

Crown Care II LLP

St. James Court

Inspection report

Tankersley Lane
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Barnsley
South Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St. James Court is a residential care home providing accommodation and personal care to 50 people at the time of the inspection. The service can support up to 58 older people, including those living with dementia.

People's experience of using this service and what we found

There were systems in place to recognise and respond to any allegations of abuse. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff employed to help keep people safe. However, the regional manager agreed to deploy staff more effectively during busier times of the day. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through supervisions and an annual appraisal.

People enjoyed the food served at St. James Court and were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required. The service would benefit from further development to better meet the needs of people living with dementia. The registered manager and regional manager told us this work was in progress.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Positive and supportive relationships had been developed between people, their relatives and staff. People told us they were treated with dignity and respect and we saw this throughout the day of the inspection. There were activities available to people living at St. James Court.

The registered manager and staff were approachable and responsive to any issues raised. There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

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

Rating at last inspection and update

The last rating for this service was good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

St. James Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team was made up of 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.

Service and service type

St James Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at St James Court and seven of their relatives about their experience of the care provided. We met with the registered manager and regional manager. We spoke with ten members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and six staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were enough staff employed to help keep people safe. The registered manager completed a staffing dependency tool to calculate staffing levels each month. The tool was based on current occupancy levels and the needs of each person living at the service. However, we found improvements were needed to how staff were deployed throughout the home during busier periods of time. For example, over lunch time we saw some people had to wait to get the support they needed from staff.
- Comments from people, their relatives and staff about staffing levels were mixed. Comments from people included, "Could do with more [staff], you can go out and there's nobody at all there [corridor]", "Sometimes I have to wait five to ten minutes for help" and "They [staff] all stop and have a natter with me." Staff told us, "We could always do with more [staff]. Sometimes people are told to wait if they need the toilet during mealtimes" and "We could do with one more member of staff as a number of people are requiring double handed care." The regional manager told us they would deploy the activity coordinator and domestic staff to assist at meal times.
- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure people employed were of good character.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again. However, only falls were analysed. This was done monthly and gave detailed information so any lessons could be learnt.
- Risks to people were managed. Where risks to a person had been identified there was an associated risk assessment with clear guidance for staff. People who were assessed as having nutritional risks were regularly weighed and had their food and drink intake monitored. Any concerns were then referred to the appropriate healthcare professional for advice and guidance.
- Risks to people in the event of a fire had been addressed. There were regular checks of firefighting equipment. Staff took part in fire drills.
- The provider was responsible for managing small amounts of money for people living at St. James Court. There were accurate financial records kept for each person and these were regularly audited.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from abuse. Everyone told us they felt safe living at St James Court. Comments from people included, "Safe, I should say so yes, I don't feel I'm going to come to any harm" and "Oh yes, I feel safe because I've got somebody looking after me twenty-four seven and there is somebody popping in at night."
- Staff were aware of how to report any unsafe practice. Staff were familiar with the provider's safeguarding

and whistleblowing procedures.

- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately.
- Safeguarding concerns were recorded, and the registered manager told us actions were taken when required. However, the actions and outcome of each concern was not always recorded. In addition, there was no analysis of safeguarding concerns. The regional manager told us this was in the process of being introduced.

Using medicines safely

- Medicines were stored safely and securely, administered as prescribed and disposed of properly.
- Senior care staff took responsibility for dispensing medicines. They had received training in medicines management and their competency in this area was checked.
- Senior care staff were patient with people while supporting them with their medicines. They signed the person's medicines administration record (MAR) to confirm the person had taken their medicines. We checked some people's MARs and found they had been completed appropriately in line with the provider's own policies and procedures.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was clear guidance for staff on when a PRN medicine may be required by the person.

Preventing and controlling infection

- The premises were clean and well maintained. We saw plastic gloves and aprons were readily available and used by staff at appropriate times.
- Comments from relatives included, "Excellent, the appearance, the cleanliness, it's homely" and "The cleanliness of the rooms is exemplary and outstanding. It's beautiful."

Is the service effective?

Our findings

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

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

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

- The service had been designed to meet the needs of people living with dementia. Communal areas were signposted and there were pictures on the walls to aid reminiscence, however the service would benefit from further development to better meet the needs of people living with dementia, such as tactile displays and rummage boxes. The registered manager and regional manager told us this work was in progress.

Staff support: induction, training, skills and experience

- Staff received the support they required to undertake their jobs effectively.
- New staff completed an induction. Staff told us they had an induction specific to their job and we saw copies of induction records on staff files. The induction included mandatory training and shadowing more experienced members of staff.
- Staff received regular training. This was via a mix of eLearning and face to face classroom style training. The registered manager kept an electronic record of staff compliance in this area so they could track if any training was overdue. Staff compliance with training was high.
- Staff received ongoing support through supervisions and a yearly appraisal. Although staff did not always receive supervision in line with the provider's own policy of every two months.
- Staff told us they felt supported by managers and colleagues. A member of staff told us, "[Name of registered manager] really is good, brilliant with the residents and you can ring [Name of registered manager] anytime."

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

- People's nutritional needs were met. People told us they enjoyed the food served at St James Court. Comments included, "Food's lovely, only fault is there's too much, it's always 'bang on good'. My favourite is Sunday roast", "[The food served is] beautiful, it is really tasty, they [staff] use full fat milk and butter" and "[The food is] very good, you get a choice."
- The lunch time dining experience was relaxed and pleasant. Tables were set nicely with condiments. Adapted drinking cups and plates were available if required. The food served looked and smelt appetizing.
- People received encouragement and support from staff to eat and drink, where required.
- Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. Staff told us they kept a list in the kitchen of every person's dietary requirements.

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

- People and their relatives told us they were supported to access health and social care services, as

required. Relatives told us, "As soon as they've seen [relative] is not well they [staff] get the doctor out and let me know" and "The chiropractist came out to [relative], they have seen the dentist and, the doctors coming tomorrow."

- People's care records contained details of the professionals involved in their care. Care records were updated following their visits. Information was shared between staff at the handover meetings between shifts.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate had been consulted.
- The registered manager understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity. For example, where there was a need for potentially restrictive interventions, such as bed rails.
- Care staff understood the principles of the MCA. We saw staff ask for consent before supporting a person.
- The registered manager told us they assessed people's care and support needs before they moved to St. James Court to ensure they could provide an appropriate service.

Is the service caring?

Our findings

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

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

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

- People were well cared for. Comments from people included, "Staff are kind, staff are brilliant" and "They [staff] are kind, you've only got to ask and they make it work for you." Relatives told us, "Carers [staff] don't only look after my [relative], they comfort me when I'm upset", "I can honestly say they [staff] are all good with [relative]. I wouldn't have coped without this home" and "I would recommend it [the home] to anyone. I never thought [relative] would settle anywhere and now my [relative] says they have made new friends."
- Interactions between people and staff were kind and caring. People were supported with kindness. Visitors to the building were made to feel welcome.
- Staff clearly knew people and their relatives well. We heard friendly conversations between people, their relatives and staff.
- Staff told us they enjoyed their jobs and they would be happy for a loved one to live at St. James Court if they needed the type of care and support provided. Some of their loved ones had stayed for respite care at St James Court.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as disability and gender.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. Staff knocked on doors before entering people's bedrooms. Staff spoke respectfully about the people they supported. One relative told us, "Staff knock on the door, they call everybody by the names they asked to be called. Some staff are outstanding."
- Relatives confirmed their loved ones were treated with dignity and respect. Comments included, "Dignity and respect? I see that with everybody, not one, everybody" and "[Relative] is given their dignity and they [staff] will have a laugh with [relative]. I've not seen [relative] this happy in a long, long time. Within a week of being here, so happy."
- Staff encouraged people to be as independent as possible. For example, we saw staff were encouraging and patient with people when supporting them to mobilise.
- People's personal information was respected. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential information was locked away when not in use. Electronic care records were password protected.

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

- People's care plans were evaluated monthly by staff. We saw evidence of this on people's care records.
- The registered manager told us they try and invite family to a review with the person every six months.

However, they explained, "A lot of families don't feel it is necessary and just want an informal update." A relative told us, "They've just done new care plans and we've sat and renewed them together [with staff]."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were person centred and contained information about the person's social history, likes and dislikes. This enabled staff to provide personalised care.
- People's care records held information on their current health and support needs in all areas of daily living. This included clear information and guidance for staff on how best to support the person to meet their needs.
- Care records included a summary of the person's needs and important personal information. This was particularly useful for any new staff or visiting health professionals.

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

- People were supported to take part in activities. The provider employed an activity coordinator who arranged a programme of activities to help keep people occupied and entertained.
- People and their relatives told us there was enough to do. Comments from relatives included, "I think the activities are very good. They go to Wentworth Garden Centre, they went to Heritage last year. They [the provider] have paid for a landscaper and tidied up the garden" and "I believe they have sing songs, church service, exercises, 'pop up' pub. They have singers and crafting and things. Sometimes there's a movie and they have ice cream. [Relative] has been outside and done some trips."
- A timetable of activities held on a weekly basis was displayed in the reception area, this included a hairdresser visit every Wednesday and a coffee morning. The activity coordinator also told us about seasonal activities on offer, such as gardening in the warmer months.
- The provider had introduced a 'three wishes' scheme where people can tell staff what they would really like to do. So far, they had information from two thirds of people and they were gathering the rest of the responses.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints procedure. We saw this was displayed in the reception area.
- The registered manager responded to complaints. They kept a complaints file with an overview and summary of each complaint at the front. We saw complaints had been investigated and the outcomes recorded.
- People and their relatives told us the registered manager was approachable and they were confident any concerns they raised would be addressed. Comments from relatives included, "If you go to see [registered manager] they are approachable, and you can go to them with anything. All the staff are approachable" and "Everything seems to be running well, I've never had to complain. They [staff] tell you if anything changes or

happens or they ring me."

Meeting people's communication needs

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

- People's communication needs were met. People's communication needs were assessed and recorded in their 'Communication/Accessible information' care plan.
- The registered manager told us information could be made available to people in different formats, if required.

End of life care and support

- People were provided with appropriate care and support at the end of their life. People's wishes for the end of their life were recorded in their care plans.
- Some staff had received specialist training in this area provided by a local hospice. The registered manager told us this had been well received by staff.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. People spoke positively about the registered manager. Relatives told us, "It's well-led, well organised, the [registered] manager had given us so much support", "[Name of registered manager] is so friendly. They give us a lot of advice and support" and "I think it's smashing here, they [staff] all get on. I can see it's a well-led ship."
- The service had an open, positive culture. Staff told us they felt part of a team that was committed to providing good quality care.
- Relatives confirmed the registered manager was open and honest. They told us the registered manager kept them informed of any issues and action taken.
- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the reception area and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had effective quality assurance and governance systems in place to assess the safety and quality of the service. For example, there were regular audits of medicines management and people's dining experience. We saw any issues identified were recorded and acted upon.
- The regional manager kept oversight of the service by completing their own monthly audit. The provider's compliance manager also audited the service every three months. We saw actions plans were created as a result of these visits and followed up at the next visit.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Paper copies were available to staff in the staff room.
- Regular checks of the buildings and the equipment were carried out to help keep people safe.

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

- There were some systems in place to ask people and staff for their views on the service. The activity coordinator held regular meetings with people. There were regular staff meetings. The registered manager

was setting up monthly 'resident and relative's' meetings.

- The activity coordinator and administrator produced a monthly newsletter to help keep people up to date with what was happening at St. James Court.
- There were staff champions whose role was to ensure staff were supported and engaged in different aspects of service delivery. For example, dignity champions.

Working in partnership with others

- The registered manager worked in partnership with Barnsley Metropolitan Borough Council.
- Staff told us they had developed good working relationships with visiting health and social care professionals.
- Links had been developed with the local community, including the provision of a monthly church service.