

## Larchwood Care Homes (South) Limited

# Kings Court

### Inspection report

23 Kings Road  
Horsham  
West Sussex  
RH13 5PP

Tel: 01403276333

Date of inspection visit:  
08 August 2017  
09 August 2017

Date of publication:  
07 December 2017

### 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

The inspection took place on 8 and 9 August 2017 and was unannounced.

Kings Court is a care home for up to 38 people. It provides care and support to people over the age of 65 years living with dementia. At the time of our visit there were 24 people at the home. The home has a range of communal areas and well maintained accessible gardens.

The home had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

People's medicines were managed safely. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff were approachable, knowledgeable, professional and keen to talk about their work. The atmosphere in the home was happy and calm. People were engaged and occupied; they interacted and chatted with each other. Every person we spoke to was complimentary about the caring nature of the staff.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The registered

manager and the staff team took pride in their work and were looking for ways to improve the service. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were able to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

People medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff adhered to the Mental Capacity Act 2005 code of practice and supported people in line with their deprivation of liberty safeguard authorisations.

People were supported to have enough to eat and drink. People enjoyed their meals and each other's company.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing quality care. Staff were quick to help and support people.

People were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care was delivered in a person centred way.

People were occupied and stimulated at the home.

People were encouraged to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager provided strong, clear leadership and ensured there was a person-centred culture.

Staff told us they were well managed, were treated with respect and were listened to. Morale was high.

Systems were in place to effectively monitor the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

# Kings Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 8 and 9 August 2017 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for four people, medication administration records (MAR), a number of policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care and spoke with five people living at the home. We also spoke with the area manager, registered manager and two care staff on duty.

Kings Court was last inspected in June 2015. We found that areas of the quality monitoring process in place required improvement. The provider did not have the information to inform the quality of care and treatment provided for the continuous development of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager submitted an action plan in August 2015 detailing the action they would take in order to be compliant. The action plan had a completion date of December 2015. At this inspection we found that improvements had been made and the provider had taken the action required to meet this regulation.

# Is the service safe?

## Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. People told us that they liked the staff. We were told that, "It's a lovely place" and "I can't fault it".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The Registered Manager followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed on admission to the home. Risk assessments were completed. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. Where people were at risk of weight loss, staff had taken appropriate action to reduce the risk. This included discussion with people's doctors and a referral to a dietician if necessary. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example people had their weight recorded weekly and were encouraged to eat a well-balanced diet.

The premises and gardens were well maintained and generally well presented. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. All maintenance and servicing checks were carried out, keeping people safe.

On the first day of our inspection, we saw that areas of the home required cleaning. This included the downstairs bathroom and the sluice rooms. One of the downstairs corridors was found to have a malodour. When we returned the following day to complete the inspection, we saw that a deep clean of the service was in progress.

There were enough staff to meet people's needs. We saw that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. We saw that when people rang their call bells staff were very quick to respond and assist them. Staff and people staying at the home told us they were happy with the staffing levels. People told us, "It's really well organised".

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past four weeks demonstrated that the staffing

was sufficient to meet the needs of people using the service. In addition to the managerial team, there were five care staff during the day and four at night. Ancillary staff were employed for specific tasks, for example laundry and domestic duties.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked and references obtained. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service (DBS).

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure the fridge remained at a safe temperature. The medicines store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately. For example, staff waited to check people had taken their medicines before signing the administration records. We saw the lunchtime administration of medicines; this was carried out sensitively and appropriately. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service. We checked a sample of medicines and found the stock tallied with the records kept. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. This was then discussed during staff supervisions. Records showed and staff confirmed they had been trained and that their training was regularly updated. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

## Is the service effective?

### Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. People spoke positively about staff and told us they were able to meet their needs. People had confidence in staff skills and knowledge. We were told, "It's great," "The staff are good," and, "It's a lovely place."

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Their progress was reviewed informally on a frequent basis by their manager.

Following induction, all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, health and safety, infection control, medicines and equality and diversity. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff training in nutrition and hydration.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff we spoke with told us they felt supported by senior and other staff. Staff told us, "It's a nice place to work". Staff told us there was sufficient time within the working day to speak with the senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

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

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application should be made and appropriate applications had been made. All staff we spoke with had a good working knowledge on DoLS and mental capacity and had

received appropriate training.

People had their capacity assessed on admission to the service. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless their assessment showed otherwise. There were actions to support decision-making with information for staff to help people make decisions for themselves, this included giving people time to answer. This was in line with the Mental Capacity Act (2005) Code of Practice.

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. In addition to this we saw that a selection of cold drinks were readily accessible. People told us, "There's plenty of food" and "I love what's on offer". We observed the lunchtime meal experience. Lunch was taken in the dining room or lounge area, however people were able to eat in elsewhere if they preferred. People appeared to enjoy their meal. The food we saw had an appetising smell and looked attractive. We observed many positive interactions between people and staff. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was no rush for people to eat their meal. People ate at their own pace and some stayed at the tables when they finished eating and talked with others, enjoying the company and conversation. There was a relaxed and calm atmosphere.

People's likes and dislikes had been discussed as part of the admission process. Staff went round each day asking people what they would like for the next meal. We saw people were able to request an alternative if there was nothing on the menu they wanted. Staff were also seen asking for feedback on the meal after lunch.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to dieticians if required. This demonstrated staff were monitoring people and taking action to ensure their needs were met.

People had access to health care relevant to their conditions, including GPs and chiropodists. Staff knew people well and referrals for regular health care were recorded in people's care records.

## Is the service caring?

### Our findings

The caring ethos of the staff was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and established a rapport. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to, without exception, was complimentary about the caring nature of the management and staff. People described them as, "Kind," "Caring" and "Not just here for the money". Everyone we spoke with thought people were treated with respect and dignity.

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors. Staff focused their attention on providing support to people. During our inspection we spent time in the communal areas of the home with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation. We observed people smiling, chatting and choosing to spend time with the other people staying at the home. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend time with them and encourage them to do things for themselves. Staff walked with people at their pace and when communicating with them, they got down to their level and gave eye contact. Staff spent time listening to people and responded to their questions. Staff explained what they were doing and offered reassurance when anyone appeared anxious. Staff made sure people were comfortable and had everything they needed before moving away. Staff chatted with people who appeared to enjoy their company.

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful and made them aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs. Relationships between people and staff were warm, friendly and sincere. Staff said that they believed that all staff were caring and were able to meet the needs of people.

There was a strong caring culture at all levels. From management to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

## Is the service responsive?

### Our findings

People told us that the staff were responsive to their needs. People received support that was individualised to their personal preferences and needs. Staff told us they informed relatives if anything happened to people. We saw records to confirm this. For example, informing relatives was one of the actions recorded on the accident and incident forms.

People had their needs assessed before they were admitted to the home. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. During our visit we asked a recently admitted person what their initial impressions of the home were. We were told, "I've only been here two days. It's quite nice, but too early to say." Staff told us that they had read people's care plans. We saw that the care plans had been signed by staff to ensure that they were aware of people's needs. People's care needs were kept under review and any changes or increase in dependence were recorded and added to the care plans. This meant people received consistent and co-ordinated care that changed along with their needs.

Care plans were personalised and detailed daily routines specific to each person. Each care plan contained information about the person's likes, dislikes and people important to them. Staff attended a verbal handover between each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care which met their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company.

People had a range of activities they could be involved in. People told us they were happy with the activities provided. A person told us, "There is plenty to do. I'm not bored." Another person said, "There is quite a few of us here, there is something for everyone." The home provided regular activities, which included arts and crafts, knitting, board games and visiting entertainers. Staff told us that they try to fit the activities to things people had previously enjoyed, "[Name] had a small holding and really enjoys being out in the garden." People were encouraged to participate in the various activities on offer. People were supported to maintain relationships with people that mattered to them and to avoid social isolation. Visitors were able to visit at any time.

All people we spoke with told us that they were happy with the level of social interaction and activities provided. People told us that the home was, "Great," and, "Friendly."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they knew how to raise a concern, but were happy at the home and had no cause to complain.

People told us that were confident that any issues raised would be addressed by the registered manager. No complaints had been received in the last year.

## Is the service well-led?

### Our findings

At the last inspection in June 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that areas of the quality monitoring process in place required improvement. The provider did not have the information to inform the quality of care and treatment provided for the continuous development of the service. The registered manager submitted an action plan in August 2015 detailing the action they would take in order to be compliant. The action plan had a completion date of December 2015. At this inspection we found that improvements had been made and the provider had taken the action required to meet this regulation.

The home had a positive culture that was person-centred and inclusive. There was an open and friendly culture. Staff at all levels were approachable, knowledgeable, professional and keen to talk about their work. People appeared at ease with staff and staff told us they enjoyed working at the service. People knew who the registered manager was. There was mutual respect between the registered manager, senior and other staff, and a strong sense of teamwork. People told us, "They all work together". Staff told us that they felt supported by the management team and each other. The registered manager and the staff team took pride in their work. The registered manager was not complacent, and was looking for ways to improve the service.

The registered manager was fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

We were told and records confirmed that staff meetings took place regularly. Staff used these meetings as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

Quality was integral to the home's approach and there were systems in place to drive improvement. Quality assurance systems monitored the quality of service being delivered and the running of the home, for example audits of medicines, care records and catering.

During our visit we were told, and records confirmed, that the regional manager visited the home regularly. This visit included looking at records, talking to staff and talking to people and any visitors. We were told that any areas requiring action were discussed with the registered manager. We saw the homes development plan which confirmed this. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to improve. The company also employed a Quality Manager who conducted a full compliance of the home, the findings then fed into the homes development plan. Accident and Incident forms were completed. These were checked and analysed for trends and patterns. They contained clear details of actions taken in response to any accidents or incidents.

Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the home and quality of the care they received. Feedback surveys were sent out to people and / or their relatives by the company's head office. The responses were collated and people's comments summarised. Any areas identified for action were included in the home's development plan. People's comments were positive and no areas of concern had been identified.