

Lawton Group Limited

Ross 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: About the service: Ross Court Care Home is a care home without nursing, providing care for up to 42 older people. There were 37 at the time of the inspection.

People's experience of using this service:

- People liked living at Ross Court Care Home and had developed close bonds with the staff who cared for them.
- Staff supported people to maintain their independence and cared for people in ways which showed they were valued and respected.
- People were involved in decisions about their care. Where people needed help to make their own choices, staff supported them to do this.
- There was sufficient staff to meet people's safety needs, but people told us there were occasions when staff did not have time to spend socialising with them. Staff told us they would like more time to chat to people but told us new staff had recently been appointed and this had led to improvements. The registered manager and provider kept staffing levels under review and provided assurances they would check the deployment of staff, so people would continue to have their preferences met.
- Staff understood how to recognise the signs of abuse and knew the risks to people's safety. People were supported to stay as safe as possible. Staff were confident if they raised any concerns these would be promptly addressed.
- Some people enjoyed the independence of managing their own medicines. Where people were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- Staff had been trained to understand how to reduce the risk of infections and accidents and used their knowledge and equipment provided to do this.
- People's needs were assessed, and their views were incorporated into their care plans, so their needs would be met in the ways they preferred. Where appropriate, people's relatives and other health and social care providers were consulted when people's care was planned.
- Staff were supported to provide good care to people through induction programmes and training. Staff highlighted their development opportunities were linked to the needs of the people living at the home.
- People and their relatives were positive about their dining experiences. Relatives and staff gave examples showing how people's health had improved because of the support they received to have enough to eat.
- Other health and social care professionals told us staff knew people's health and well-being needs well, and effective systems were in place to work across organisations, to support people to enjoy good health.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- Staff knew how people enjoyed spending their time and supported people to do things they enjoyed and widen their experiences. This included people's spiritual needs being met, and opportunities to do individual activities in the community. This enhanced people's sense of well-being and quality of life.
- Systems were in place to take any learning from complaints and accidents and incidents, and to drive

through improvements in people's care.

- Relatives told us the care provided to people at the end of their lives reflected their family member's wishes and preferences. Relatives emphasised how supportive staff were and how sensitively both their relatives and they had been treated at this important stage of their lives.
- The registered manager and provider checked the quality of the care provided. Where areas had been highlighted for further development action plans were put in place.
- The provider and registered manager reflected on feedback received and used this information to enhance people's experience of care further. The provider also took learning from feedback to develop their audits, so they were assured they were meeting their obligations.
- We found the service met the characteristics of a "Good" overall.

Rating at last inspection: Good. The last report for Ross Court Care Home was published on 19 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Ross 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Ross Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ross Court Care Home Field accommodates up to 42 people in one adapted building.

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. This included details about incidents the provider must notify us about, such as abuse, and where decisions have been taken to deprive someone of their liberty.
- Feedback from the local authority and professionals who work with the service.
- We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

- We spent time with people in the communal areas of the home and in their rooms and we saw how staff

supported the people they cared for.

- We spoke with eight people who lived at the home, to gain their views about the care provided, and seven relatives.
- We also spoke with the registered manager, the deputy manager, two provider's representatives, nine care staff members, one activity staff member, and three laundry assistants, a member of the administration team and a member of the catering staff.
- We reviewed a range of records. This included three people's care records and multiple medication records. We also saw records relating to people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included minutes of meetings with people and staff, and systems used to check the quality of the care provided, such as staff and residents satisfaction surveys. We checked how complaints and any accidents and incident were managed. In addition, we saw checks made on the cleanliness and safety of the premises and the promptness of care provided. In addition, we saw records of activities people had enjoyed doing, and examples of compliments from people and their relatives.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were confident staff would act to address any concerns safety concerns they may have.
- The manager and staff had received training and understood what action to take in the event of any concerns for people's safety.
- Staff knew how to recognise abuse and understood what actions to take if they had any concerns for people's safety. Staff were confident if they raised any concerns these would be addressed by senior staff.
- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home and their relatives were positive about safety arrangements in place. One relative told us because of the care provided, "There's no question at all, we are never worried about (safety) at all."
- Staff had worked with people and their relatives to develop plans to meet people's safety needs. Staff had assessed people's safety needs and considered them when planning their care
- Staff gave us examples showing how they sought advice from other health and social care professionals to ensure people's safety needs were met. For example, to ensure people had access to specialist advice to prevent falls, or to address risks people's when eating, so their safety was promoted.
- Risks to people's safety were regularly reviewed, and people's changing safety were reflected in their care plans.

Staffing and recruitment

- People and staff told us there was enough staff to meet people's safety needs, for example, one person told us staff promptly answered their call bell when they wanted assistance. Other people told us there were occasions when they experienced delays in care being provided, as staff were assisting other people.
- Staff advised us recent recruitment had led to improvements in staffing levels, but they would value having more time to chat with people, at the times people wanted.
- We saw in most instances people were promptly supported by staff, but there were occasions when staff deployment led to people experiencing less interaction with staff.
- The registered manager and provider's representative gave us assurances they would review the current deployment of staff, to ensure people opportunities for staff to spend time with people were maximised.

Using medicines safely

- Some people enjoyed the independence of managing their own medicines.
- Where people required support from staff to have the medicines they needed, people were receiving their

medicines as they should.

- Staff were not allowed to administer medicines until they had been trained to do this, and their competency had been checked.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Checks were regularly made on the medicines administered, so senior staff and the registered manager could be assured people were receiving their medicines as prescribed.

Preventing and controlling infection

- The home was clean and well maintained. The registered manager had put systems in place to ensure the way staff supported people promoted good infection control practice.
- Staff had received training and used the systems and equipment in place, such as aprons and gloves, to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff met regularly to communicate information about people's safety and incidents, so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

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

Good: 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

- People's needs were assessed before they came to live at the home. People and their relatives told us they discussed care needs, and this helped to ensure people's needs were met.
- Staff told us they were encouraged to amend people's assessments and care plans, as they got to know people and their needs and their preferences better, over time.
- The deputy manager gave us examples showing how people's assessments were informed by advice from other health and social care professionals, so people's needs would continue to be met.

Staff skills, knowledge and experience

- People were confident staff had the skills to support them. Staff had received training to develop the knowledge they needed to assist people. One staff member explained training was provided by senior staff who worked at the home. The staff member said, "You get face-to-face training, this is more personalised, so you know exactly how to use the hoists people have."
- New staff were supported to provide good care through an induction programme, which included working alongside experienced staff. This helped to ensure people were always supported by staff who understood their needs and care preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed their meal time experiences, which were based on their choices. One person explained some of the food was grown at the home. The person said, "The meals are excellent. You get lots of vegetables, and I really like the drinks that you can have with everything."
- One relative told us their family member really enjoyed the food choices and meals provided and was eating much better, since moving to Ross Court Care Home.
- Staff supported people if they had any concerns people were not having enough to eat and drink. For example, a second dining area had recently been set up to meet the needs of people who required extra assistance from staff. The registered manager explained this was not yet fully embed and required additional refinement. For example, staff were trying different dining environments and approaches, to promote good nutritional health.
- Staff gave us examples of improvements in people's weights and independence when eating and drinking, as a result of the introduction of the second dining room. This included if people required extra help for a short time, for example, because they had experienced recent ill health.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see other health professionals, when required. This included access to GPs,

nurse practitioners, speech and language therapists, dentists and opticians. Two health professional told us staff knew people's health needs well and made appropriate and prompt referrals if people needed health support.

- People benefited from living in a home where systems to communicate essential information about their health needs had been put in place. As a result, other health professionals promptly knew people's health needs and care preferences, if people became unwell.
- Staff gave us examples of support they had provided, so people would be able to access other services with support from staff, where people wanted this.

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

- People told us they liked their rooms, which reflected their interests and what mattered to them. One person told us they had been confident to ask staff if they could move to a room with direct access outside. This had been arranged and the person told us they really valued staff support to do this.
- There were several communal areas for people to enjoyed using. These included quiet lounges, where people could choose to spend time quietly with their relatives, and more social area where people could pass their time in the company of new friends they had made at the home.
- Staff considered people's needs in the way the adapted the use of areas of the home, in order to meet people's needs and preferences.

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 Act requires 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. The application procedures for this in care homes and hospitals are 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 were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 and their relatives said staff were kind and compassionate. One person highlighted this approach was taken by all the staff, including administrative staff, and this helped them to feel relaxed and at home.
- One relative told us, "They [staff] are all very friendly. Every one of them. You can tell from how they treat [family member's name]." Another relative said, "There is a consistency of staff, without exception, all the staff are kind."
- Staff understood what mattered to the people they cared for and spoke warmly about them.
- Staff gave us examples of things they did so people would know they were valued. This included celebrating their birthdays, and when time permitted chatting to people about their previous jobs and current interests.

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

- People told us the way they were supported encouraged them to make their own decisions about their care. One person told us how much they valued receiving a monthly list of the activities in advance, so they could make their own choices about what interesting things they wanted to do.
- Another person said they enjoyed making decisions about their meals, and where they wanted to eat these. The person told us, "I tell them [staff] what I like and they bring that."
- Staff carefully checked people agreed to the assistance offered, before providing care. We saw where people needed some support to make decisions staff supported them, by gently offering options to choose from.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff, who called them by their preferred names, and always knocked their doors to check they were happy for staff to enter their rooms.
- People told us staff understood their need for independence. One person told us they liked to make their own drinks. The person said they had asked for their own kettle, and this had been promptly supplied.
- Staff gave us examples of the way people's independence was promoted. This included checking if people were comfortable to manage their own medication, so their skills and independence were maintained. Discreet signage was also used so staff would understand if people did not want to be disturbed, for example, during personal care.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans reflected their histories, care needs and preferences. This included if people wanted support to maintain their current preferred lifestyles. One person told us, "I'm a night owl. I stay up till the early hours of the morning and then sleep in the day. That's how I've always been and that's how I like it now, as well. They [staff] know that about me."
- One relative gave us an example of how the care planned for their family member had been adapted specifically to meet their needs. There was a hairdresser already available within the home, who people liked to visit. The relative explained their family member preferred to use their own hairdresser, and arrangements had been made for this to continue, so their preferences would be met. The relative explained how important it was to their family member they could still maintain the relationship they had with their own hairdresser.
- Some people told us there were times when they experienced some delays in the care provided, or occasions when staff did not have time to chat to them. We saw this was occasional. People and relatives told us this was improving, as new staff were recruited.
- Staff told us people's risk assessments and care plans provided them with the information they needed to support people as they wished. One staff member explained a person's care plan had highlighted they spoke a second language. The staff member told us how much it had meant to the person when they sang a song to the person in this language.
- People were very positive about the trips and events which were available for them to enjoy, these included gentle exercise, crafts, music and meditation. One person told us, "We do nice things together. Last week we were in the paper for a competition. I showed my sons."
- One relative told us, "They've even got [family member's name] to do things they wouldn't have done before." This included going out to restaurants for meals and making new friends to socialise with.
- People's smiles showed us how much they enjoyed regular visits from a local nursery. Staff recognised how much people valued these visits and were planning joint trips out to local attractions for all to enjoy.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. This included menus in pictorial formats. Staff gave us examples of how they would adapt the font size of information on iPads, as people's needs changed.

Improving care quality in response to complaints or concerns

- People and their relatives were confident if they raised any concerns with staff and the registered manager these would be addressed.
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw

action was taken if any concerns or complaints had been made, and learning taken from these.

End of life care and support

- People's wishes at the end of their lives had been carefully considered. One relative emphasised how well their family member had been supported and told us the whole family had been treated with care, compassion and respect by staff.
- Staff gave us examples of effective joint working with other health and social care organisations, such as hospices, so people wish to remain at Ross Court Care Home at the end of their lives would be respected and their health needs met.
- Staff told us they were supported to provide good care to people at the end of their lives, and staffing was sensitively arranged, so key staff could attend people's funerals, to show their respects.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People told us they enjoyed living at Ross Court Care Home. People and relatives told us they regularly saw senior staff and found them approachable and supportive. One person told us, "I was worried when I first came here. I thought I would cry, but I didn't, because it's very nice here."
- Relatives said the registered manager and senior staff had an open approach when discussing life at the home and found communication good. One relative told us because of this, "I don't have to worry when I leave here. I know if there are any problems, staff will get in touch."
- The registered manager told us they were committed to ensuring staff received the development and assistance they needed, so they could be assured people were provided with good care, by staff who understood they were working in people's home.
- Staff knew how they were expected to care for people, through daily meetings with senior staff. One staff member said, "You can ask if you are not sure, all the staff are supportive and [registered manager's name] is always there to guide us." Another staff member said, "[Registered manager's name] is always looking out for people's best interests."
- People told us the culture at the home was very positive. One person said because of the way home was led, "I only came for a week to see what it was like. That was three years ago. I liked it so much that I stayed."
- One relative said because staff across all teams consistently followed the caring values set by the registered manager, "We are more than pleased. This is the sort of place we would like to come ourselves when that time comes." Another relative said, "This care home has the edge. It's like a hotel, but it's also a home, it has a friendly feel, and you are welcomed whatever time you come. {Family member's name} is happy here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People made any suggestions they had for improving the care offered at regular meetings. People told us their suggestions were listened to. This included the introduction of a second dining facility, meal choices and interesting things people would like to do. Staff gave us examples of links which had been made with other organisations, specifically to support people to achieve their wishes, so people's wellbeing was enhanced.
- Relatives told us their views on the care provided were regularly asked. One relative highlighted this had led to improved sleep for their family member, as they were able to discuss their family member's care

needs with senior staff, without delay.

- Staff told us suggestions they made were listened to. For example, suggestions staff made to ensure people were supported in the ways they preferred, when their care was temporarily provided by other health organisations and to ensure people's dignity was maintained. Staff gave us examples of how they were kept up to date when suggestions they had made could not always be immediately remedied. This included on-going discussions regarding staffing deployment, when usual care staff were not available.
- Links had been developed with community organisations, such as faith groups and other health and social care providers, so people were supported to keep connections which were important to them and to maintain their health and well-being.

Continuous learning and improving care

- The registered manager kept up to date with best practice through attending events and meetings and told us they were well supported by the provider.
- The views of people living at the home, their relatives and staff were periodically checked through surveys. The registered manager gave us examples of changes introduced because of feedback from people.
- Senior staff, the manager and provider checked the quality of the care people received. For example, the registered manager checked the environment and people's experience of care through daily observation and discussion with people and staff. Checks were also made to ensure people received their medicines as prescribed.
- The registered manager reviewed any incidents or accidents, and concerns and complaints, so any learning would be taken from them. These were regularly communicated to the provider, so they had oversight of the care provided.
- The provider also undertook regular audits of the care provided. Action plans were put in place and followed up, so people benefited from care which developed to meet their needs as they changed.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The provider's representative gave us an example of how they had recently strengthened their audit process, following feedback, so they could be assured all the notifications required had been submitted to CQC.