

Avery Homes Wellingborough Limited

# Duke's Court Care Home

## Inspection report

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13 December 2017

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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

Duke's Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Duke's Court is registered to accommodate 60 older people; at the time of our inspection there were 58 people living in the home.

At the last inspection this service was rated good. At this inspection we found the service remained good. The inspection took place on the 13 December 2017 and was unannounced.

The service is required to have a registered manager. 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. A registered manager was not in post at the time of the inspection; however, a manager had been appointed who was in the process of applying to be the registered manager. The deputy manager was managing the home on a day to day basis with the support of the registered provider.

People continued to be treated with respect, kindness and empathy. The staff were friendly, caring and compassionate. Positive relationships had been developed between the people and staff. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There were a variety of activities available for people to participate in if they wished to and groups from the local community were welcomed to take part in events at the home.

The service had a positive ethos and an open culture. The provider was committed to develop the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Duke's Court Care 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 checked 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 unannounced inspection took place on 13 December 2017 and was undertaken 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 care service. In this instance our expert-by-experience had cared for an older relative and supported them to find an appropriate care setting to live.

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. The provider completed and returned the PIR in November 2017 and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we spoke with 12 people who used the service, 12 members of staff which included a team leader, three senior carers, three care assistants, two hostesses, a cook, a well-being advisor, holistic therapist, the deputy manager and the regional director. We also spoke with three people's relatives and friends and two health professionals. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of four people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, falls analysis information, minutes of meetings with staff and residents and arrangements for managing complaints.

# Is the service safe?

## Our findings

People could be assured that they were being cared for safely. There were risk assessments in place which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling; appropriate controls had been put in place to reduce and manage these risks. People told us that they felt safe within the home. One person said, "I do feel safe, there are always people about; I have my own front door that is locked if I want it to be and I have a call bell around my neck if I need to use it." A relative said, "Staff here are brilliant, [Relative] is very safe. I come most days and I can say everyone is very safe here."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. Any lessons learnt were shared with staff.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection people were responded to in a timely way. Staff were visible and people were not left unattended in communal areas. People told us that if they rang the call bell it was responded to in a timely way. One person said, "Not many minutes before they come, they are ever so quick. I just press my button and they are there. They are good girls who do respond to us quickly." A relative said, "If I use the bell for [Relative] it's not many minutes before they come."

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said, "I always get my tablets in the morning, no question. No problems with my medication at all." We saw that people received their medicines within appropriate time frames; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns.

Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example, following a safeguarding concern which highlighted that there had been a delay in seeking professional advice all senior staff had received further training and supervision and the outcome has been no similar situation has arisen.

# Is the service effective?

## Our findings

People's needs were assessed prior to them moving into Duke's Court to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day to day routines and preferences. For example we heard one member of staff say "[Name of person] do you want to sit in the lounge now; shall I help you?" The person indicated they did and went to the lounge with the member of staff. People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and The National Institute for Health and Care Excellence (NICE) best practice guidance. There was a programme in place to ensure all staff received specialist training in areas such as living with dementia. People told us the staff were well trained. One person said, "I think the staff are all very well trained, we mostly have the same girls and they are very kind."

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision and annual appraisals which gave them the opportunity to discuss their performance and personal development. Staff said they were encouraged to do more training. One member of staff said, "We are supported to develop our skills; I have completed my National Vocational Qualification (NVQ) 3."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and advice followed. There was a choice of meals each day and an alternative was available should anyone not wish to have either of the choices. There were snacks and drinks available throughout the day including fresh fruit and home baked cakes. People told us the food and choice was good. One person said, "I think the food is well cooked and we do get a variety of main meals in a week. Usually there is a choice of two main meals each day and they will get you an omelette or fried eggs if you don't like the main meal choice." The hostess staff spoke to people each day to get their feedback on the food and the cook told us that they adjusted the menu to meet

people's wishes.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A local GP visited each week and a district nurse came in daily. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One person said, "I have seen the doctor once or twice; it's very easy with him coming here easier than if I was at home. I just tell the carer if I need to see him and it's all organised."

Duke's Court was a modern purpose built building and the provider ensured that the environment was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home. The provider was currently reviewing the décor and signage within the home to support and enhance the lives of people living with dementia.



## Is the service caring?

### Our findings

People and their relatives told us how kind, friendly and patient the staff were at Duke's Court. One person said, "The staff are all very friendly and helpful. They help me get washed and dressed, no rushing plenty of patience." A relative said, "The staff here are brilliant, best thing about the place are the staff. [Relative] needs an awful lot of time and attention from the staff and they never complain about them."

The people who were unable to communicate with us looked relaxed around staff and we observed positive relationships between people and staff. The general atmosphere was welcoming, calm and friendly.

People's individuality was respected and staff responded to people by their chosen name. From our observations and conversations with staff it was clear they knew people well and understood their individual needs. People had life memory boards which enabled staff to have meaningful conversations with people about their life, family and friends. For example, staff knew how to support one person who had been in the police, the person needed routine and constant reassurance that things were okay, the staff knew when to interact with them and how to make them feel less anxious.

Staff spoke politely to people and treated them with respect. People told us their dignity was protected and they felt comfortable with the staff. One person said, "They help me to get dressed, they do respect your privacy, they always knock before they come in and they don't come in until you answer them." A relative told us, "The staff are very good with privacy; if I am in the room and they need to give [relative] care they will ask me to go out for a while." We observed staff knocking on doors before they entered and they described to us how they maintained people's dignity such as covering them up with towels when they were giving personal care and ensuring doors were shut and curtains drawn.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "You can get up when you want to here, you can go to bed when you want to here, and you can have breakfast when you want to, you can do just as you like. They will even keep your dinner for you if you want to eat later. Very accommodating." Another person said, "They tell me what they have come to do and if I am not ready for them they go away and come back later. They don't touch you if you say not now."

If people were unable to make decisions for themselves and had no relatives to support them the provider had ensured that an advocate would be sought to support them.

Visitors were welcomed throughout the day. The families we spoke to all said how friendly and welcoming everyone was.

## Is the service responsive?

### Our findings

People had individualised care plans which detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. There was information about people's past lives, hobbies and interests which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

There was a range of activities and entertainment available for people to take part in. On the day of the inspection we observed people taking part in a yoga session and baking session. A group of children from a local primary school also came in to sing Christmas carols. People generally were happy with the activities and entertainment but felt there could be more available. There were two well-being coordinators who organised the group activities and supported people individually. There was a holistic therapist who provided 1:1 support for people. One person said, "I have the holistic therapist once a week; I have my hair done another day. One of the girls is taking us Christmas shopping to Rushden lakes next week. There is more up here to do than there was downstairs where I used to be." This was an area which could be strengthened to provide more opportunities for people to take part either in group activities or individually in the area of the home they lived.

People's spiritual needs were met. A local faith minister visited each month and people were supported to attend their local place of worship.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and were possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the MacMillan nurses to support people with their final wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. People told us if they had any concerns they were happy to speak to any of the staff. One person said, "I am sure there is information about complaints in the pack they give you when you come in, but I have not looked for it. I have never needed to make a complaint. Anything I am not happy with I sort it out with the carers or staff here at the time."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, information about the home was available in large print.

## Is the service well-led?

### Our findings

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were regular meetings held with the people who lived at the home and relatives. Minutes were available and sent out to anyone who could not attend. We saw in one set of minutes that relatives had expressed how happy they were with the 'Facebook' page the home had; they commented it was nice to see what was going on in the home.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, a new manager had been appointed who would be applying to become the registered manager. The deputy manager was responsible for the day to day management of the home and was supported by the provider. People told us how approachable, friendly and helpful the deputy manager was. One person said, "The deputy manager is a lovely lady; they have been in today to ask me about my new room, if I am happy in it or not."

People could be assured that the service was well managed. There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. People's experience of the service was captured and acted upon. For example, after discussions with staff and the people living on the lower floor of the home an area was being created so that people could meet together and watch films together.

The provider strived to look at ways to continuously improve the service. There were plans in place to develop an electronic medicine administration system and care planning process. This would enable the staff to have easier access to information and information could be up dated more easily improving the consistency in the care delivery.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had displayed their rating at the service and on their website.