Russell Court Limited

Russell Court Nursing Home

Inspection report

Russell Square
Longfield
Kent
DA3 7RY

Tel: 01474708151

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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: Russell Court is a care home providing accommodation with nursing and personal care to older people. The accommodation is provided over two floors and nursing care is provided for up to 41 people. There were 37 people using the service when we inspected.

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

People's experience of using this service:

People told us they experienced safe care. People and their relatives said of the service, "The staff addressed all my queries regarding my care and gave me all the information I need". "They look after all your needs. They are pretty prompt in sorting you out and approachable." "They help me dress and wash in the morning. I wake up at 08:15 and this is my choice." A volunteer who works at the service said, "I am very proud that we are part of a family here." A relative said, "The manager is very easy to talk to and always available."

We observed, and people told us that staff met their needs with care and compassion. One person said, "Oh yes definitely, the staff are very caring." This was echoed by everyone who gave feedback.

Training, policy guidance and safe systems of work continued to minimise the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have.

People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the registered manager to see what steps could be taken to prevent these happening again.

The premises were adapted to people's needs, for example with ramps and the building décor, structures and equipment were routinely maintained.

Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

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 practice.

End of life care was delivered professionally and with compassion.

People were often asked if they were happy with the care they received. People, their relatives and health

care professionals had the opportunity to share their views about the service.

Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service.

Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training.

There were policies and procedures in place for the safe administration of medicines. Nurses followed these policies and had been trained to administer medicines safely.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Management systems were in use to minimise the risks from the spread of infection.

The service could continue to run in the event of emergencies arising so that people's care would continue.

Rating at last inspection: Good (report published October 2016).

Why we inspected: This was a comprehensive inspection scheduled based on the previous rating. We found the evidence continued to support a Good rating.

Follow up: We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Russell Court Nursing 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:
The inspection was unannounced. The inspection was carried out by one inspector, a specialist professional advisor nurse and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Service and service type:
Russell Court nursing home is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:
The inspection was unannounced.

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

What we did:
Before visiting the service, we looked at previous inspection reports and information sent to the CQC through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:
We reviewed seven people's care plans. We also looked at a variety of different sources of information relating to people, such as; activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service. We spoke with five people and two relatives. We observed care interactions in the communal lounge areas and the dining areas. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager, nursing staff, care staff and cleaning staff. We asked for feedback from four external health care professionals about the service. We spoke with a GP visiting the service. We also contacted Healthwatch, who are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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 continued to be protected from harm and the risks of abuse. People consistently told us that they felt safe. One person said, "Oh yes I feel very safe."
● A safeguarding policy informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding people, knew what signs to look out for and felt confident the management team would listen and act on any concerns they raised. Staff told us that they had not had any concerns about people's safety.
● People benefited from transparent and independent safeguarding investigations. There had been one safeguarding issue raised by the registered manager to the local authority in the last 12 months. Actions were taken to reduce the risk of continued harm. For example, by additional monitoring by staff. The registered manager followed safeguarding protocols published by the local authority with a legal duty to investigate actual or suspected abuse or harm.
● The service was staffed 24/7. However, the management operated a 24 hour on call service for staff to use if they needed advice or support.

Assessing risk, safety monitoring and management:
● The registered manager continued assessing risks to individual people. They assessed people's mobility, nutrition and health needs. If people had weak areas of skin that could easily damage or where ulcers could develop, air mattress, creams and additional monitoring of their skin took place. Individualised risks assessments identified hazards and actions were recorded to mitigate risks.
● A nurse in charge was responsible for managing any emergencies that may arise. They were first aid trained and people at risk due to their poor health had advanced care planning in place which detailed emergency care. When people were on oxygen therapy staff were aware of how to manage this.
● When people required specialised care to manage on going health issues the risk was assessed. Nurses and care staff with specified training for people's individual needs were provided. For example, in areas such as catheter/wound care/dementia care/syringe driver & percutaneous endoscopic gastrostomy (PEG) care. A PEG is tube is inserted into a person's stomach as a means of feeding.
● Environmental risks and potential hazards in the premises were assessed. There was guidance for staff about what actions to take in relation to health and safety matters. Gas, electricity and fire systems were tested and people had individualised evacuation plans in place based on their needs. Therefore, if they could not independently move away from danger, staff would be there to assist. A member of staff said, "We had a fire drill last week." They went on to tell us about the evacuation procedure.

Staffing and recruitment:
● People consistently told us there were enough staff. We observed there were enough staff to meet people's needs during the inspection. People told us that staff responded quickly if they used the nurse call

bell. A relative said, "On the whole staffing is OK. People are never neglected." Staffing numbers were flexible to changes in people's dependency levels. For example, if people were unwell and needed additional staff. Staff were deployed based on a daily plan by the lead nurse. We observed that staff had time to walk with people with poor mobility and people did not have to wait for care and support. We heard staff raise a concern about a person's catheter. A nurse responded immediately. Actual staffing levels were consistent with those planned on the recorded staff rota.

● Cleaning, maintenance, catering and activities staff were employed so that staff required to deliver care were always available to people.

● Staff were recruited safely. All applicants had provided references, work histories and proof of identity. They had also been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding.

● The Nurses were registered to practice with the Nursing and Midwifery Council and their ability to practice in the UK was recorded.

Using medicines safely:

● People continued to receive their medicines safely and as prescribed to protect their health and wellbeing. The policy on the administration of medicines followed published guidance and best practice. Nurses and senior staff were trained to administer medicines. Their ongoing safe medicines competencies were checked by the registered manager. Medicines were dispensed from robust locked mobile trollies.

● Medicines were stored in a clean locked clinical room. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited and stocks tallied with administration records. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

People were protected against the spread of infection:

● We observed staff maintaining hygiene practice and that they had access to personal protective equipment (PPE), such as disposable gloves and aprons. Staff told us PPE was always available. Food Safety training was provided for catering staff.

● The premises were odour free and clean. Bins were covered, and clinical waste was separated and disposed of appropriately. Cleaning staff followed an auditable cleaning programme that included the emergency and routine deep cleaning of higher risks areas. For example, after spillages.

Learning lessons when things go wrong:

● Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.

● The registered manager investigated incidents and checked for trends such as falls. Actions were taken to reduce the risk of recurrence. For example, equipment was provided for people at risk of falls; such as pressure mats or chair cushions that alerted staff when people at risk got out of bed or stood up from their chair.

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.

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:
● The registered manager met with people and where appropriate their relatives to assess people's needs and choices. The assessment of needs took place so that the registered manager could ensure staff available to people had the right skills and knowledge of people's needs.
● At the assessment stage people were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. Staff had equality and diversity training and were aware of the need for consent from people for their care. Records included information and guidance about the person's physical, mental, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences and any protected characteristics under the Equality Act 2010.

Supporting people to eat and drink enough to maintain a balanced diet:
● Eating and drinking assessments were in place which also took account of people's allergies, preferences and any risk people faced, including diabetes, choking or weight management risk. There was a choice of menu, which was reviewed by a dietician to maintain the balance of health benefits of the food offered.
● People told us about the food they received. They confirmed there were choices offered. We observed meals times were positive and sociable experience for people, with people chatting to each other or with the staff. One person said, "Oh (the food) is lovely." Another person said, "We have a new cook and menu and they are asking for feedback. I asked if we could have chicken goulash and they have put it on the menu."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, with access to healthcare services and support:
● The registered manager had established working relationship with different professionals, such as the clinical commissioning team, the local hospice and the discharge team of the local hospital. Staff worked closely with professionals to promote people's health and wellbeing. This included the local GP, the community nursing teams, occupational therapist. Referrals to other health professionals were done in a timely manner. People told us the GP visited at least weekly. One person said, "I saw the GP recently as I had a chest infection."
● Each person had a named nurse and key worker. They undertook monthly assessments and care profile risk charts are produced by the electronic care system to show risks and changes in people's physical health care needs.

Staff support: induction, training, skills and experience:
● Staff completed an induction based on an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Training had been consistently updated to assist staff to improve their skills and understanding of how to

deliver care. Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of their development.

● Staff felt well supported by the management. Staff had regular supervisions, appraisals and meetings where they felt able to raise ideas, suggestions and personal development opportunities. All of the staff we spoke with confirmed they got face to face supervisions on a regular basis and an appraisal for their development needs.

● Nurses received clinical supervision and were supported to maintain their nursing skills. Nurses lead as champions for training. For example, in dementia care and wound care. Nurses were supported to attend local forums and to attend advanced training in wound care and other specialist nursing courses.

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

● The premises continued to meet people's needs. The service was adapted for people with dementia, for example with signage and decorative colour variations. This assisted people to identify where they were.

● Areas in the service were adapted for wheelchair access, there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. This provided people with comfortable living accommodation.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and they were.

● Staff had training in and a good understanding of the MCA and DoLS and told us how any restrictions they put in for people, should be the least restrictive option. There were five DoLS applications pending approval and two had been authorised. These authorisations were being applied correctly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with 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; equality and diversity:
●The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. Staff received training about this.
● People told us staff were caring and respectful. One person said, "Oh yes absolutely (staff are kind)." A relative said, "They treat our loved one well. staff are very pleasant and very caring."
● People looked relaxed and comfortable with each other and with staff. A GP commented, "The patient I visited mentioned how caring the staff are here, I was impressed by the welcome I got from staff." We saw staff had built a good rapport with people, chatting and smiling with each other. Staff initiated conversations with people as they carried out their tasks, asking if people were alright, and checking whether they would like a drink. Staff spoke with people using their preferred name in a friendly and caring way.

Respecting and promoting people's privacy, dignity and independence:
● People told us that staff continued to respect their privacy and that staff supported them to maintain their dignity.
● People's personal care was given behind closed doors and with consideration. People could choose to lock their room doors (including at night) and they were asked to confirm this in writing if they did not wish to be disturbed at night. This was recorded in people's care plans and respected.
● Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

Supporting people to express their views and be involved in making decisions about their care:
● People told us they were involved in making day to day decisions about their care. One person said, "Yes me and my family are involved." A relative said, "We are aware of everything that is happening, and staff explain things all the time to my loved one, they are very kind."
● People decided how they wanted to be supported. The registered manager assessed each person's ability to do things for themselves or the levels of staff care required. One person said, "My appearance is important for me, I like to be smart, the nurses help me with this." This gave staff information about how to meet people's needs in a person-centred way.
● People were provided with information in ways that helped them to make decisions about their care. For example, in pictures. There was access to advocacy services. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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:

- Peoples care was provided to meet their needs and choices. Preferences were noted and documented and day to day choices supported by the care team. Care plans contained information on a range of aspects of people's needs including mobility, communication, emotional wellbeing and specific dementia support. A visiting GP said, "The care provided was excellent and the nursing team are fantastic."
- The care plans were regularly reviewed by nursing staff so they accurately reflected people's changing needs and wishes. Additional reviews had taken place where relatives and others involved in people's care were invited to give their views. For example, we saw recorded changes to a person's care plan as their dementia had led to changes.
- People told us that the care staff provided them with all the practical assistance they needed as described in their care plan. Care plans stated what was important for the person in relation to personal care and presentation and this was valued by people. One person said, "I like to be smart and keep myself tidy and they (staff) help me with this every day."
- People received personalised care that was responsive to their needs. Discussions with people about their care were given in a respectful, sensitive and honest manner. For example, the care relating to one person was notable, with photographs/pictures being used to help the person answer questions about their illness. Family members were included in these discussions.
- To promote wellbeing and reduce isolation an activities coordinator met with people to discuss what activities they would like to do. One person said, "We do music activities I enjoy it and we have a laugh. Last week they brought in ALEXA to play what we each requested." Another person said, "We have movement to music, we go the cinema, out to lunch." People consistently told us they enjoyed the range of activities offered.
- Care staff recognised the need to provide care that promoted equality and diversity. Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex. Staff supported people's cultural and religious beliefs. A local priest and vicar visited regularly, people confirmed they attended services and the staff also organised a variety of events around certain significant dates in the year including religious festivals.

People's concerns and complaints:

- People and their families were given information about how to complain and details of the complaint's procedure were displayed in the service. A relative said, "Last year I complained about some staff and that was dealt with very fairly."
- The registered manager had a procedure to follow when managing complaints. A pictorial complaints poster was displayed in the service. We reviewed the responses to recent complaints. All of these had been investigated and responded to and resolved. For example, people had complained about missing clothes.

These were resolved by a full inventory taking place.

End of life care and support:

● People had been supported at the end of their life to have a comfortable, dignified and pain-free death. Training and support was provided by a local hospice. Staff had honest and sensitive end of life planning discussions with people and their relatives. Relatives confirmed that everyone was involved in decision making.

● Nurses and carers recognised people's emotional responses to dying and one person was attending the funeral of her friend who had recently died in the service. People and staff alike were encouraged to grieve. One person said, "People here are like family, we care for each other."

● People at the end of their life and staff told us they valued the support given by the palliative care team from a local hospice in relation to the planning and delivery of their care. Advance medicines were made available and pain relief was given when needed and based on individual needs and choice.

● The nurses told us that they had the equipment they needed in advance to support people who were on the end of life care pathway and they supported people to remain 'at home' in the service. Nurses were trained to verify expected deaths.

Good

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager consistently made people aware of the care standards they expected. One person said, "Oh yes every morning the manager stops and sits and has a chat." Nurses were kept up to date with events via the registered manager. A relative said, "They go the extra mile to look after my wife, and for everyone here." A member of staff said, "The manager is very open and approachable, she encourages me when I am not confident, I can ask something and shows me what to do."
- The registered manager recognised that good leadership is key to the service providing high quality care and enabling staff to feel empowered to deliver this. The manager told us, "I have an open door policy in place for staff, residents and relatives." The registered manager met weekly with the company director and the senior nursing sister to discuss any challenges, concerns or developments there may be. Our observations and discussions with staff reflected their understanding of the culture in the service. A member of staff said, "I have a close working relationship with the manager and can approach her with anything and she listens to me." Another member of staff said, "The care we give is underpinned by going the extra mile for people, as a member of staff I have never wanted to leave here (To work somewhere else)."
- Policies and procedures were available to staff. These set out the standards of care in the service, were kept up to date and took into account new legislation. For example, Medicines policies followed guidance issued by the National Institute for Health and Care Excellence.

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

- Staff told us they felt supported by the registered manager. A member of staff said, "I am not afraid to say I don't know something, as I will be encouraged to learn and develop my skills so that I can do something well." There were various meetings arranged for nursing and care staff. These included daily hand over meetings and team meetings. These meeting were recorded and shared for staff to reference.
- The registered provider used thorough and robust quality monitoring systems. People benefitted from a quality of service that was driven by the provider and staff's commitment monitor and improve their performance. Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service

where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

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

● People and their relatives told us that they were kept fully informed of the care they were getting.

● The registered manager proactively sought people's views and took action to improve their experiences. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. We looked at five feedback forms from the week of the inspection, they were all rated as excellent for the care received and this was echoed by what people and families told us during the inspection. For example, people had asked for a tuck trolley round, this had taken place and on review at a resident and relative meeting people had fed back that they were happy for this to continue.

● People, relatives and staff could give their opinions about the service and share their views at any time.

Continuous learning and improving care:

● Staff were passionate about learning and embraced the latest and best practices. For example, electronic tablets were used to assist people with communication. Nurse champions ensured that all aspects of care and support reflected the most current and approved methods and practices. A nurse said, "I came as an unqualified nurse and I was encouraged to do my degree and now I'm a sister, I am proud to work here and do not want to leave as I am proud of what I have achieved."

Working in partnership with others:

● Staff worked closely with a range of different professionals, authorities and charities and were innovative in how they engaged with local organisations.

● The registered manager told us that they were awaiting the outcome of the pilot scheme they had been involved with led by the local hospital discharge team. This had led to the development of relationships with hospital staff and improving the discharge process for people. For example, the registered manager clinically assessed people before discharge to make sure that the person was not to poorly to leave hospital. This minimised the risk of failed discharges occurring where people had been discharged and then had to return to hospital as emergency admissions.