

Avery Homes Wellingborough Limited

Duke's Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Duke's Court Care Home is a residential care home providing accommodation and personal care for up to 60 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 53 people using the service.

The home is set out across 3 floors which can be accessed via lifts. Each floor has a communal lounge and dining room and all rooms have private en-suite facilities.

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

Since our last inspection, improvements had been made to the quality of care people received. Quality assurance systems had improved and these had been embedded into the practice of the service. The registered manager and provider had oversight of the service and worked together to continually improve the quality and safety of the service.

The registered manager was supported by a senior management team as well as senior staff within the home to maintain safety and provide people with a calm, happy home to live in. The registered manager understood and adhered to the regulatory requirements of their role.

People were protected from the risk of abuse and neglect. Risks to people's health and safety were appropriately assessed, monitored and acted on. There were enough suitably skilled and experienced staff to keep people safe. Medicines were well managed. The home was clean and tidy, and measures had been taken to reduce the risk of the spread of infection. Learning from accidents and incidents took place to prevent recurrence.

People received care from staff in accordance with their assessed needs whilst protecting their rights and freedoms. Staff were well trained and supervised. People were supported to follow a balanced and healthy diet.

Staff supported people to receive external healthcare when needed. When health and social care professionals came to the home to review people's care; their advice and guidance were followed by staff. The home was well maintained and appropriate for people's needs.

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.

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 requires improvement (published 15 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Duke's Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Duke's Court Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors and 1 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

Duke's Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Duke's Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted Healthwatch about their views of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with care commissioners from the local authority.

We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 11 relatives to ask about their experience of care provided. We also spoke with the senior managers, the registered manager, team leader, maintenance person, the activities co-ordinator, 4 care staff and 1 professional visiting the service. We looked at 6 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, supervisions, and systems for monitoring quality and safety.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of abuse and neglect. People and their relatives told us they or their family members felt safe when staff provided care and support. One relative told us, "The staff are very vigilant and attentive. As soon as [relative] rings the buzzer, somebody is always there."
- The provider had policies and processes in place that enabled staff to identify potential examples of abuse, neglect and/or harm, and to report it. Where needed, investigations had taken place to reduce the risk of recurrence. Staff had received safeguarding training. This helped to keep people safe.
- We reviewed records which had been completed when a safeguarding concern had been identified. These were thorough, helped to identify any potential risks or concerns and where needed were reported to the relevant authorities such as the local authority.
- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk. For example, using sensor mats to alert staff if people were at high risk of falls and risks related to eating and drinking.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks relating to people's safety. The provider was involved in a pilot scheme which enabled staff to have access to a virtual team of nurses and clinicians. A relative told us how staff contacted the virtual team of nurses due to concerns about a person's health, the guidance given had prevented their loved one from being admitted to hospital.
- Medicines were managed well. People were supported by staff who followed systems and processes to order, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately.

Staffing and recruitment

- There were enough staff in place to provide safe care and treatment.
- People and relatives told us, and our observations confirmed that staff were available when needed. A

relative told us there was a consistent staff team who understood their loved ones needs and all staff were approachable and friendly.

- Staff were recruited following a number of checks on their background such as their previous employment, education, criminal records and their right to work in the UK. This helped to reduce the risk of people receiving care from inappropriate staff.

Learning lessons when things go wrong

- The registered manager was consistently reviewing processes to ensure the people received high quality care. Where areas of improvement were identified action was taken. For example, staff used to work in all areas of the home, however, it had been identified there was a lack of consistency in the care people received so staff are now allocated to the same area of the home. We were told by people, relatives, and staff this had improved the quality of care.

- We reviewed the incident/accident records that had occurred in the past 12 months. Records were thorough, reviewed by the registered manager and escalated to senior management where required. Where appropriate, notifications had been sent to the Care Quality Commission. Lessons learnt were also shared across all of the provider's locations.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on friends and family visiting people at the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A holistic assessment of people's needs was completed prior to them moving into the service. Relatives told us they were involved in this process. One relative told us, "[Person] was fully involved with their care plan, I was able to add some extra information that I thought would help the staff as well. It all went really smoothly."
- People's physical, mental and social needs were assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, this included the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- People and their relatives were positive about their care. One person told us, "The staff make me feel really cared for." A relative told us, "The care [relative] receives reflects their choices." People's care plans demonstrated how people's current needs and choices had been assessed.
- The registered manager considered people's protected characteristics under the Equality Act. For example, they asked people about their religious or cultural needs so they could be included in people's plans of care. Staff received training in, and demonstrated awareness of equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff received appropriate training for their role. This included ongoing supervision and refresher courses. One member of staff told us, "The training is really good. We get time to complete training and we are asked questions about training in supervision. We also have a senior staff watch us complete moving and handling to make sure we are doing it right."
- People and relatives felt staff had the skills needed to provide the appropriate care for them or their family members. A relative told us, "Staff know [person] really well and they know how to respond when they are having a 'difficult' day."
- Staff were encouraged to develop their roles and experience. Staff were given opportunities internally such as senior care roles, or externally recognised qualifications such as diplomas in adult social care.
- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff received regular 1 to 1 supervisions and annual appraisals.

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

- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- Where food and fluid charts were in place, these demonstrated that people had been offered enough to

eat or drink on a regular basis.

- We observed positive interactions between staff and people at lunchtime. Staff closely observed people who liked to take their time eating; where staff noticed people had not eaten much, they encouraged them to do so and helped them when required.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences.

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

- Staff worked with a range of visiting health and social care professionals. We saw that advice and actions left by partner agencies had been followed. Staff had the relevant information to help support people's health and wellbeing. A visiting health professional told us, "I come to the service daily; the staff team are great, always friendly and know the residents really well."
- Staff had prepared individualised plans for people in the event they required a hospital stay. This included people's medication, communication needs and dietary requirements. This helped people to receive the consistent care and support needed in hospital.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

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

- The premises was well maintained and appropriate for people's needs. Bathrooms and toilets were easily accessible for all. People's bedrooms were personalised to their own taste. Communal areas were bright, welcoming and uncluttered.
- People were able to access the in-house hairdressing salon, library and had full access to garden spaces. There was internet access throughout the home and drinks facilities for visitors to help themselves.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found that they were.

- Mental capacity assessments were in place where required. Best interest documentation had been completed which included views of families and professionals. This ensured decisions were made in people's best interests.
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- Where people had a DoLS in place, these had been appropriately completed and conditions adhered to.

This reduced this risk of people's freedom and liberty being unlawfully restricted.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Improved quality monitoring and auditing systems had meant the provider and registered manager had made improvements in all areas which we highlighted during our previous inspection.
- The registered manager was supported by senior management to implement and effectively use a wide range of audits. These audits helped to identify any areas for improvement, before they could impact people's health and safety.
- Daily, weekly, monthly, quarterly and annual audits were in place. Some of these were delegated to other members of the team such as the deputy manager, team leader, maintenance and cook. When audits were completed, any concerns were highlighted to the registered manager. When any issues were identified, plans were put in place to address them and progress of action were reviewed. This helped to reduce the risk to people's safety.
- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- Staff were positive about working at the service and felt valued. They told us they were well supported. Staff comments included, " The manager is great, very open willing to listen."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff were complimentary about the registered manager and said they were very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or

wellbeing for people and were confident these would be acted upon.

- People and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements. Staff were positive about the pilot scheme which gave them access to virtual clinicians and told us how effective this had been and helped staff be more confident in their roles.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious and cultural needs.
- Staff and people we spoke with described a caring, relaxed environment to live and work. A staff member told us, "I think this is a good home and we all work as a team."

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted upon.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns not acted upon.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- A survey was carried out with staff, relatives and people who used the service which showed high levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Monthly residents meetings were also in place.

Continuous learning and improving care; Working in partnership with others

- Records showed people were supported to access services in the community including GPs, the local integrated care board (ICB) and specialist professionals to promote people's health and wellbeing when required.
- When people's need changed, we saw staff had good communication systems in place to share this information. Staff told us they felt informed of people's changing care needs.
- Staff were encouraged to develop their roles and improve their knowledge and understanding. Staff were provided with an on-going training package with additional training where required.
- The provider kept up to date with national policy to inform improvements to the service. Lessons learnt in other locations operated by the provider was shared across all services.