance on when this should be given. This meant there was a risk the person would not receive their medicine in a consistent way or when they required it. Since the inspection the registered manager told us they have completed PRN protocols for people and shared an example of these with us.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we looked at how staff were recruited at the last inspection, we found that this was not always completed safely as references were not verified and information in the references did not always correspond to the information staff provided in their application forms. We also found that Disclosure and Barring Service (DBS) checks were not always renewed prior to staff being employed. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

During this inspection we reviewed four personnel files for staff who had recently been employed and found that some improvements had been made. All staff had a new DBS check when they started in post. However, we saw that there were still gaps in people's employment history and it was not always clear that the most appropriate references were sought. Not all references had been verified to confirm who or where the reference was from, as not all references were on headed paper. We also found that there were inconsistencies regarding the dates of previous employment between an application form and a reference and there was no evidence that this had been investigated. Two of the files showed that there were gaps in the staff member's employment history. This showed that safe recruitment practices were not always adhered to.

We discussed this with the registered manager and provider who told us that they would review the recruitment procedures. Since the inspection, the registered manager has confirmed that the gaps in employment have been explained and recorded within the staff member's files.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with told us they felt safe living in the home, although not all people were able to explain why. Relatives we spoke with did not raise any concerns regarding their family member's safety and

wellbeing. Staff we spoke with were knowledgeable about safeguarding and were able to clearly explain how they would report any concerns they had. A safeguarding policy was available to guide staff in their practice and contact details for local safeguarding teams were on display within the home. We saw that safeguarding referrals were made appropriately.

The provider also had a whistleblowing policy in place which encouraged staff to raise any concerns without fear of repercussions. No whistleblowing concerns had been raised. Two equal opportunity policies were in place; one related to staff and the other, to people living in the home. This explained how people would be protected from discrimination whilst living in the home and this was reflected within the statement of purpose. The statement of purpose recorded that people would not be discriminated against with regards to admission to the home and that as long as their needs could be met, they could move into the home. This helped to raise staff awareness and ensure that people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010. The registered manager told us there was nobody living in the home at the time of the inspection that required personalised support in relation to any of the protected characteristics.

Accidents and incidents that had occurred within the home had been recorded and reported appropriately. Records showed that action was taken following incidents to reduce risk. For example, one person had four recorded falls in a month and we saw that they had been referred to the falls prevention team for further advice. This showed that staff understood their responsibilities with regards to recording and reporting of incidents. The registered manager reviewed all incidents each month with the aim of identifying any trends and to establish if any actions could be taken to learn from incidents and prevent recurrence.

We looked at how the home was staffed. Although one person told us they thought there were not enough staff as they were often busy, all other people we spoke with told us there were enough staff during the day and night to meet their needs. Staff we spoke with told us there were enough staff to enable them to provide safe and person centred care to people. Our observations during the inspection also showed us that there were adequate numbers of staff on duty as we saw that people did not have to wait for support when they needed it. One person living in the home told us, "The carers come quickly enough when I need them." We also saw that staff were available to intervene and offer assistance to people who became upset or agitated throughout the day.

The home appeared clean and was free from odours during the inspection. Bathrooms contained paper towels and liquid hand soap in dispensers, in line with infection control guidance. Personal protective equipment such as gloves and aprons were readily available to staff around the home and we saw that they used them appropriately, such as when providing personal care.

There were cleaning schedules in place to ensure the home remained clean and to prevent the spread of infection. Records showed that staff had been trained in the principles of infection control and in an inspection by Wirral Community NHS Trust infection control team in July 2017, the service scored 96%.

## Is the service effective?

### Our findings

At the last inspection in April 2017, the provider was found to be in breach of Regulations regarding consent and adherence to the Mental Capacity Act 2005 (MCA). The effective domain was rated as 'requires improvement.' This inspection looked to see whether improvements had been made and that the provider was providing a service which met the fundamental standards of care.

During the last inspection we found that there was a lack of assessments in place to establish whether people were able to make specific decisions regarding their care and treatment, best interest decisions were not evident for people who were unable to make specific decisions and some people's liberty was restricted during the day as bedroom doors were locked.

During this inspection we looked to see if the service was working within the legal framework of the MCA. The 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 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).

Care files we viewed contained evidence that decision specific mental capacity assessments had been completed to establish whether people were able to provide their agreement and consent to live in Court Nursing Home. When people lacked capacity to consent, we found that an application to deprive people of their liberty had been made in their best interest. The registered manager maintained a record of all applications, the date they were authorised and the date they expired. Any conditions recorded on the authorisation were reflected within people's care plans and the registered manager was aware of the conditions. At the time of the inspection there were eight authorisations in place and a further 18 applications had been submitted to the local authority.

We found however, that capacity assessments were not always completed or recorded regarding relevant decisions. For example, one person's care file reflected that they received their medicines covertly (hidden in food or drink). The plan was detailed and stated that the person's GP and community mental health worker all agreed to the plan of care. However, there was no mental capacity assessment to evidence that the person lacked capacity to understand the consequences of not taking their medicines. This is not in line with the principles of the MCA, which states that people should be assumed to have capacity, unless an assessment proves otherwise. The registered manager contacted the relevant health professionals before the end of the inspection to arrange for an assessment to be completed.

At the time of the inspection there were four rooms which were shared by two people. We asked whether people had given their agreement to share a room and the registered manager told us the people were unable to provide their consent as they lacked capacity. Risk assessments had been completed for three

people which were comprehensive and looked at a range of factors to ensure it was suitable for them to share their room with the other person. The registered manager was in the process of completing the other five assessments. There were however, no mental capacity assessments in place regarding this decision.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that some people had their liberty restricted as their bedroom doors were locked during their day, restricting their ability to return to their rooms. During this inspection we discussed this with the registered manager and provider. We found that bedrooms were locked when people were spending time in the lounge, to prevent people entering other service user's rooms in error, due to confusion. People that were able to, held keys to their rooms so could access them at any time. The provider told us people were never prevented from returning to their rooms and staff would support them to locate and access their room whenever they wanted to and we saw this happen during the inspection. The provider was no longer in breach regarding this.

We looked to see if the environment had been adapted to support people living with dementia, to maintain their safety and assist with orientation. There was a sensory garden available to people with outdoor seating areas for people to enjoy. Bedroom doors contained people's names and some contained a photograph to help people locate their rooms. We found however, that the service could benefit from further developments which may assist people living with dementia.

We recommend that the provider reviews and updates its practices to ensure the environment is suitable for people living with dementia, in line with best practice guidance.

We found that care files included care plans in relation to people's mental, physical and social health needs. For example, one person's file included care plans which advised staff how best to support people in relation to their diagnosed health conditions, the physical day to day care that they required, their preferred social activities and the support needed in relation to their mental health diagnosis. This showed that people's needs were assessed holistically. Staff in the home had access to relevant legislation and best practice guidance, in order to enable them to provide the most effective care. This included the National Institute of Clinical Excellence (NICE) guidance on the management of medicines, the local authority safeguarding policy and a copy of the MCA.

Systems were also in place to ensure that people received consistent care when they transferred between services. For example, the provider had a 'transfer of information' policy which included forms staff completed when people transferred to hospital. This helped to ensure that staff in the hospital were aware of the person's needs and preferences and could continue to support them effectively. The provider also told us that the registered manager was part of a multi organisation group working to create a universal transfer of information form suitable to be used across all organisations.

People living in the home were supported by staff and other healthcare professionals in order to maintain their health and wellbeing. Care files showed that advice was sought from professionals such as the GP, dietician, community mental health teams, speech and language therapist and chiropodist. People we spoke with told us that staff arranged doctor quickly if they were unwell. Care files showed that staff sought professional advice in a timely way. For example, one person's file reflected that they had lost weight; staff made a referral to the dietician for specialist support. The advice they gave was incorporated within the person's care plans and records showed that their recommendations were followed.

We looked at how staff were inducted into their roles and found that they were provided with an induction that included information such as the policies and procedures of the service and emergency protocols. The registered manager told us that staff also underwent competency assessments, such as in the provision of personal care, however, these were not recorded. Most staff had completed, or were working towards a qualification in care. For staff that did not have a qualification in care when they commenced in post, they completed an induction in line with the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Not all parts of the Care Certificate are always included within the care qualifications and the registered manager agreed to review this and ensure that all staff had the required knowledge.

Staff were supported through regular supervision and an annual appraisal and staff we spoke with told us they felt supported and were able to raise any concerns they had. Regular training was also provided to staff to ensure they had the knowledge and skill required to meet people's needs. Records showed that training included basic life support, fire safety, moving and handling, health and safety, falls prevention, first aid and mental capacity. Additional training was also provided in order to meet people's individual needs, such as epilepsy, diabetes, end of life care, pressure area care and dementia awareness. All staff we spoke with told us they felt they received sufficient training.

We looked at how people's nutritional needs were met within the home. People living in the home told us they enjoyed the meals available to them. One person told us, "The meals are very good." People also told us that they had enough to eat and drink and choice was available to them.

We joined people for lunch during the inspection and saw that a choice of meals was recorded on the menu board. Staff were available during lunch to assist people when necessary and we saw that this was completed in a discreet and dignified way. People were given plenty of time to eat their meals and were not rushed in any way.

Records showed that people's weight was monitored regularly and appropriate action was taken when any concern was identified. People's risk of malnutrition was also assessed and monitored regularly and when people were at risk, their intake was monitored and referrals made to relevant professionals for advice.



## Is the service caring?

### Our findings

People living in Court Nursing Home told us that staff were kind and caring and that they were treated with respect by staff. Their comments included, "I have found the staff to be good and caring" and "I am happy with the staff." Relatives we spoke with also agreed and told us, "[Family member] is being cared for brilliantly" and "The staff and the management are great, kind, and caring." Quality assurance surveys that had been completed by relatives recently also included comments such as, "I could not fault any of the staff, everything is outstanding, they are all amazing" and "Staff are always friendly and eager to help."

Interactions we observed between staff and people living in the home during the inspection were warm and familiar. We heard staff speak to people in a respectful way and were quick to offer support when needed. We observed staff support a person to transfer using a hoist and heard that they engaged with the person throughout the transfer, speaking with them and explaining what was happening. The person appeared to be relaxed throughout the transfer. We observed another person who became agitated at one point during the inspection. Staff were available to offer reassurances to the person and helped direct them to their room where they could have time alone to relax as they wanted.

Through these observations and discussions with staff, it was clear that staff knew people well. For instance, one staff member described how a person living in the home was usually fairly independent and did not like to ask for help, but if they did require support with their mobility, they would hold out their little finger to indicate they wanted staff support. This was also included within their plan of care.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection. For example, we saw staff knocked on people's bedroom doors before entering and provided discreet support to people with their meals. Staff we spoke with were able to clearly describe how they helped to maintain people's dignity and privacy when providing support. These examples included ensuring doors and curtains were closed when providing personal care, talking to people to ensure they knew what was happening and always asking for their consent.

Care files we viewed also reflected that care was provided with dignity and privacy in mind. For instance, one person's file reflected that they had a tendency to leave the bathroom door open. The care plan reminded staff to observe for this and ensure they encouraged the person to close the door to maintain their privacy. We also saw that dignity locks had been fitted to all communal bathroom doors to enable people to lock them when in use.

We saw that some of the bedrooms within the home were shared by two people. In these instances, privacy screens were in place to ensure people had their own personal space and that their privacy was protected. A staff member we spoke with told us they were regularly reminded to ensure these were used when delivering personal care.

Care files we viewed showed that people were encouraged to be as independent as possible. For example, one person's personal care plan stated that the person was physically able to maintain their own hygiene



needs, but regularly asked staff to assist with these needs. The plan stated that staff were always to encourage the person to complete as much as possible themselves to ensure they do not lose skills they have developed. Relatives we spoke with agreed that people's independence was encouraged. One relative told us, "[Family member] has been supported to make some decisions and to be as independent as possible." We also saw that some adaptations were in place to support people, such as the use of a non-slip mat for one person. This helped the person to maintain their independence when eating.

We looked at the service user guide and statement of purpose which were on display within the home. These contained information about the service and what could be expected when a person moved in. It also included information regarding the complaints and safeguarding processes. This showed that people were given information and explanations regarding the service.

Not all people we spoke with were able to recall if they had been involved in the development of their plans of care, however all relatives we spoke with told us they had been involved and were always informed if there were any changes to their family members plan of care. Care plans we viewed showed that family members had been involved in providing information regarding people's life history and preferences regarding daily routines.

We saw that care files were stored securely in trolleys within a locked office in order to maintain people's confidentiality. This meant that only people who needed to know people's confidential information had access to it.

We saw friends and relatives visiting throughout the inspection and all those we spoke with told us they could visit at any time and were always made welcome. The registered manager told us that there were no restrictions as to when people could visit and this encouraged people to maintain relationships they had built in the community before moving into the home. This helped people to maintain relationships that were important to them and prevent isolation.

For people who did not have the support of family or friends, details of advocacy services were available within the home. The registered manager told us that there were a number of people living in the home who had the support of an advocate and that staff regularly made referrals to these services on behalf of people living in the home, as well as to independent mental capacity advocates (IMCA's) IMCA's support people with decision making, who do not have the mental capacity to make specific decisions themselves. Care files we viewed reflected their involvement and it was clear that staff liaised with them regularly.

## Is the service responsive?

### Our findings

At our last inspection in April 2017, the provider was found to be in breach of Regulations regarding complaints and person centred care plans. The responsive domain was rated as 'requires improvement.' This inspection looked to see if improvements had been made and whether the provider was providing a service which met the fundamental standards of care.

During the last inspection we found that people did not have person centred care plans in place to meet their needs in areas such as dementia or behaviour support requirements, to help guide staff how they could best support people with these needs. During this inspection we looked at the newly developed care plans and saw that people had detailed, personalised plans in place. For instance, one person's care file included a plan regarding the person's mental health and potential behaviours that could be challenging. This plan provided information on the person's behaviours, potential triggers to these behaviours, how they may present and how staff should support people at these times, such as through distraction techniques.

We also saw that care plans were in place regarding people's medical health needs. For instance, one person's file reflected that they had a specific health condition and informed staff what support they required in order to manage the condition and signs and symptoms to look out for which may indicate that the health condition was not well controlled. Guidance was provided on what actions staff were to take in these circumstances.

Another person's medicine care plan explained how the person liked their medicine to be administered to them and provided staff with clear guidance on how to ensure the person received their medicine in line with their preferences.

Care files we viewed included a 'This is me' document which detailed people's preferences in relation to their care and treatment. This included the time people liked to get up and go to bed, past interests and hobbies, occupations and meal preferences. It also provided information on what was important to people and a section about what the person wanted staff to know about them. For example, one person's 'This is me' document described how they wanted staff to talk to them to help them calm down when they became agitated. This helped to ensure that people were supported by staff that knew them well, including their needs and preferences. Sufficient improvements had been made and the provider was no longer in breach of regulation regarding the provision of person centred care.

Care files we viewed also showed that planned care was evidenced as provided. For example, one person's file reflected that they required their blood sugar levels to be monitored each day and records we viewed showed they were monitored and recorded. We also saw that care plans were reviewed regularly and updated when people's needs changed.

At the last inspection we found that the complaints procedure lacked contact details to ensure people knew how to make a complaint should they need to. At this inspection we saw that a new complaints procedure had been developed which provided clear information on how to raise concerns and included contact

details for the local authority and the ombudsman. The complaints procedure was on display within the home. One complaint had been made since the last inspection and this was recorded within the complaints log which had been maintained by the registered manager. We saw that this had been investigated and no further actions were required following this. People we spoke with told us they knew how to make a complaint and would feel confident to raise any issues they had with the staff. A survey recently completed by a family member stated, "Our concerns are listened to and responded to." The provider was no longer on breach of regulation regarding this.

We looked at the social aspects of the home and what activities were available to people. We found that an activity coordinator was employed and a schedule of planned activities was advertised on a notice board within the home. This included a cake sale, a visiting school choir, a party with an external entertainer, quizzes, singing, arts and crafts, bowling and pet therapy. The schedule advertised included pictures of the activities to help people who may not be able to read the words, understand what was planned.

People we spoke with told us they enjoyed the activities available and one person told us they enjoyed going out in the community for a walk with a staff member. A staff member told us that they had recently been bowling with some people living in the home and the registered manager told us they often attended the dementia friendly cinema screenings.

During the inspection we saw that technology was in use to help support people and ensure their needs were met. For example, for people who had been assessed as being at risk of falls, a falls sensor was in place in their bedrooms. This enabled staff to be alerted when people mobilised, so that they could go to the person and provide support to prevent falls. It also enabled staff to be alerted immediately if a person did have a fall, to help prevent further injuries or complications that may result from not being attended to straight away. Call bells were also available to people to enable them to call staff when they required assistance. This helped to ensure that people's needs could be met in a timely way.

We looked at systems in place to help support people at the end of their life. We found that staff had completed training to enable them to provide effective care to people at this time. The registered manager told us they had also undertaken a locally recognised end of life training course; 'Six Steps.' This course aims to provide staff with the tools and knowledge to plan and provide the best possible person centred care to people at the end of their lives. Although the training had been completed, the registered manager told us the certificate had not yet been received as the end of life policy in place required updating to reflect the principles of the training course.

Care plans we viewed contained monthly assessments of people's condition in line with the 'Six Steps.' This allowed early identification of any changes in people's condition and ensured that all relevant health professionals were aware of people's individual wishes with regards to their end of life care. This helped to ensure people had a comfortable and dignified death.

## Is the service well-led?

### Our findings

At the last inspection in April 2017, we found that the provider was in breach of regulations regarding audit systems and systems in place to gather feedback from people regarding the service. The well-led domain was rated as 'requires improvement.' During this inspection we found that some action had been taken, but further improvements were required.

In April 2017 we found that systems in place to audit the quality and safety of the service were ineffective as they did not highlight the issues and concerns identified during the inspection. During this inspection we looked to see what systems the provider and registered manager had in place to monitor the quality and safety of the service and drive improvements. The provider completed a series of detailed audits every six months which covered all aspects of the home. They had last been completed in June and July 2017 and contained actions for improvement. We saw that most of these actions had been addressed. For instance, new personal emergency evacuation plans had been created and implemented, mental capacity assessments were completed prior to applications being made to deprive people of their liberty and staff files now contained photographic identification.

We found however, that not all identified actions had been addressed. For example, staff had not participated in a fire drill and had not been offered vaccinations identified as necessary within the providers audit. Since the inspection, the registered manager has told us that a fire drill has now been completed.

The need to review and update care plans was identified both within the providers audit and at our last inspection. The provider had submitted an action plan to tell us what action they would take to ensure improvements were made following the last inspection. This action plan stated that care plans would be reviewed and updated to ensure they were more person centred by July 2017. We found however, that although all care plans were reviewed monthly, not all had been rewritten in line with the providers new person centred format. We discussed this with the provider and registered manager who told us this was due to time constraints and prioritising other improvements within the home to ensure risks were addressed. The provider told us a staff member had been allocated additional hours each week to rewrite the care plans in order to ensure they are all done in the near future.

The audits in place did not identify all of the concerns we highlighted during the inspection, such as those relating to the management of medicines, lack of PRN protocols and the lack of decision specific mental capacity assessments in relation to covert medicines. This meant that although there had been improvements in the systems in place to monitor the quality and safety of the service, further improvements were required.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a lack of systems in place to gather feedback from people regarding the service. During this inspection, we saw that quality assurance questionnaires for relatives had been

redesigned to include more areas of the service and these had been issued to relatives in 2017. Five had been completed at the time of the inspection and the registered manager was awaiting more completed questionnaires to be handed in. The registered manager was in the process of redesigning the service user questionnaires to make them more user friendly and these would then be issued to people. In the meantime, the old style questionnaire had been made available for people to complete and we saw that feedback regarding the service was positive. As well as a complaints policy, there was also a suggestions box available in the foyer of the home as a further means of gathering people's views of the service.

Staff meetings took place regularly and staff told us they were encouraged to share their views. We found however, that meetings had not been held for people living in the home or their relatives. During the inspection we saw the registered manager's action plan which included writing to relatives to establish whether they would attend a meeting. The registered manager explained that they had arranged meetings in the past, but as relatives raised any concerns they had as they arose as they had an open door policy, nobody attended the meetings. Since the inspection, the registered manager has sent us a copy of the letter sent to relatives.

At the last inspection we found that notifications had not been submitted to the Commission regarding all events and incidents that the provider was required to inform us of. This was because not all notifications regarding safeguarding concerns had been submitted. During this inspection, we looked to see if safeguarding notifications had been submitted. The registered manager told us there had not been any safeguarding concerns raised since the last inspection. We discussed the types of incidents that needed to be reported and the registered manager was aware of these and told us they also followed the local authority thresholds procedure to help determine what needed to be reported as a safeguarding concern.

A registered manager was in post and feedback regarding the management of the service was positive. Staff we spoke with told us the registered manager was approachable and dealt with any issues they raised. Staff also told us they enjoyed their role, felt they worked well together as a team and would be happy for their family members to live in the home.

The provider had a range of policies and procedures available to help guide staff in their practice. Staff were aware of the home's policies and we saw that they had begun signing to indicate when they had read the policies. Staff we spoke with were aware of the aims and values of the service and one staff member told us the best thing about the staff team, was the care they provided to people living in the home.

We saw a letter on display from the tissue viability nurse, congratulating the service on the improvements they had made in relation to wound management and corresponding records. This showed that the service had been working effectively with other professionals in order to make improvements and provide a good standard of care.

We also saw that the rating from the last inspection was clearly displayed within the home as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Consent was not always sought in line with the principles of the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The environment was not always maintained safely.
Treatment of disease, disorder or injury	
	Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems in place to monitor the quality and safety of the service were not always effective.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Staff were not always recruited in line with safe recruitment practices.
Treatment of disease, disorder or injury	