

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ross Court Care Home is a care home providing accommodation and personal care to up to 42 people. The service supports older people including people who live with dementia. At the time of our inspection there were 23 people using the service.

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

People told us they felt safe living at Ross Court Care Home. Staff had received safeguarding training and were clear on how and when to raise concerns. Where appropriate, actions were taken to keep people safe. Staff contacted health professionals when people's health needs changed. Staff followed good infection control practices. A programme of refurbishment was taking place around the home. Safe staff recruitment systems were in place. There were enough staff to provide safe care.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice.

An activities team organised a rich programme, whereby different things to do for fun and interest were offered for those who wished to participate. People had opportunities to maintain and develop relationships with visitors to widen their social networks. There was a complaints procedure in place and people felt confident to raise any concerns either with staff or the registered manager if they needed to. People were supported at the end of their lives in ways which reflected their choices and wishes.

There was a positive person-centred culture at the service which ensured good outcomes for people. Governance systems and processes were in place to measure the quality of care and drive improvement. People, their relatives and staff were asked for feedback about the service in order to continuously develop and improve the service.

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

Rating at last inspection

The last rating for the service was good (published 9 March 2022).

Why we inspected

We received concerns in relation to refurbishment of the service and its impact on people. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remained good based on the findings of this

inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 4 people and 1 person's relative about their experience of the care provided.

We spoke with 6 members of staff including the registered manager, the deputy manager, a senior carer, a maintenance person and the administrator of the service. We reviewed a range of records. These included care plans for 4 people, multiple medicines records, 3 staff files in relation to recruitment, and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to raise concerns. A member of staff told us, "I would report my concerns to the [deputy manager]. If not taken seriously, I would raise this with the [registered manager] and then with CQC. I feel confident that I would be supported by the provider."
- People and relatives felt the service was safe. One person said, "I find this place really good, and I feel safe."
- People were protected from the risk of abuse. The provider had systems in place to safeguard people and knew how to follow local safeguarding procedures when required.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. For example, the risk of falls, skin damage or malnutrition. Risk support plans were detailed and gave guidance to staff on how to provide safe care which reduced the risks.
- Health and safety checks were undertaken regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs
- There was refurbishment of the service in progress during our inspection. All people interviewed told us this had no negative impact on them. One person told us, "I didn't find it very good at the beginning. But I must say that what they have done I very much like, and [registered manager] spoke to me and my daughter and explained the refurbishment and it is good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions relating to DoLS authorisations were being met.
- Staff received appropriate training and were aware of the principles of the MCA to support people to make choices.

- On the first day of our inspection we found that not all care plans provided clear information about people's capacity. This was addressed by the provider during our inspection. On the second day of our inspection we found that people's care records contained mental capacity assessments to record whether people were able to make specific decisions about their care. Where people could not make such decisions, best interest decisions were made on their behalf. People and where appropriate their relatives contributed to the care records which were person-centred.

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to support people's needs. During the inspection we found staff were visible throughout the communal areas of the service, ready to offer support when required. We observed staff responding promptly to people's requests.
- People told us staff came quickly when they called for assistance and staff often had time to sit with and spend time with people. One person said, "I think they have enough staff here."

Using medicines safely

- The provider completed regular stock checks and audits to ensure medicines were given safely and documentation was completed accurately.
- People who were prescribed 'as required' medicines [for example, medicines to relieve pain] had clear protocols in place to monitor when and why these medicines were administered.
- However, we found that people's Medicines Administration Records [MARs] did not always reflect a reason why PRN has been administered. This issue was already identified by the provider's medicines audit and the provider was addressing this issue at the time of our inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors when they wanted in line with government guidance.

Learning lessons when things go wrong

- The provider had processes in place for analysing and learning from accidents and incidents.
- The registered manager had oversight of accidents and incidents to identify any emerging patterns or trends, which required further investigation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received personalised care which met their individual needs and preferences. Care plans were person centred, and included information on what was important to people, including their needs, preferences, likes and dislikes.
- Staff had built positive relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One staff member commented, "We have a range of residents, and some people with dementia, too. We use a dementia doll, a rummage box and headphones which have helped when [person] became distressed".
- People's care plans provided an overview of their life history and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff ensured people's communication needs were met. People had communication care plans in place, including any factors which may hinder communication, and any sensory issues.
- Staff had good awareness, skills and understanding of people's individual communication needs, they knew how to facilitate communication when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand.

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

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. Relatives visited regularly and some people accessed the community with their relatives or with staff.
- People commented positively on the opportunities available to them. One person said, "I enjoy walking. I can go outside and walk in the garden whenever I want." Another person said, "I like activities, like today we have a guitarist come in and I think we all enjoy it. They would accommodate my activity request, they said we can do whatever we ask for".
- The provider employed an activities coordinator who arranged various activities for people to enjoy. We saw these included quizzes, arts and crafts, yoga, bingo and sessions dedicated to introducing new staff

members so they could build rapport with people. Staff took their time to provide one-to-one activities to people who were unable to leave their rooms. These included painting nails, having hair done and holding hands of people who were approaching their end of life.

Improving care quality in response to complaints or concerns

- Complaints were recorded and monitored to identify lessons learned and how the service could further improve. For example, people's capacity assessments were reviewed after one of the complaints.
- People told us they knew how to complain but they had no reason to do so. One person told us, "There is nothing to complain about".
- We saw the service received multiple emails and cards of appreciation. One person's relative wrote, "Since [registered manager] has arrived at Ross Court, there has been an immediate and noticeable uplift in the quality of service given. [Registered manager] not only fully keeps me informed but has also given up her personal time to visit my mum on the occasions she had been in hospital".

End of life care and support

- People's end of life care needs were discussed with people, relatives and other relevant staff, and any equipment to aid comfort was provided.
- People had supportive care records, which identified people's wishes at this stage of life and identified if people had a 'do not resuscitate' order in place.
- People had a 'hospital passport' which provided a range of relevant information for health staff in case a person was unexpectedly admitted to hospital.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The service was led by a motivated registered manager and staff team. They demonstrated a commitment to providing a service that promoted person-centred values. People, relatives, and staff consistently expressed great confidence in how the service was managed.
- People and those important to them spoke positively about the management and culture of the service. One person told us, "She is good as a manager, very efficient".
- Staff told us the management team were approachable and supportive. A member of staff said, "She [the registered manager] took the home into a new level. She is making sure all procedures and protocols are being followed through, this has resulted in improved communication across the team".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The service apologised to people, and those important to them, when things went wrong

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

- The registered manager had the skills, knowledge and experience to perform their role, and a clear understanding of people's needs.
- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place for monitoring complaints, accidents, incidents, and management of medicines. Staff performance was monitored with regular supervision meetings by the management team.
- The registered manager and management team reflected on past performance issues and used this to improve the service provided.

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

- Effective systems were used for people, relatives and staff to feed back on all aspects of the service they

received. For example, there were regular residents, relatives and staff meetings.

- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and provider were approachable and always available for advice and support.
- The registered manager said she had an 'open door' policy. She also said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these. This was corroborated by the staff members we talked to.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals to support people's changing needs. We saw evidence of regular input from relevant professionals in people's care plan documentation.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- On the first day of the inspection we provided the registered manager with feedback on the quality of care plans. We mentioned some gaps and lack of clarity regarding people's capacity. On the second day of the inspection we found the care plans reviewed, updated and containing all required information. This showed the registered manager's dedication to constant improvement of the service.