Nottinghamshire County Council

James Hince Court Residential Care Home for Older People

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 31 January 2017. James Hince Court Residential Care Home for Older People is registered to accommodate up to 45 older people who require nursing or personal care. At the time of the inspection there were 30 people using the service. The majority of these people were staying at the home for short periods of time on respite or were receiving rehabilitation support for physical conditions. A small number of people were living at the home for full time.

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

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed although a small number of these required updating. There were enough staff to keep people safe and to meet their needs. People's medicines were managed safely, although the way people liked to take their medicines was not recorded. Protocols for the safe administration of 'as needed' medicines were in place for most but not all of these medicines.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People were supported to maintain good health in relation to their food and drink and the majority of people liked the choices that were available for them. People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Staff were kind, caring and compassionate and responded quickly to people when they showed signs of distress or had become upset. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained. People felt staff treated them with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. This included extensive physiotherapy sessions to improve independence for people who were planning to return home. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

There were limited opportunities for people to take part in the activities that were important to them. People living at the home had detailed person centred care plans in place that recorded their preferences and likes and dislikes. For people on shorter term stays this information was limited. People's care records were reviewed, but some had not been updated as regularly as others. People were provided with the

information they needed if they wished to make a complaint and they felt their complaint would be acted on.

The registered manager led the service well and was respected and well-liked by all the people we spoke with. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. The continued development of staff and the registered manager's performance was a key aim of the provider. Quality assurance processes were in place to ensure people and others were safe in the home.

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.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed although a small number of these required updating.

There were enough staff to keep people safe and to meet their needs.

People medicines were managed safely, although the way people liked to take their medicines was not recorded. Protocols for the safe administration of 'as needed' medicines were in place for most but not all of these medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People were supported to maintain good health in relation to their food and drink and the majority of people liked the choices that were available for them.

People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate and responded

quickly to people when they showed signs of distress or had become upset.

Staff understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained. People felt staff treated them with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were limited opportunities for people to take part in the activities that were important to them.

People living at the home had detailed person centred care plans in place that recorded their preferences and likes and dislikes. For people on shorter term stays this information was limited.

People's care records were reviewed, but some had not been updated as regularly as others.

People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager led the service well and was respected and well-liked by all the people we spoke with.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

The continued development of staff and the registered manager's performance was a key aim of the provider.

Quality assurance processes were in place to ensure people and others were safe in the home.	

James Hince Court Residential Care Home for Older People

Detailed findings

Background to this inspection

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

This inspection took place on 31 January 2017 and was unannounced.

The inspection team consisted of an inspection manager, one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed notifications sent us by the provider. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with nine people who used the service, two relatives, four members of the care staff, the cook and the registered manager and visiting professional.

We looked at all or parts of the care records and other relevant records of 10 people who used the service, as well as a range of records relating to the running of the service such as audits, policies and procedures. We also reviewed three staff recruitment records.

Good

Is the service safe?

Our findings

All of the people and the relatives we spoke with felt they or people living at the home were safe. One person said, "I feel safe with staff and residents." Another person said, "I feel safe here, staff know what they're doing." A relative said, "Staff are so nice, I have complete peace of mind."

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training and the staff we spoke with understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams.

People's care records contained assessments of the risks to their safety in areas such as their mobility, managing their medicines and food and nutrition. We found for people who were staying at the service for the short term, these records were regularly reviewed. However we did see examples where records for people living at the home long term were not always regularly reviewed. When we spoke with the staff about the care and support for these people, they had a good understanding of their needs and the risks associated with their care. We raised this with the registered manager who told us they would ensure all records were reviewed regularly.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment were carried out. We observed staff supporting people with moving around the home. The equipment they used to do so was used safely. People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence.

People gave their views on the number of staff available to support them. One person said, "It all depends, if they're not too busy they will see to you straight away, but if a patient is upset it will take longer." Another person said, "I don't wait long for help." A relative said, "Normally they're here in a couple of minutes [when the call bell is pressed], all the staff are very good."

The staff we spoke with felt the number of staff on duty was sufficient to enable them to provide safe and effective care and support for people. Our observations throughout the inspection supported this view. Busy periods such as mealtimes were well staffed and when call bells were pressed, staff responded quickly. When people requested support from staff in other parts of the home, staff were always available to offer assistance. People were not left unattended in communal areas for long periods of time and staff carried out their role calmly, not appearing rushed.

A variety of staff were available to support people. These ranged from care and domestic staff to trained physiotherapists. The range of staff available ensured that people on long and short term respite or rehabilitation stays received the support they needed. The registered manager told us that due to the high turnover of people coming to the home for short term stays, regular assessments of people's needs were carried out to ensure sufficient numbers of trained and experienced staff were in place to support each person safely. We checked the rotas and found the number of staff working on the day of the inspection matched the numbers recorded on the rota.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working at the home. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

People told us they were happy with the way their medicines were managed at the home. One person said, "I get my medicines spot on time, she'll [staff member] count them as I take them, she watches every one go down." A relative said, "I ask [my family member] if they have had their tablets and eye drops and that is all okay."

People's medicines administration records (MAR) contained a photograph of them to reduce the risk of medicines being administered to the wrong person. Additionally, details of people's allergies were also recorded to reduce the risk of them experiencing avoidable harm. We saw the way some people liked to take their medicines had been recorded for some people but not for others. The registered manager told us this was likely to be because some people stayed at the home for a short period of time, but they agreed that this should be included in people's records. We observed a member of staff administer people's medicines. They did so safely and patiently.

In each of the nine MAR that we looked at we saw these had all been completed correctly showing when people had taken or refused to take their medicines. The accurate recording of the medicines people had or had not taken reduces the risk of people experiencing avoidable harm.

When people received 'as needed' medicines, protocols for the safe administration for the majority of these were in place. As needed medicines are not given at set times of the day and are only administered if a person is showing signs that the medicines are needed, such as an increase in pain or agitation. A small number of these medicines did not have these protocols in place. However, when we checked people's MAR we found the administration of these medicines was rare. The registered manager agreed to review this and ensure protocols were in place for all as needed medicines.

People's medicines were stored safely. People were unable to access medicines that could cause them harm. Regular checks of the temperature of the room, cupboard and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

People told us they felt the staff understood how to support them and did so effectively. One person said, "The staff know what they're doing." Another person said, "I get my physio and walk every day. I've a nice room, nice meals, and can move about when I want to."

Staff received an induction when they first came to the home and regular training thereafter, to provide them with the skills needed to support people effectively. The staff we spoke with felt well trained. They told us they felt supported by the management team and they received regular supervision of their work. Records viewed confirmed induction, training and supervision had taken place. Staff were also encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Due to the wide ranging needs of the people living at the home, with some people living with dementia, staff were required to use a variety of different methods to communicate and engage with people. Throughout the inspection we saw staff doing so effectively. This included a patient approach when helping people to transfer around the home, supporting people with their lunch or engaging in general conversation. Guidance was also in place for staff to support people who may present behaviours that may challenge others. We saw people respond positively to the way staff supported them throughout the inspection.

People told us they were encouraged to make their own choices about their care and support needs and staff respected their wishes. One person said, "I'm fairly independent, they [staff] don't dictate."

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. We checked whether the service was working within the principles of the MCA.

In each person's care records we saw their ability to make decisions had been assessed and care plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. These assessments included decisions about managing people's medicines and personal care.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for one of these people and saw the staff adhered to the terms recorded. When speaking with staff about their knowledge of DoLS and how they implemented it into their role, we noted their knowledge

was limited. We raised this with the registered manager who told us they would discuss this with staff during their next team meeting.

The majority of the people we spoke with told us they were happy with the food provided for them at the home. One person said, "The food is lovely, we all tuck in here." Another person told us they were impressed at how well their specific dietary needs had been catered for. A third person told us they felt the food had improved since their last stay at the home, but also told us they did not like to eat their evening meal as early as it was provided. Relatives told us they thought the food was good and there was a sufficient amount available for people.

We observed the lunchtime meal being served in three of the four small dining room areas. People ate independently if they could with plenty of staff available offering help and extra portions if people wanted more. We also saw staff take some meals to people who had decided to eat in the own bedrooms. Some of these plates were fitted with a guard to assist people with eating independently. A regular supply of drinks were provided with meals and we saw drinks being given throughout day.

The cook had undertaken a nationally recognised qualification in catering and food hygiene and had detailed information about people's allergies and food preferences. We saw this information included people who required a diabetic, high protein or soft textured diet. The cook told us people were offered two choices of main meal, but an alternative was offered if they wanted something else. We did not see a menu in place for people when they sat down to eat which meant some people may not have been aware what food was available.

Where people had been identified as being at risk of malnutrition or dehydration, a record of their food and fluid intake was completed to enable staff to identify significant increases or decreases in their consumption. We noted the total amount each person had consumed each day had not always been recorded which could make it more difficult to identify any sudden increases or drops in total consumption. However, upon review the records we looked at showed people's daily intake was sufficient.

People were weighed regularly and the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People's day to day health needs were met by staff. People told us they were able to see a wide variety of healthcare professionals to support them with their health needs. Records viewed supported this. Relatives also felt their family member's health needs were met by staff. One relative said, "[My family member] wasn't well at Christmas, the GP was very good and came and sorted it out." One relative told us they had to get more directly involved with an issue regarding their family member's health. They said, "The carers are generally okay and well trained though I felt I had to chase up [results of a test]. I spoke with the GP and they sorted it out."

Where people had specific health conditions such as diabetes, detailed care plan information was in place to assist staff with supporting people safely and effectively.

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. People told us they liked the staff and felt comfortable with them; some told us they were able to have a laugh with them. One person said, "Oh yes the staff are kind. I can't complain at all about the staff, they'll have a laugh with me." Another person said, "The staff are great, kind and caring." A third person said, "I like the staff, I couldn't have anybody better, they're all lovely." A relative said, "The staff are excellent, you couldn't wish for a better place, I give them 100 out of 100! "Another relative said, "The staff are brilliant, I can't fault them."

Staff interacted with people in a kind, compassionate and caring way. We saw warm and friendly interactions between people and staff. We saw staff speaking cheerfully with people and it was clear they knew them well. We also saw staff respond quickly and effectively to people who had showed signs of distress and had become upset. For example, a person had become upset because they thought their family was late to come and visit them. The staff offered immediate reassurance and reminded a person about a conversation they had had with their family member and reminded them they would be arriving later than normal. The person responded positively to this. A relative told us they were pleased the staff had picked up on their family member's 'low mood' and recognised they may need help. They told us this help was arranged with compassion.

People were supported by staff who had a good understanding of what was important to them. Information such as people's life history and likes and dislikes were recorded in people's care records. This was more detailed for people living at the home long term. This information was referred to and used by staff when talking with people. Staff and people living at the home were at ease in each other's company.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. We were advised that some people occasionally went out with family to worship as well as support offered within the home for people if they wanted it.

People were encouraged to make decisions about their care and support needs and were regularly asked for their views in case they wanted to make changes. One person told us they had gone through their care plan with a member of staff and they had agreed and understood what they were able and unable to do in terms of their own care. People told us they were offered choices and staff acted on their wishes and we observed staff doing so. For example, people told us they were able to get up and go to bed when they wanted to.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We saw people were supported to be as independent as they wanted to be. With many people staying at the home for short term, rehabilitation, encouraging people to improve their independence was a key aim at

this home. We saw people were encouraged to do as much for themselves as possible to provide them with the skills needed when they returned home.

People told us they felt staff treated them with dignity and respect. One person said, "I think they treat me with respect, they are very good, very nice, kind and caring. Mostly chatty and happy, you get the odd grumpy one [staff member] but I can sort them." A relative described a recent incident where they were pleased staff treated their family member with dignity and respect in relation to an issue with their family member's personal hygiene.

We observed staff treat people with dignity and respect throughout the inspection. Respectful language was used at all times. When people were supported with being transferred throughout the home, staff engaged fully with them. However, one relative raised a concern that the office staff were not always as welcoming as the care staff. The relative told us they felt that when they raised an issue with them that they were made to feel like they were bothering them. We raised this with the registered manager who told us they would speak with the office staff about this.

People's privacy was respected within the home. There was sufficient private space throughout the home if people wished to be alone, or to spend time with family and friends.

People's care records were handled respectfully. People's personal records were not left in communal areas, which ensured their privacy and dignity was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting during the inspection who confirmed this.

Requires Improvement

Is the service responsive?

Our findings

People described the activities provided at the home. Some told us they spent time watching television and reading or talking to other people. Others, who were receiving support with their rehabilitation, told us apart from their physiotherapy and exercises there was nothing else for them to do. A relative we spoke with also felt there was little for their family member to do at the home, and they also felt that people were bored.

We reviewed people's care records to see what hobbies and interests people had and whether they received sufficient support with them. We found that records for people, who were living at the home long term, contained some information about their interests and what was important to them. However, for people residing at the home for shorter periods of time this information was limited. For both short and long term people there was limited recorded evidence of people being supported regularly to do the things that interested them. We noted that an effort had been made to help people engage with others with special dinners arranged and coffee mornings, but these examples were limited. A staff member said, "We try to help people with activities where we can." However we saw little evidence of this taking place during the inspection.

We raised these concerns with the registered manager. They told us the activities coordinator was not currently working at the home and they had found recruiting a replacement for them difficult. They acknowledged that more needed to be done to support people with their hobbies and interests and told us recruiting a new activities coordinator was high priority. They also told us they would review their current staffing team resources to see if a solution could be found from within their current staff. One resource they have used to try to improve in this area is by allowing people who were currently completing community service for minor crimes to come into the home and to carry out minor jobs such as gardening. In addition to this the attendees talk with people and spend time engaging them with their hobbies. The registered manager told us whilst strict criteria was in place to ensure people were not placed at risk from unsuitable people, this had been productive and people had enjoyed it. We spoke with the probation officer during the inspection and they assured us all appropriate checks had been carried out before each person was allowed to enter the home.

Before people came to stay at the home a detailed pre-admission assessment was carried out to ensure people could receive the support they needed. Due to the high number of people who received rehabilitation support or were staying at the home for a short term, respite stay; these assessments were important in ensuring the right staff and equipment were available for them.

For people who were living at the home for the long term, their care records were person centred and contained information about what was important to them, including their personal preferences and their choices with regards to their daily routines. People told us staff respected their preferences and did not force them to do anything they did not want to.

For people on short term stays, this information was more limited. Their records were heavily focused on their care and support needs with limited information about their personal preferences and what was

important to them. Whilst there was a high turnover of people requiring short term stays, the limited information recorded about them within their care records could make their experience of staying at the home, less person centred.

The majority of the care records that we looked at were regularly reviewed to ensure they reflected people's current health needs. However, we did find some examples where records had not been reviewed since 2015. For example, one person's 'Behaviour care plan' had not been reviewed since May 2015 and they had been assessed as having a 'high level of need'. We also found examples where people who returned for a respite stay did not always have their care and support needs reviewed from their previous visit. We raised these issues with the registered manager who assured us they would have each person's care records reviewed to ensure they were up to date. The registered manager did state that people's needs had not changed significantly and if they had then records would be updated.

People were provided with a complaints policy which was also displayed within the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies.

People told us they felt able to make a complaint if they needed to. One person said, "I know who to speak to for a complaint. I could speak to the manager; she's always very nice if I do want anything." Another person said, "If there was a problem I would speak to the most senior person in the office. I think they would respond, they seem very reasonable here." A relative said, "I've really had nothing to complain about, but I can mention any concern to the office and they will sort it out."

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "If someone made a complaint I'd try and rectify it, but I'd go to my manager if I needed to." We viewed the complaints register and saw processes were in place to manage any complaints received.

Good

Is the service well-led?

Our findings

Although the majority of the people using the service were on short term stays, their opinions as well as the views of people staying at the home long term were requested regularly. People who had stayed for a few days or weeks were asked to give their views on the quality of the service they had received and whether there were any improvements that could be made. People on longer term stays were also asked for their views. Several of the people we spoke with told us about the surveys they had completed. The registered manager told us a new bi-annual framework for obtaining people's views was being implemented and the information from these surveys would be used to continually develop and improve the service.

Staff also felt able to give their views. Regular staff meetings were held and the staff spoken with also felt the registered manager was approachable and willing to listen to them. One staff member said, "I feel my opinion is valued. We can raise things if we need to."

People, staff and relatives spoke highly of the registered manager. People told us they felt they could talk to the registered manager. Relatives agreed. One relative said, "The manager is friendly and approachable." The visiting professional spoken with during the inspection also commented on the positive relationship they had with the registered manager.

The registered manager told us they were proud of the quality of the service provided for all people who stayed at the home, whether it was for short respite, rehabilitation or longer term. They told us they had signed up to the NHS' 'react to red' scheme. The scheme is in place to reduce the numbers of pressure sores that people experience in health and adult social care environments. The registered manager told us they were proud that no person had developed a pressure sore at the home within the last year.

Developing staff knowledge and improving performance was a key aim for the service. The registered manager had introduced a series of 'champions'. These champions are staff who have developed their knowledge in a specific area of care at the home and they are the person other staff will refer to if support or guidance is needed. These roles included, infection control, pressure care and soon to be introduced, a dignity champion. In addition to this, the provider of the service, Nottinghamshire County Council, has introduced a 'Top Tips' scheme where staff are rewarded if they identify an area that could improve the standard of the service provided for people across the provider's group of services.

The registered manager told us they were also continually looking for ways to develop their role. For example, they told us they attending a locally organised 'Care home forum' where registered managers from other local services met regularly to discuss any issues that could affect their service. This included changes in legislation or new training courses being made available. The registered manager told us these forums were a good way of developing their knowledge by learning from others.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe and the standard of the care and support provided was high. We reviewed some of these processes in areas such as medication and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion.