

Minster Care Management Limited

Karam Court Care Home

Inspection report

Mallin Street
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Tel: 01215588007

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10 September 2019

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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

About the service:

Karam Care is a care home providing personal care and support to 47 people. At the time of the inspection 45 people were living there some of whom were living with dementia. The accommodation is provided over two floors, with a communal area on each floor.

People's experience of using this service:

People were kept safe and secure from the risk of harm. Potential risks to people's health had been assessed and managed well.

People received their medication safely and as prescribed. People were supported by staff that had been safely recruited and had the relevant training to support people safely.

People's choices and independence was respected and promoted.

Staff responded to people's care needs and external healthcare professionals were involved when needed.

People's relatives were confident about approaching the registered manager if they had any concerns.

The provider had effective auditing systems in place to monitor the effectiveness and quality of the service provided. People's views on the quality of the service was gathered and used to improve and develop the service.

Rating at last inspection:

The last rating for the service was good (published 14 March 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led
Details are in our well section below.

Good ●

Karam Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, 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 service.

Service and service type

Karam Court Care Home is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during the inspection.

There was a registered manager in post. This means that the provider and the registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 10 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection:

We looked at information we held about the service, including notifications they had made to us about important events. We reviewed information we hold since the last inspection. We used information the provider had sent to us in the providers information return (PIR). This is information the provider sends to us which contains key information about their service, what they do well and improvement they plan to make. This information helps to support our inspection. We used the Short Observation 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.

We spoke with seven people using the service. Some people were living with dementias so could not talk with us. We spoke with five relatives to ask about their experience of the care provided to their relatives. We spoke with the registered manager, area manager and two staff. We looked at the care records for four people, three staff employment related records and records relating to the quality and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further documentation to support the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from harm. People's risks were known by staff and clear guidance was available in risk assessments for staff to ensure people were supported safely. One staff member told us, "We have handover every time we come into work, so we are aware of any changes that has occurred with people." One person told us "When I press my buzzer, they do not take long to come"
- People's care needs and the risks they wished to take was monitored and reviewed with the individual, or family members to ensure that the person remained as independent as possible. For example, although some people were prone to falls they were still supported to walk around the home. The service took all the necessary steps to reduce the risk, such as referrals to the falls clinic, ensuring that aids such as crash mats and walking aids were in place. one person told us "I feel safe here, I like the company"

Systems and processes to safeguard people from the risk of abuse

- People we spoken with told us they felt safe with the staff who supported them. One person told us "I am happy here, feel safe and looked after." A relative we spoken with told us, "Anything that is wrong they contact me, but I do feel that [named person] is safe here and looked after really well."
- Staff told us that training in safeguarding people was reviewed and updated. All staff spoken with told us any concerns they would speak with the manager, and they had confidence that action would be taken immediately to ensure the person was kept safe.
- The registered manager was clear about their responsibilities and what action would be taken if concerns were raised about a person's wellbeing or safety. One staff member told us, "We are all very passionate about the people who live here."

Staffing and recruitment

- People were supported by staff who were trained, recruited and had the skills to meet people's needs.
- All staff had the necessary checks, before they commenced employment, including checks with the Disclosure and Barring service (DBS) to ensure suitability.
- The registered manager used a dependency tool to assess how many staff were needed to support people safely, and ensure time was allowed for staff to spend time with people. The registered manager told us it is very important to have enough staff to support people. One person told us "There is always staff around."

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection and staff told us they had received training and personal protective equipment (PPE) was available.

Using medicines safely

- Procedures were in place to ensure people were given their medicines safely and as instructed.
- There was a medication policy in place to ensure staff had guidance if things went wrong. All staff who supported people with their medication had been trained and their competence assessed regularly to ensure they were safe to manage people's medication.
- Audits were completed to ensure that people had been given their medication as prescribed and medication was stored safely.

Learning lessons when things go wrong

- The registered manager demonstrated they assessed and learnt from mistakes. Staff told us the registered manager listened to their views. Staff told us they had regular meetings to put forward suggestions and changes were made if required.
- There were systems in place to analyse and evaluate all accidents and incidents. Action was taken to mitigate future occurrences and people were consulted throughout and informed of any action taken. One staff member told us, "We discuss everything about the home, and the people we are a team, what staff member knows, we all know."

Is the service effective?

Our findings

Effective- this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us they were happy with the meals provided. People living in the home were given a choice about their meals. We saw on the day of the inspection four separate meals were being prepared based on people's cultural needs and likes. These included Jamaican food, Indian food and English meals. The cook told us, "I cook what people want daily." One relative told us, "The meals are nice, I don't know how the cook does it really all the different meals she cooks brilliant."
- Dieticians and the Speech and Language Therapy team [SALT] were consulted to provide advice on health and nutrition.
- Staff were aware of how to ensure people maintained a healthy weight and nutritional balanced diet. People were referred promptly to the appropriate healthcare professionals if concerns were identified.
- People were supported by staff to eat their meals where required.
- We observed the lunch time meal, people were relaxed and supported by staff in a dignified way. one person told us "I am never hungry, I have enough to eat and drink"

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff who had received training in the MCA, staff we spoke with were clear about their role and responsibilities with regards to DoLS and what this meant for individual people. One staff member told us, "We give people choices and seek consent."
- The registered manager was aware of their responsibilities regarding DoLS and applications. The registered manager told us that best interest assessments had been completed for those people that required this and where (DoLS) were in place these were reviewed. We saw evidence to support this information.

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

- There were processes in place to ensure people received personalised care and support. For example, people were asked their views of how they wanted to be supported. People who were unable to express these views relatives and advocates were involved.
- People's care needs were reviewed and informed by advice from other healthcare professionals to ensure people's care needs were met.
- Staff spoken with knew people well, they were able to tell us in detail about the person, which mirrored the person's care plan, including personal preferences, the choices they made, risks and the support they needed.

Staff support: induction, training, skills and experience

- Staff completed regular training and face to face training in areas relevant to their role. The registered manager was proactive in ensuring staff were up-to-date with their training and provided additional training to meet the needs of the people living in the home.
- Some staff took the lead in various roles to support other staff. For example, becoming a dignity champion, a dementia champion to support staff when they were caring for people.
- Staff told us the training was excellent and the registered manager encouraged staff to ask for any training they might feel would benefit them to support people. One staff member told us, "If someone comes into the home who may have a diagnosis of something we have not dealt with before then training is provided. The domestic staff have the same level of training as care staff."
- All staff complete an induction process to ensure that they felt confident when supporting people.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The provider in consultation with people who lived there has identified decoration of the home was needed to ensure that people lived in a fresh and bright environment suitable for people living with dementia.

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

- Care records showed that staff involved other healthcare professionals and referrals were made when required. Relatives spoken with confirmed any concerns with their family member's health, the registered manager and staff contacted the doctor or district nurses. One relative told us, "I don't have to worry at all about [named person] any concerns the staff are really good and let me know."

Is the service caring?

Our findings

Caring- this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- People described the staff as "Kind and respectful." One person told us "They treat me with the greatest respect and kindness." Another person told us "I choose what I wear, what time I get up and go to bed"
- Staff told us that everyone in the service were supported as individuals. One staff member told us, "From the domestics, care staff to the management team, we really care about the people we are looking after"
- Relatives spoken with told us that they felt their relatives were treated with respect. One relative told us staff were very good at supporting [named person] because they sometimes became anxious, but staff would reassure them.

Ensuring people are well treated and supported; respecting equality and diversity:

- People's diversity was recognised and their needs in this area were identified and respected. Care plans included any religious, cultural or lifestyle choices, if people chose to share them with the service. They noted any support or help people might need to meet their diverse needs, One person told us "The staff are caring and friendly"
- Staff knew people's cultural and diverse needs and how this may affect how people were cared for. For example, respecting people's spiritual needs or choice and the gender of staff providing care.
- All staff had received training in equality and diversity.

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

- Most people living in the home was not able to fully express their views about their care because of living with dementia. Where people were not, the relatives and other healthcare professionals and an advocate was involved to ensure the service provided met people's individual care needs.
- Care plans documented the preferred communication of the person, for example specific gestures that people made.
- People had regular reviews to ensure people's healthcare needs and decisions about their care were met and relatives were involved to speak on behalf their relatives.
- Relatives spoken with told us they were kept informed of any changes to their relative's needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's individual care needs had been assessed and care plans developed to meet those needs. Support plans were detailed regarding the support people required and had been reviewed.
- People received support from staff who knew them well and support was tailored to people's individual needs. One person told us "I choose to be in my room, they respect that."
- Staff knew people's preferences and how best to approach people and support people if they were not able to make choices for themselves.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection we saw the complaints procedure, service user guide and other information were in different formats such as easy read and pictorial. However, we discussed with the registered manager other possible formats that may be useful such as tapes for people with sensory loss, or Braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are social and culturally relevant to them.

- People were supported with activities that included outings to various locations. The service had an activities person and the activities that people had taken part in was displayed around the home. People's views were sought about the activities they enjoyed this was both within the home and arranging trips out. One relative told us, "I have my gripes, but the staff are very responsive."

Improving care quality in response to complaints or concerns:

- Relatives spoken with told us they could approach the management and staff if they had any concerns and action would be taken.
- We saw where complaints had been made a full investigation was completed and areas for improvements changed.

End of life care and support.

- We saw that care plans were in place to support people at the end of their life to receive the care they wanted. We were told that there was no one receiving end of life care at the time of our inspection. However, procedures and policies were in place to support staff if needed.

Is the service well-led?

Our findings

Well led -this means we looked for evidence that the service leadership. Management and governance assured high-quality person-centred care, supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about the organisations vision and values. Staff understood their roles and responsibilities and were supported with training and supervision.
- People were involved in reviews of their care where possible and alternative support was sought such as advocates when required, so staff had the information to support people safely
- The registered manager understood the responsibilities of their registration and notified us, about events that may affect people or the service.
- The registered manager operated within the duty of candour was open and transparent. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people and those seeking information about the service of our judgments.
- Staff were clear about their responsibilities towards people and understood how to escalate concerns if needed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- On the day of the inspection we saw that the manager interacted in a relaxed and caring way with people living in the home, staff and relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had been sent to relative and people's views had been sought. We saw positive comments were returned. For example, we were told by a relative, "I can only describe what I see, and I see that staff look after the people who live here well."
- Peoples care records record were clear and person centre. The support provided was personal and well managed.
- Feedback was collated from staff meetings, relative meeting, and external organisations to ensure the service provided was meeting people expectation and needs.

Continuous learning and improving care

- There were policies and procedures in place to monitor the service and the (PIR) providers information return told us about future plans which included redecoration of the home. The systems supported the management for gathering, recording and evaluating the service provided.

Working in partnership with others

- The service worked in partnership with people's relatives, social workers and other health and social care professionals to ensure the care and support people received was person-centred. This was confirmed by professionals spoken with during our inspection.