

## Country Court Care Homes Limited

# Neale Court

### Inspection report

Neale Road  
North Hykeham  
Lincoln  
Lincolnshire  
LN6 9UA

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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

Neal Court is a residential care home that was providing accommodation and personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

The service was provided in purpose built accommodation arranged over two floors. It consisted of 23 self contained flats with en-suite bathrooms and a small kitchenette, in addition to a living and sleeping area.

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

People told us they were happy with the service they received. They spoke of the homely feel and happy atmosphere. One person said, "I don't regret coming here for a minute. This, to me is home and we are well looked after." Staff were caring and we observed kind interactions with people using the service. People knew the staff well and by their names.

Processes were in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Sufficient staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed safely.

People continued to receive effective care. Staff received training relevant to their roles and had regular supervision and an annual appraisal. People had access to healthcare services when required. 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. Consent to care was gained in line with legislation.

Staff were responsive to people's individual needs and wishes and the service was provided flexibly. People were involved as much as possible in decisions about their care. People had access to a range of activities based on their preferences in the home and in the local community.

The service continued to be well led. There was clear leadership and people told us they could speak with staff or the manager if there were issues. Systems were in place to monitor the quality of the service and the care provided and actions were taken to continuously improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 1 July 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

## 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** ●

# Neale 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 consisted of one inspector.

#### Service and service type

Neale 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

#### During the inspection

We spoke with the six people using the service. We spoke with five members of staff including the registered manager, a senior care worker, two care workers, a chef, a housekeeper and an activities coordinator. We reviewed a range of records. This included three people's care records and all the medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We looked at training data, quality assurance records, minutes of meetings and additional evidence the provider submitted.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and said staff checked on them regularly and there was always someone there for them. They had pendant call bells to enable them to call for assistance wherever they were in the service. A person said, "I felt vulnerable at night when I was at home; now I know staff are here and I feel safe."
- The provider had policies and procedures to keep people safe. Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the CQC. Records showed that these were completed.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, risk of falling and nutritional risks. Staff explained actions they had taken when a person had fallen, to reduce the risk of it happening again.
- An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People told us there were enough staff to support them safely. They said when they called for assistance staff mostly responded in a timely way. They said there were very occasional waits when everyone wanted assistance at the same time, although this was not a concern for them.
- The registered manager assessed people's support needs and reviewed these with the area manager alongside incidents and accidents, to determine staffing levels. They told us they had recently increased staffing levels and made changes to shift patterns. Staff said recent increases to staffing levels had had a positive impact and they felt there were enough staff to provide safe levels of care.
- Processes were in place for the safe recruitment of staff. The provider undertook the required checks of applicant's character prior to them starting work.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of

people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.

- Some people were able to manage their own medicines and staff supported them to do this.
- The provider completed medicines management audits and any actions were identified and addressed. Staff received annual medicines updates and a competency assessment.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean and people told us staff were thorough in their cleaning. Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these monthly. This enabled themes to be identified and ensure that any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about changes to practice at the shift handover meetings and at staff meetings. They said they had the opportunity to contribute their views and that communication was good.

# 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.

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

- People's needs were assessed prior to admission to the service and care was planned and reviewed regularly.
- Staff used evidence based tools to assess risks to people and had access to national and local best practice guidance. For example, a display board provided copies of recent infection prevention and control guidance, including hand hygiene and NHS guidance on the management of outbreaks of viral gastroenteritis.
- When people needed assistance to change their position regularly to prevent the pressure damage to their skin, this was completed in line with the national guidance and the instructions in their care plans.

Staff support: induction, training, skills and experience

- Staff were given a comprehensive induction when they started working in the service. Staff told us they were given plenty of opportunity to shadow experienced staff, get to know people and read their care plans, prior to working independently.
- Records showed and staff confirmed, they received regular mandatory training updates. Training provided was relevant to their roles and included topics on long term conditions such as diabetes, Parkinson's disease and dementia awareness.
- Staff felt supported in their role and received regular supervision and an annual appraisal. They said they could contact senior staff or the registered manager if they needed support.

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

- People using the service were very complimentary about the food and meals provided. They said recent changes in the catering service had resulted in lots of improvements. They said the chef came to chat with them about their preferences and there was always a good choice of meals. A person said, "The food is excellent; you get a choice and if you fancy something, they will try their best to get it for you."
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated

their advice into the person's care plans. Records showed people had access to a GP service, dietitian, community psychiatric services, community nursing services and other professionals as required.

- People had access to preventative and early diagnostic services such as the national bowel screening programme. They had regular eye tests and access to a chiropodist.
- Staff assessed people's oral health and developed oral health care plans.
- People were encouraged to participate in activities designed to help maintain, their balance, mobility and coordination, through armchair exercises and games.

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

- People had their own flat with bathroom and kitchen facilities. There was a communal dining room and lounge on the ground floor and most people had their meals in the dining room, although they told us they could choose to eat in their flat if they wished. The furniture in the lounge and dining area showed signs of wear and the décor was tired in places and in need of refurbishment. Refurbishment of communal areas was on the registered manager's action plan for the service; however a timescale had not been agreed with the provider.
- There was a lift between the two floors and several people were not able to use the stairs. There had been a period of approximately a week when the lift had been out of action and some people were not able to access the ground floor facilities. The registered manager told us they had requested the installation of a stair lift for one staircase, to enable people to use this if they preferred and for when the lift was out of action. However, there was no timescale for installation.
- People were encouraged to bring in items of their own furniture and possessions for their flats and they gave positive feedback about this.

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 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.

- Staff obtained consent for people's care and support. They had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff completed mental capacity assessments and involved relevant people in the best interest decision making process. Staff supported people in the least restrictive way possible.
- DoLS applications were made when required. No one had conditions associated with their DoLS authorisation.

# 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 gave very positive feedback about the attitude of staff and the way they were treated. For example, "I can't fault them, they are absolutely marvellous; from the manager to the housekeepers and maintenance man." Another person said, "I am very happy; very comfortable. The staff are very good; I have never seen any of them be unkind to anyone."
- Staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.
- Staff received training in equality and diversity. Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs. The registered manager gave us examples of how consideration was given to people's individual, religious and cultural needs.

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

- People told us they had choice in their daily lives. A person said, "I choose whether I want to go downstairs for my meals and the activities I join in with." Another person said, "I asked the staff to check me last thing at night and then leave me undisturbed and they do that."
- People had the opportunity to express their views about the service; they said they gave their feedback to staff, at meetings and through surveys. One person said, "We had a meeting last week and I had my say."
- We reviewed notes of residents meetings and saw a wide range of topics were discussed and peoples' views recorded and acted on.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, one person managed their own medicines and another said they received help when they had a bath, although they could manage other elements of their person hygiene independently.
- People said staff maintained their privacy and dignity. Staff rang their door bell before entering their flat and maintained their dignity when providing care. Staff spoke of the steps they took to maintain people's privacy and dignity during personal care, such as drawing the blinds and locking or shutting the door.

# 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

- People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. They said their care plans and care needs were discussed with them regularly. A member of staff said, "We sit down with people when we update their care plans and talk it all through with them."
- Staff were able to describe the ways they personalised care for people according to their preferences. Minutes of meetings for people using the service and staff meetings showed how people's individual preferences were discussed and greater flexibility introduced to meet their individual requests. A person described their preferences in the evening when they were preparing for bed and said one of the night staff always made sure they were provided for.
- People's care plans were comprehensive and included personalised information to support staff to deliver consistent person-centred care. They were reflective of people current needs and reviewed monthly or when people's needs changed.

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.

- Communication care plans were in place for each person to provide details of approaches for staff to ensure they maximised people's understanding and involvement. They contained information about people's sensory needs and aids they used.
- The service provided information in large print and could provide information in a range of languages. They had access to pictorial cue cards developed for people living with advanced dementia and difficulty in word finding, to enable them to indicate their needs.

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 told us they had the opportunity to go out regularly for visits and social activities. The day before the inspection some people had been out to a local garden centre and another group had gone out later in the day to a local café for tea and cakes.
- There was a weekly schedule of planned activities and people were given individual copies. A person said, "Staff ask us what we would like to do and where we would like to go when we have the bus." The service

shared an adapted mini-bus with three of the provider's other local services. Another person said, "There is lots of variety, we all enjoy bingo, but we have lots of other things to do and entertainers come in too sometimes."

- At the time of the inspection there was a vacancy for an activities coordinator and people said that as a result the number of activities had reduced slightly. However, some of the staff volunteered for additional shifts to cover for activities and this meant there continued to be activities for people each day. For example, the chef did some baking activities and tasting sessions for people and care staff also helped with activities.
- The registered manager told us the service had a page on a social network site where they posted activities that people were involved in and up coming events. They said this was particularly popular with relatives who did not live locally as it gave them the opportunity to see what their relative has been involved in and what was happening in the home. The activities coordinator explained how they ensured only pictures of people who were happy to have their photographs included were shared.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy; a copy was displayed by the main entrance to the service. People told us they knew how to complain if it was needed and they would initially speak with the staff or the registered manager. In relation to the registered manager, one person said, "They have their door open usually, so it is easy to talk to them." They spoke about the various opportunities they had to discuss "niggles" and small issues. They were dealt with appropriately and they had no bigger issues.
- The service had not received any complaints over the previous year, although there were many compliments and thank you cards.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, advanced care plans were completed providing basic information about people's wishes and preferences at the end of their life.
- Care staff completed end of life care training as part of their mandatory training. Training records indicated a high level of completion of the training.
- A person using the service said their spouse was cared for at the service and described how staff had enabled them to move to the home after a discharge from hospital and they were able to spend the last few months of their spouse's life together facilitated this.

# 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 good. At this inspection this key question has remained the same.

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

- There was an open culture and people felt confident to contribute their views. They felt they were listened to and valued. One person told us how they were able to do some things for other people when they went out. They said, "I feel privileged, as the staff trust me with all sorts of things."
- Staff said there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled. We saw examples of staff undertaking additional shifts to cover sickness absence and cover some of the activities coordinator vacancy. A member of staff who had recently been recruited said, "I love it here, it is like one, big, happy family. The residents are happy, staff are happy and everyone is so supportive."

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 registered manager was aware of their responsibilities under the duty of candour and said they were open and transparent when things went wrong. We saw an example of an occasion when a person had fallen and the discussion with the person and their relative, to identify the most appropriate measures to put in place to reduce the risk of it happening again, while not unnecessarily restricting their freedom.

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

- The registered manager was clear about their responsibilities. Accountabilities within the organisational structure were understood by all the staff we spoke with. Staff told us that in the absence of the registered manager, they were supported by the area manager who regularly visited the service and spoke with staff.
- The provider had displayed the last CQC rating on their website and there was a link to the full CQC report. A copy of the report was also available on the relatives noticeboard.
- The registered manager and representatives of the provider completed a range of monthly audits to monitor the quality of care provided. Actions from the audits were identified and undertaken.

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

- Notes of staff meetings showed there was a discussion of quality improvements, feedback from people

using the service, training and operational issues.

- Staff told us communication was good; there was a discussion of each person and any changes were communicated.
- People using the service spoke of a homely atmosphere and they felt involved and consulted. They had the opportunity to give feedback about the service and the care provided. Annual surveys were completed and notes of meetings for people using the service demonstrated they were encouraged to give their views.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided.
- The registered manager had an action plan for the service based on actions identified in external and internal audits.
- The registered manager attended managers' meetings held by the provider and other external meetings, where they were able to network with the managers of other services and exchange ideas for improvement.

Working in partnership with others

- Staff consulted with other health and social care professionals and worked with them to meet people's individual needs.