

The Court Retirement Residence

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 8 September 2016 and unannounced. The service was last inspected on 23 September 2014 when we found a breach in regulation 21: Records. At this inspection we found the provider had taken actions to address the breach and the service was fully compliant.

The Court Retirement Residence is registered to provide accommodation for 21 people who require personal care. The service does not provide nursing care. At the time of this inspection there were nine people living there, including one person who was in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living there and felt safe. Comments included, "The home runs smoothly. Everything has to be done at the right time and the right day."

People were protected from abuse or harm by safe recruitment procedures. Staff had received training on safeguarding adults and were confident they knew how to recognise and report on any suspicions of abuse. People were supported by staff who had received a range of training that provided them with the knowledge and skills to meet each person's health and personal care needs effectively. Staff received regular supervision and support. They were positive and enthusiastic and told us they enjoyed their jobs.

People told us there were sufficient staff to meet their needs. One person told us "I am amazed how many there are." Two people told us they occasionally had to wait for assistance when they pressed their call bell, but said they understood there were times when staff were assisting other people and could not come immediately. All of the staff we spoke with said they felt the staffing levels were good. Comments included "Yes, there definitely is (enough staff)".

A new computerised care planning package had recently been purchased. Before new people moved into the home their needs were assessed and the staff consulted with the person to draw up and agree a plan of their care needs. The care plans were easy to use and covered all areas of each person's health and personal care needs. All anticipated risks were explained and regularly reviewed. Staff were given information on the actions necessary to minimise the risks. The home worked closely with local health professionals to ensure people received the correct care and treatment. Equipment was in place to enable people to move safely and prevent further risk of harm.

Medicines were stored and administered safely. Records of medicines administered showed people had received their medicines at the correct times. Staff followed safe procedures when ordering stocks, receiving stocks in to the home, and ensuring unwanted medicines are disposed safely.

People told us they were happy with the care they received. One person said "I have found it very pleasant. The girls are very caring." A relative told us "These girls 'go the extra mile'. They are fantastic. We can't thank them enough. They do a great job. They are brilliant. From the guy who does the cleaning to the care staff they are all wonderful. Nothing is too much trouble."

The service was well-led. People told us the service ran smoothly. The provider was in the process of updating and improving many areas of the decoration, furnishings and equipment. There were some elements of a good quality monitoring and improvement system in place but these were not fully evidenced. The provider told us about improvements they were about to make to ensure their monitoring systems are effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and to ensure people remained safe.

Is the service effective?

Good ●

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect

People received good care at the end of their lives.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

Each person's individual needs and preferences were assessed and regularly reviewed, and staff knew how people wanted to be

supported to meet those needs.

People were supported to make decisions about their daily lives and activities they wished to participate in.

People could be confident that any complaints they made would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The registered manager and provider monitored the quality of the service. The provider was in the process of making a range of improvements to the environment and services.

The Court Retirement Residence

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 September 2016 and was unannounced. It was carried out by one inspector.

Before the inspection took place we asked the provider to complete a form called 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 the improvements they plan to make. We looked at the information they gave us, and all other information we had received about the service since the last inspection, including notifications and safeguarding alerts.

During the inspection we spoke with four people who lived there, one relative, the provider, the registered manager, the deputy manager and three staff. We also spoke with two community nurses. After the inspection we received e mail contact from two professionals who regularly visited the home and one member of staff.

We looked at records relating to the care and services provided by the staff. These included recruitment records, staff training records, daily handover records, staff rotas, menus, care plans, and records relating to quality monitoring and improvement. We also looked at records relating to the maintenance and safety of the building.

Is the service safe?

Our findings

People told us they felt safe living at the home. For example, we asked a person if they felt safe living there and they replied "Yes, entirely." Other people also confirmed they were happy living there and felt safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They had received training at the start of their employment on how to recognise and report any suspicions of abuse. They said they were confident they could speak with the registered manager or provider about any concerns and they would listen and take action. For example, one member of staff told us "It's easy to talk to the managers if you have any concerns."

Safe recruitment practices were followed before new staff were employed to work with people. Some of the staff we spoke with had worked in the home for a number of years which meant there was a stable core group of experienced staff. We looked at the recruitment records of two staff employed since our last inspection. The records showed that checks had been carried out before they began working to ensure the staff were of good character and suitable for their role.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff rotas showed that each day there were three care staff, a cook and a maintenance person on duty in the mornings. In the afternoons and early evenings the number of care staff reduced to two. At night there was one waking member of staff and one sleeping-in staff. In addition to these staff there was also the registered manager, deputy manager and/or the provider on duty who were willing to provide hands-on care if necessary. We were given assurances that if the number of people living in the home increased, or if a person became ill and their needs increased, staffing levels would be increased to meet their needs. The provider told us they could be called upon at any time day or night if the staff needed additional assistance. During our visit we saw staff were relaxed and attentive. They were not rushed, and were able to spend time sitting and talking to people. Routines were carried out in a timely way.

Most people thought there were sufficient staff to meet their needs. One person told us "I am amazed how many there are." They said if they needed assistance they pressed their call bell "And they come speeding along." Another person said they thought the staff were very busy, although they assured us staff were available to help them when they wanted assistance. For example, the person liked to get up around 8am and said "They are very good, they come around 8ish." Two people told us they occasionally had to wait for assistance when they pressed their call bell, but went on to say that they understood there were times when staff were assisting other people and could not come immediately.

All of the staff we spoke with said they felt staffing levels were good. Comments included "Yes, there definitely are (enough staff)". The staff also said that just occasionally they were unable to respond to a call bell immediately, although they always tried to give the person reassurance that they would be with them as soon as possible.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Since

our last inspection a new computerised care planning system had been purchased. The system included a range of risk assessment tools to help staff identify potential risks. For example, risks associated with weight loss and malnutrition were assessed and any risks highlighted. Staff checked each person's weight on a regular basis and the information was recorded in the care plans. The computer system used the information to calculate the person's body mass indicator (BMI). This is a nationally recognised tool that uses a person's height and weight to calculate their safe body weight range. The computer system helped staff to identify where a person's weight was too high or too low and may place them at risk of ill health. Fluctuations in weight were shown in a graph format and a member of staff explained how they used the graph to identify patterns of ill health. Staff told us they always contacted a person's GP if they noted a significant loss of weight, or if a person was below a safe weight. They told us about the food supplements and high calorie foods they offered to help people regain a safe weight.

Where people were at risk of developing pressure sores the staff had worked closely with local health professionals to assess the risks and ensure equipment and preventative care was given. One person had developed moisture lesions in hospital following an illness. When they were admitted to the home a special mattress was provided to help prevent the wounds developing into pressure sores. Staff knew the correct setting for the mattress and regularly checked to make sure it was correct. The person also had a pressure cushion for their chair and we were told that a new cushion had been ordered following advice from the community nurses. After the inspection we spoke with a community nurse who told us they were happy with the care given to people living at The Court. They said they had no safety worries. They were confident staff had followed their advice fully, for example prevention of pressure wounds and application of prescribed creams and lotions. They told us, "They always follow our instructions rigidly."

Assessments had been carried out on each person to identify their individual risk of falling. Risk assessments had been carried out on the environment to identify any areas where people may be at increased risk. Equipment such as handrails, ramps and stair lifts had been put in place to enable people to move around the home as safely as possible. All equipment such as hoists and lifts had been checked and serviced regularly.

At the time of this inspection there were no people at risk of choking, although one person had asked the staff to cut their food up into small pieces to enable them to eat more easily. Staff told us they had sought guidance in the past from relevant health specialists on the risk of choking and knew who to contact if they need further advice in the future.

The kitchen was well-equipped. The most recent visit by the environmental health department had found food safety was good. They had been given the best rating (five stars). This meant safe food safety procedures were followed.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. An emergency evacuation plan had been drawn up for each person that gave staff information about the support each person needed, for example in the event of a fire.

There were safe medication administration systems in place and people received their medicines when required. Medicines were delivered every four weeks from a local pharmacy. The deputy manager told us about the procedures they followed every four weeks to ensure the pharmacy had received repeat prescriptions from doctors, and to ensure sufficient stocks of medicines were held in the home at all times. Records of medicines received into the home and any unwanted medicines returned to the pharmacy each month were in good order.

People were asked if they wanted to hold and administer their own medicines. Most people at the time of this inspection most people had chosen not to do so. Safe storage facilities for medicines were available in each bedroom if required. Risk assessments had been carried out on each person to determine the level of support they needed with their medicines. Most medicines were stored in a locked trolley that was kept in the office when not in use. Controlled drugs were stored securely elsewhere in the home.

Staff wore a red tabard printed with the words 'Do not disturb' when administering medicines. This reduced the risk of errors due to interruptions. When medicines had been administered they were recorded on the medicine administration records (MAR) and we saw these contained no unexplained gaps. Creams were not recorded in the MAR charts when applied by staff, although this was usually recorded in the daily care notes. The registered manager told us they had recently identified that the records needed to be improved. They were in the process of putting recording charts in each bedroom that included a body map showing how, when and where each cream should be applied.

Where medicines had been prescribed to be administered at specific times there were systems in place to make sure the medicines were not missed. There were clear notices on the office wall, in the MAR charts, and on the medicines trolley to remind staff of the times when the medicines should be administered. The registered manager also said she kept a close watch on the times of medicine administrations and always reminded staff when medicines were due.

We discussed safe recording of pain relief patches with the registered manager. Staff had recorded when pain relief patches were applied. They were aware of the need to change the site of the patches each time but had not recorded the site. The registered manager told us they would take immediate action to ensure staff were given clear information on the administration and recording of pain relief patches to ensure the site of the patches was changed in accordance with the manufacturers' guidance.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "They will do anything I need. I wouldn't be afraid to ask for help," and "They are delightful!".

People's needs were met by staff who had access to the training they needed. We looked at the training records for staff and saw that staff had received training on a range of essential topics which included safeguarding, fire safety and moving & handling. Staff told us they already held, or were working towards, qualifications appropriate to their role, for example National Vocational Qualifications (NVQs) and diplomas. They also told us they had received the training they needed to meet people's needs. One member of staff said, "The training is very good." A community nurse told us they thought the staff were adequately trained and skilled, although they thought staff would benefit from end of life training.

The training records were in the process of being transferred to the new computerised care planning and staff recording system. This system highlighted where further training and updates were required. Each member of staff had recently been given access to their own training records on the computer. This meant they would in future be able to track their own training needs and update their records when training topics are completed.

New staff were supported to complete an induction programme before working on their own. A member of staff told us they completed computer based training at the start of their employment and also spent at least two weeks working alongside other experienced staff before working on their own. They told us the staff team had been very supportive, saying "They are such lovely people. We all work together. Everyone has helped me so much. It really helped my confidence." We were also told that all new staff were working towards gaining a nationally recognised qualification called the Care Certificate. This is a qualification for new staff when they begin working in a care setting that ensures they have the basic skills to meet people's needs effectively. A recently employed member of staff told us "Since starting I have been offered lots of training. I have just finished my medication training and just started my NVQ level 3."

People were supported by staff who received supervisions (one to one meetings) with the registered manager approximately every six to eight weeks. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff. Comments included: "Yes we are very well supported."

Staff told us communication within the home was effective. A member of staff said, "The staff, owners and managers are very helpful. They listen to you." Daily handover sessions were held and the information discussed was recorded. This meant that staff who had been off for a few days were able to read the previous handover notes to make sure they were informed about any changes in people's needs.

Staff had received training on the Mental Capacity Act 2005 (MCA) and understood the importance of supporting people to make decisions and choices about their daily lives. The MCA provides a legal

framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Assessments had been completed to help staff identify those people who lacked the mental capacity to make certain decisions for themselves. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and encouraged people to make decisions.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager and staff had received training on DoLS in 2014. They had not made any applications for people living in the home at the time of this inspection but agreed to seek advice from the relevant local authority department to ensure this was correct. They also considered the possibility that they may need further training to ensure their knowledge about DoLS is up to date.

People were offered a balanced and varied range of meals to suit their individual dietary needs. The staff were all aware of people's dietary needs and preferences. People were offered a choice of foods for breakfast and evening meals. At lunch time there was one main meal offered, although alternatives were always provided if people did not like the main meal. Staff told us they knew each person's likes and dislikes and described the meals people were offered as alternatives, for example salads. Records were kept of the meals provided and these showed a range of alternatives had been offered.

People we spoke with gave varying opinions of the standard and variety of meals offered. One person said "The food is very good. The staff will always bring you something else if you do not like what is on the menu." They told us the staff knew their likes and dislikes, saying "The staff know I don't like jelly so they don't give me jelly." Another person said "The food is very good. We get a very nice roast on a Sunday with a nice pudding." They also told us they were offered plenty of drinks throughout the day. However, two people were less happy with the quality of the food. One person said "The menu is mediocre" but went on to explain their appetite was very poor and therefore there was very little food they enjoyed. One person said they had not enjoyed their meal that day and had left most of it. The staff had not asked them if they enjoyed their meal or offered an alternative.

All of the staff we spoke with said they thought the standard of meals provided was good. One member of staff said "The food is excellent." Another member of staff also described the food as "excellent" and said "The residents enjoy it." The registered manager said staff monitored the amount of food each person had eaten and give feedback to the cook on meals people had enjoyed and those that people were less happy with. They said the menus were regularly altered to reflect people's comments and suggestions. They said they would consider further ways of seeking people's views on the meals to help them make improvements where possible.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and were supported by staff and the provider to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We spoke with two community nurses who told us the staff sought their advice and treatment promptly when needed.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said "I have found it very pleasant. The girls are very caring." Another person talked about the special care one member of staff had taken to look after their clothes. They told us the care was "excellent" and went on to say "A special mention for (staff name) who looks after the clothes. "She is brilliant!"

A relative told us "These girls 'go the extra mile'. They are fantastic. We can't thank them enough. They do a great job. They are brilliant. From the guy who does the cleaning to the care staff they are all wonderful. Nothing is too much trouble." A social care professional who regularly visited the home told us, "The staff are incredibly caring and helpful and will always attend if a resident has any discomfort during my sessions."

During our inspection we saw staff spending time with people on a one to one basis. The staff were attentive, friendly and kind. For example, staff sat with people in the lounge in the morning to provide hand care and manicures. Staff were seen chatting to people while they provided the hand care and the atmosphere was relaxed and happy. We also saw staff knocking on doors before entering to protect people's dignity and privacy. A member of staff walked with a person from their bedroom to the dining room and walked at the person's pace, ensuring their safety, and chatting to the person as they walked.

Each person had their own single bedroom with ensuite facilities. People were encouraged to bring furniture and personal effects and we saw that rooms were personalised according to the person's preferences, with pictures, photographs and furnishings to make their rooms feel homely. The home was spacious and allowed people to spend time on their own if they wished.

People's records included information about their personal circumstances and how they wished to be supported. Staff explained the support they gave people and we were assured they had a good understanding of each person's needs and preferences. When they described people's care needs they showed empathy and compassion.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. Where people had made advanced decisions these were respected. A relative told us about the care a person received at the end of their life, saying "They couldn't have done any more. Everything they did here was exemplary." We also saw a 'thank you' card from another relative of a person who had recently died. The relative said "My sister and I would like to thank you all for making Mum's final days comfortable."

Is the service responsive?

Our findings

At the last inspection we found the records did not provide sufficient evidence to show people's needs had been fully assessed before they moved into the home. Care plans did not provide staff with sufficient information about each person's health and personal care needs. At this inspection we found a new computerised care planning system was in use. The staff told us the system was easy to use and they felt it provided them with all the information they needed about each person's needs.

A member of staff was in the process of updating a person's care plan on the computer during our inspection. They showed us how the computerised care plans were laid out and updated. The care plans covered a wide range of needs. Care plans were personalised and detailed all daily routines specific to each person. Each section had been completed with sufficient information to ensure staff knew how the person wanted to be supported. The member of staff told us the plans were reviewed and updated every four to six weeks or more often if required. The computer system alerted staff to any areas of the care plan that required review or updating. They told us they really liked the computerised care plans and found them easy to use, and easy to find relevant information. Staff told us they were kept updated about changes in people's care plans during handover sessions at the start of each shift.

Staff told us that all assessments and reviews were carried out with each person and their relatives or advocates (where the person had requested this). The staff were in the process of sending out letters to people and their families inviting them to be involved in the next review.

Staff had completed records at regular intervals throughout each day covering all aspects of every person's daily routines and activities. The records included information such as the times of waking, going to bed and sleeping patterns, meals eaten, personal care given, daily activities, visitors, and the person's health and well-being. The records also included evidence of medical appointments and visits from health and social care professionals. The records showed staff had responded to each person's needs in accordance with their agreed plan of care. A person told us "The staff know my daily routines. They bring my breakfast at about 8am."

People were offered a range of activities they could be involved in if they wished. Some people we spoke with said they preferred to spend time in their rooms or going on outings with friends and families. There was a large supply of board games and books which people were encouraged to use. Staff spent time with each person on individual activities of their choice, for examples games, manicures, or going for a walk. On the day of our inspection two people were out for the day. Visiting entertainers and professionals visited the home each month to provide creative arts and music therapy sessions. We heard these sessions were well attended. One professional told us "Wherever possible residents are encouraged to attend (the activity session) depending on their state of health and their choice as to whether or not they wish to take part. I have found the staff to be extremely helpful, usually if possible a member of staff is around to assist with the activity."

Some people told us about visits from their friends and families. They said their visitors were always made

welcome.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one minor complaint since our last inspection and this had been investigated thoroughly and the person was satisfied with their responses. The complaints procedure was displayed in each person's bedroom. A person told us if they had any complaints they would speak with the owner or the manager, but went on to say "But it doesn't arise."

Is the service well-led?

Our findings

People told us the home was well-led. One person told us, "The home runs smoothly. Everything has to be done at the right time and the right day." They went on to say, "The lady who owns it is very charming."

Another person told us they thought routines in the home ran smoothly, but said lack of staff had been a problem. We spoke with the provider and registered manager who told us there had been a few changes of staff earlier in the year but new staff had been recruited and the staff team was now stable. The provider told us they always provided a 'back up' by stepping in to provide hands-on care if staff went off sick to ensure routines ran smoothly.

Staff told us they enjoyed their jobs and told us it was a happy place to work. Comments included "I love my work. This is one of the best jobs I have had. I really enjoy it" and "All the staff are helpful. If you have any questions they are happy to help. Another member of staff said, "I love working here." Staff told us the home was well-run, with good systems of communication. There was a clear management structure in place with a registered manager, deputy manager and two senior care staff. The provider was also in regular contact with the home.

People's views on the service had been sought by asking people to complete a questionnaire. However, they had received no responses to the most recent questionnaires that had been sent out. The provider and manager told us they did not hold formal resident's meetings and instead used less formal ways of seeking people's views on the service by speaking to each person regularly, and checking they were happy with the service. However, this was not recorded. They told us they planned to change the format of the questionnaires to encourage more people to respond.

Staff had also been asked to complete a questionnaire and there had been a high rate of response. We saw copies of the replies and saw the outcomes were positive. Staff told us, and we saw evidence that their views and suggestions were also sought during regular staff meetings. For example, minutes of a staff meeting showed that problems with the laundry service had been discussed. Staff had agreed to take greater care to make sure items of laundry were returned to the correct person. The registered manager told us this had been successful.

The registered manager told us their philosophy was to discuss issues with staff and reach agreements, rather than to tell staff what to do. They said they encouraged discussions at all times and welcomed suggestions from staff on ways of improving the service.

The provider and registered manager carried out a range of checks to ensure the service was running smoothly. However, they did not have a formal method of recording these checks and using their findings to help them review the overall quality of the service. They told us their new computer system provided a formal quality monitoring process and the provider said they will be using this in future to monitor the service and identify where improvements were needed.

The provider told us they had recently carried out a review of the decorations, furnishings and equipment and were in the process of making a number of improvements. They were in the process of redecorating and refurnishing many bedrooms and communal areas. New equipment purchased in the last year included a new sluice, and also the new computer care planning system. They wanted to ensure all aspects of the service were up-to-date, modern and efficient. They were also planning to provide management training for three of the management team.

The registered manager understood their legal duty to notify CQC about significant events. As far as we are aware they have notified us appropriately of all serious incidents and events.