

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## North Court Care Home

108 Northgate Street, Bury St Edmunds, IP33  
1HS

Tel: 01284763621

Date of Inspection: 08 August 2014

Date of Publication:  
September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Four Seasons Homes No 4 Limited
Overview of the service	The service provides residential and nursing care to a maximum of 65 people. Some people using the service have specific care needs as they have dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	7
Safety and suitability of premises	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
Records	14
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether North Court Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and reviewed information given to us by the provider.

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### What people told us and what we found

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We inspected this service on the 8 August 2014 to follow up areas of concern identified at a previous inspection on the 1 May 2014. The service had sent us their action plan, telling us what action they were taking to become compliant in the areas where we had concerns.

During our inspection on 8 August 2014 we found that the service had made the improvements we had asked them to.

During this inspection we were met by the manager who was not yet registered with the Care Quality Commission as they were relatively new in post. The manager told us that they had started the process to become registered with us. We also met the Area Manager.

During our inspection we spoke with 5 people who used the service, two people's relatives and observed the care on both the ground and first floor. We looked at six people's care plans and other associated care records. We also looked at staffing records, quality audits and health and safety records. We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is the summary of what we found:

Is the service safe?

The entrance of the building was secure and staff checked our identity. People were free

to move about but a key code system gave people additional security. We saw that a number of people had door sensors which would alert staff as to when people were mobile and at an increased risk of falls.

People received adequate supervision from staff and records showed us that people were regularly checked to ensure they were safe.

Staff had received training in safeguarding vulnerable adults from abuse, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were provided with the information that they needed to recognise and report concerns so that people were protected from abuse as far as possible.

The environment was well maintained and free from offensive odours. We noted a carpet that needed replacing during our previous inspection of 1 May 2014, it had been replaced.

Is the service effective?

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the records had been reviewed and updated. This meant that staff were provided with up to date information about how people's needs were to be met.

We saw that staffing levels were being maintained in accordance with people's assessed needs which meant staff were able to meet people's needs. The service had taken action to address our concerns that the service was failing to meet people's social needs at our previous inspection. An activities person had been appointed, had set up a schedule of activities, begun to talk to people independently about their preferences, and had produced a newsletter.

Is the service caring?

The staff interactions we observed were kind and we found staff responded appropriately to people's requests and needs. We spoke with some relatives, one told us, "The staff are so good and helpful." Another said, "They (the service) care about me as well as (their relative)."

Is the service responsive?

We saw call bells were answered promptly and people's needs were responded to quickly. We observed lunch and saw that most people received the support they needed in a timely way and staff did not outpace people when supporting them with their meals. The staff team appeared relaxed and frequently interacted with people, even when just passing through communal lounges they would stop and acknowledge people in an appropriate manner.

Is the service well led?

The manager who was new at our previous inspection on 1 May 2014, has now become 'bedded in' and had made themselves known to all the people who used the service and their relatives by arranging relative and resident meetings and spending time with people. One person's relative told us, "The manager is like a breath of fresh air, so open and friendly."

The manager no longer covered shifts unless it could not be avoided or by choice so that they could 'keep their hand in', which they did occasionally.

We saw the service's records which related to infection control and the maintenance of equipment, such as lifting equipment. We found that all the records we looked at relevant to the management of the service were accurate and up to date.

We saw that complaints were dealt with effectively and recorded in line with the provider's complaints policy. However, there was one complaint that was still being dealt with and had also been referred to us, the Care Quality Commission. We will continue to monitor this complaint to its conclusion.

The manager ensured that staff were appropriately supported throughout their shift and that they received regular supervision of their practice and annual appraisals.

There were regular audits of the quality of the service and the care provided to people. This meant there were systems in place to identify where the service was meeting regulation and where it needed to improve. We saw that audits took place across the day and night shift which enabled the manager to see the service provided over a 24 hour period.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

We saw that people's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our inspection on 1 May 2014 we observed lunch in one dining room upstairs and found only one person out of five was helped to the table. Other people remained in their lounge chairs. We did not observe staff offering to help people to the table and this was not a choice that was recorded.

During this inspection, the manager told us that the 'My Preferences' section of people's care plans had been updated to ensure that where people would like to eat their meals was recorded. This section had been placed in the front of the daily progress folder to ensure that it was easily located by staff. People were enabled to eat wherever their choice was and the aim was for people to receive the same level of care wherever they chose to eat. For example if they ate in their bedroom, the meal was served with napkins and condiments.

We were told that the senior care staff completed this work with the people who used the service and their relatives ensuring the validity and value of the information. We looked at six people's care plans and saw that people's eating preferences were recorded and the 'My Preferences' sections had been moved to the front of the care files. This meant that people's diversity, values and human rights were respected.

During our inspection on 1 May 2015 we saw that the television was on throughout lunch which meant people were not encouraged or given the opportunity to socialise with each other. During this inspection the televisions were turned off during the meal time. The manager told us that this was now the service's policy to turn the televisions off at all mealtimes.

A new activities coordinator had been appointed since our last inspection on 1 May 2014, when we found that people's activities preferences had not been recorded and that people were not offered sufficient activities to occupy or stimulate them.

The activities coordinator had been in post three weeks and had already arranged several

activities and displayed photographs of people taking part in them. The coordinator had also started to speak with people individually to capture their preferences in activities, entertainment and outings to help them plan the future activity program. They planned to work with people individually as well collectively and had produced their first newsletter, which they intended to do quarterly. This would inform people who used the service and their relatives what activities had been planned and help them to reflect on those that had happened. We saw that activities were recorded in people's care records. One person told us that, "It's good to see things happening around here, I love having something to do." Another person said, "I would like to get out more, hopefully that will happen now."

During our inspection on 1 May 2014, outside people's bedrooms, we saw brief information about them and their current needs. There was no information to show that people had consented to this information to be publicly displayed and some of the 'profiles' contained sensitive information which people could have wished to be kept private.

During this inspection we saw that all of the data sheets that were outside people's bedrooms had been removed. The manager told us that they planned replacing them with information and photographs that would help people to identify their bedroom and which would be a focal point for conversation between the person and the care staff.

The manager told us that, "The service had begun to develop the home's management and care of people who were living with dementia through the Companies PEARL dementia care programme. The first meeting and initial assessment of the service with regards to preparations for the PEARL program took place on 31 July 2014. A plan of action including time scales for completion of each stage would follow after this initial assessment."

Pearl stands for Positively Enriching and Enhancing Resident's Lives and was developed by the organisation, 'To help our homes work towards a number of set criteria to ensure that they are providing the most up to date training, communication and interventions for people with dementia. The criteria follows the VIPS framework (Brooker, 2007).'

We were told that a senior carer worker, trained in Dementia Care Mapping (DCM) had recently been employed and a further senior care worker had attended DCM training. A programme of dementia mapping for all the people who used the service was due to commence shortly after our inspection.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

We found that people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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During our inspection on 1 May 2014 we looked around the home and observed good standards of cleanliness and maintenance of the premises and grounds. However, we met with the laundry assistant and saw that one of the washing machines was faulty which meant laundry was backed up and we were told this had happened before. This meant that there was not enough equipment in working order to wash the laundry in a timely way. Some laundry was on the floor and not in designated laundry baskets which could increase the risk of cross infection.

On this occasion we visited the laundry and found that all the machines were in working order and that it was clean and well ordered, with no backlog of washing.

During the inspection 1 May 2014 we found one room had an offensive smell. Staff told us a new carpet had been requested in November 2013 but had still not been replaced. On this occasion we saw that the carpet had been replaced and found that the home was free from offensive odours.

We saw that some areas of the service had been reorganised to make the layout more appropriate for the people who used the service. Areas had been decorated using pastel colours and bathroom doors were in strong primary colours to make them easily identifiable for people.

Wheelchairs were no longer stored in bathrooms or the hairdresser's room. The manager had reorganised and tidied storage areas so that there was space available to store the wheelchairs. This showed that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

We found that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with six members of staff. They confirmed that they had completed an induction, including manual handling and other essential training, which had mostly been completed through e-learning. Staff told us they got paid for training and could do this on shift or at home.

They told us they attended a two day corporate induction and then had been shadowed on shift by more senior staff until they felt comfortable to work on their own. This meant staff were supported to develop the necessary skills and training to carry out their job. Staff completed a twelve week mandatory skills for care course which helped equip them for their role.

We viewed the staff training records and saw that most staff were either up to date with their training or this was booked. Staff were not permitted to work if their training had lapsed which potentially reduced the risk to people of being supported by staff whose training was not current. We saw that additional training was undertaken by the trained nurses as part of their professional registration which included management of pressure ulcers, palliative care, wound care and using universal screening tools to assess people at risk of malnutrition. We saw training was planned for the future including catheter care, syringe driver, legionnaires and some more mandatory updates: first aid, manual handling and fire safety.

The manager said the training was competency based which meant staff would be expected to share their knowledge of what they had learnt and observations of staff practice would capture how staff had implemented their learning. This meant staff had the necessary skills to meet people's specific needs. The nurses told us they had clinical nurse meetings every month and had detailed handovers at each change of shift. Nurses told us that each day at eleven they had a quick handover to get a snapshot of the day and how things were on each unit. The nurses felt this to be beneficial and helped them to identify shift priorities.

We saw that staff had received recent supervision and staff were being given appraisals which was an opportunity for them to reflect on their practice and training needs with their

manager.

The staff members we spoke with told us that they believed they were properly trained to work with the people who used the service and that it was well organised. This meant that this service ensured that staff were appropriately trained to be able to care for people effectively.

The manager told us that staff were given the opportunity to develop their learning, the majority of the staff employed at the time of our inspection had attained or were working towards attaining their National Vocational Qualification (NVQ) level 2 or 3 in health and social care or the Qualifications and Credit Framework (QCF) diploma. We saw evidence to substantiate that statement in the staff files we looked at. This meant that staff received appropriate professional development.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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The manager had been in post since March 2014 and at the time of our last inspection on 1 May 2014 was covering care shifts because of shortages of nursing staff. We were concerned that this compromised their ability to effectively manage the service. During this inspection the manager told us the service was staffed sufficiently, which meant that they no longer needed to cover shifts, although they told us that they chose to work on the floor occasionally so that they could familiarise themselves with people's care needs and test staff workloads.

The manager told us that they talked with the people who lived in the service on a daily basis, and monitored staff and the delivery of care closely.

The manager told us that they monitored and assessed the quality of the service that people received to improve and enhance their experiences. They aimed to achieve this through resident and relative meetings, by offering a range of activities and by re-introducing the organisation's dementia care programme, the PEARL programme, which was due to start in August 2014.

We saw records that evidenced that the manager completed audits including: dining, environment, people's experience, distress reactions, dementia and mental health. Issues raised during audits were placed on organisations operations system with progress monitored weekly by the manager and the regional manager.

In addition the regional manager completed unannounced quality assurance visits and reviewed the manager's auditing processes. Weekly weights, falls and pressure ulcer reports were generated on a weekly basis and sent to the regional manager.

The previous quality assurance questionnaire that was sent to families and people who used the service only had a 4% response. The manager explained that the surveys were sent from, and were returned to, the head office and were out of their control. However, they said that when they were given notice that they were about to be sent out again, they were going to inform people that they were on their way and would encourage people to

complete them.

We saw that complaints were dealt with effectively and recorded in line with the provider's complaints policy. However, there was one complaint that was still being dealt with and had also been referred to us, the Care Quality Commission. We will continue to monitor this complaint to its conclusion.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at the care records of six people who used the service and found that they were accurate and reflected people's needs. We saw that the records identified the care and support people required to meet their assessed needs and preferences. There were risk assessments in place which identified how the risks in people's daily living were minimised. These included the risks associated with nutrition, moving and handling and tissue viability. All the care plans had been reviewed by the staff and the manager and were up to date.

We looked at the personnel records of four staff members, they were well ordered, held all the required records and were up to date.

We saw the service's records which related to infection control and the maintenance of equipment, such as lifting equipment. We found that all the records we looked at relevant to the management of the service were accurate and up to date.

We saw that records were kept securely and could be located promptly when needed.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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