

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

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

Respecting and involving people who use services

✓ Met this standard

Cleanliness and infection control

✓ Met this standard

Staffing

✓ Met this standard

Details about this location

Registered Provider	Four Seasons Homes No 4 Limited
Registered Manager	Mrs. Elspeth Anne Nicol
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

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Summary of this inspection

Why we carried out this inspection

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
- Cleanliness and infection control
- Staffing

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about North Court Care Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 19 October 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

At our last inspection we found that some staff had concerns about the adequacy of staffing levels during the day time and particularly at night. The risks were increased due to the complex needs of some people using the service. Some staff told us that there had been instances where staff sickness had not been covered.

At our return inspection, the manager told us that they have now recruited additional staff. We saw the rotas for the past two months and these showed that staffing levels had been adequate. We spoke with four members of staff who confirmed that additional staff had been brought in and that staffing levels were sufficient. The manager told us that they were carrying out a workforce planning assessment to decide future staffing levels.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our last inspection we found that most care plans did not focus on people's strengths. Some people told us that they did not often leave their room. There was no activities co-ordinator in post and daily social activities were limited. It was not always clear whether families had had the opportunity to be involved in deciding what care and support would best suit their relative.

We returned to re-inspect the service and found that some improvements had been made. People expressed their views and were involved in making decisions about their care and treatment. A new style of care plan was being implemented and had been completed for some people. Staff told us that they had been asking individuals and relatives to ensure that the support plan met with their expectations. We looked at a care plan for someone who had recently arrived at the service. There was good information about the person's preferences and a detailed life history had been recorded in the care plan. There was evidence that the person's family had been actively involved in deciding what care would best suit their relative.

We found that a weekly activity programme was in place. There were opportunities for social interaction and stimulation such as flower arranging, baking, art and craft, board games and singing. This meant that people were supported in promoting their community involvement. The manager told us that they were in the process of recruiting an activities co-ordinator.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At our last inspection we found that people were at risk of infection because appropriate guidance had not been followed. We found that incontinence pads had not been disposed of appropriately and that some areas of the building were not clean and so posed an infection control risk. When we returned to re-inspect the service, we found that the building was clean. The manager told us that staff had been re-trained to ensure the appropriate disposal of incontinence items. Staff told us that cleaning staff now worked additional hours and that the building was kept clean at all times.

At our last inspection we were concerned that staff did not know which people had high risk infections such as MRSA (Methicillin-resistant *Staphylococcus aureus*) or *Clostridium difficile*. We spoke with staff when we returned to the service and found that a new system had been put in place to ensure that all staff were aware of high risk infections and how to manage the associated risks. Staff were able to quickly tell us who had a high risk infection. They knew what infection control procedures were in place for each individual. This meant that people were now protected from the risk of infection because appropriate guidance had been followed.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At our last inspection we found that some staff had had concerns about the adequacy of staffing levels during the day time and particularly at night. The risks were increased due to the complex needs of some people using the service. There had been instances where staff sickness had not been covered.

At our return inspection, the manager told us that they have now recruited additional staff. We saw the rotas for the past two months and these showed that staffing levels had been adequate. We spoke with four members of staff who confirmed that additional staff had been brought in and that staffing levels were sufficient. The manager told us that they were carrying out a workforce planning assessment in order to provide a basis for deciding whether staffing levels were sufficient.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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