Country Court Care Homes Limited

Ruckland Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 September 2018 and was unannounced. Ruckland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to people in one adapted building. At the time of our inspection there were 48 people living in the home.

At the time of our inspection there was a registered manager in post. The registered manager had recently been appointed as area manager and was in the process of inducting a new manager. The new manager will be referred to in the report as 'manager'. They were working at the home on the day of our inspection and planned to register with CQC. 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.

The service had previously been rated as 'requires improvement'. At this inspection the service was rated as 'good'. The service had addressed the issues raised at previous inspections and arrangements were in place to deliver safe care and improve quality.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The environment was clean. There were arrangements to prevent and control infections.

Guidance was in place to ensure people received their medicines when required. Medicines were administered safely.

Where people were unable to make decisions arrangements were in place to ensure decisions were made in people's best interests. Best interests decisions were specific to the decisions which were needed to be made.

A system was in place to carry out suitable quality checks and appropriate checks had been regularly carried out. The provider had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care. Sufficient background checks had been completed before new staff had been appointed according to the provider's policy.

Staff had been supported to deliver care in line with current best practice guidance. Arrangements were in place to ensure staff received training to provide care appropriately and effectively. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they

received on-going healthcare support.

People were supported to have choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access a range of activities. People were supported to access local community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements were in place to support people at the end of their life.

The registered manager promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been regularly consulted about making improvements in the service. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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.

Medicines were managed safely and medicine records were completed.

Arrangements were in place to prevent the spread of infection.

Recruitment checks were fully completed.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. arrangements were in place to safeguard people against avoidable accidents.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training and support to assist them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Staff responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered and care was provided according to people's choices.

Is the service responsive?

Good

The service was responsive.

Care records were personalised. Reviews had been carried out to ensure records were up to date and reflected people's current needs.

People had access to a range of activities. People had access to the local community.

The complaints procedure was on display and people knew how to make a complaint.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care.

Staff were listened to and felt able to raise concerns.

The provider had notified the Care Quality Commission of events in line with statutory requirements

Ruckland Court

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 was a comprehensive inspection.

This inspection took place on 5 September 2018 and was unannounced.

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

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with five people who lived at the service, six relatives, four members of care staff, the manager and the registered manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

At our previous inspection the service was rated 'Requires Improvement' in 'Safe'. The provider had not fully addressed a possible risk that could lead to people having an avoidable accident. This was because some of the windows were not fitted with suitable safety latches to prevent them from opening too far. At this inspection we saw refurbishment had taken place to address this and reduce the risk.

People told us that they felt safe living in the service. Arrangements were in place to support people to feel safe. For example, a person preferred their door locked at night because they told us it made them feel more secure. We saw the home had put in place arrangements to facilitate this and ensure the person was safe and received appropriate support if required. Relatives also told us they were confident that their family members were safe. One relative commented, "[Family member] was safe and sound and had some joy in their life."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. However, two staff we spoke with were unclear about how to report issues to external agencies such as the local authority. This was despite information being available. We spoke with the registered manager about this who told us hey would address the issue. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. For example, risk assessments and plans of care were in place where people used bed rails to keep them safe. Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. Relatives told us that staff dealt well with people who were confused or distressed. One relative said "There was one person that did cause a lot of disruption and they [staff] were very professional, very gentle. I never witnessed anything that caused me concern."

Medicines were managed and administered safely. Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. Where people were self-administering arrangements were in place to ensure these were managed safely. We found

that suitable arrangements were in place to safely manage people's medicines in line with national guidelines.

Staff we spoke with told us that they felt staffing numbers were adequate however they expressed concerns about sickness levels which meant they had often been short of staff in the past. During our inspection we did not observe any occasions when people were not responded to. The registered manager told us they had put in place arrangements to ensure there was sufficient staff to support people. A dependency tool was used to ensure there were sufficient staff to meet the needs of the people who lived at the home. We saw that call buttons were within easy reach for people so they could get assistance if they needed. We observed call bells were responded to promptly. A relative told us, "Not only are there enough staff during the day, but there seems to be quite a few on at night." On person said, "'I think there are enough staff. When I press my buzzer, which I don't do very often, they are always here reasonably quickly."

We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

People told us they felt the home was clean. We observed suitable measures were in place for managing hospital acquired infections and staff were aware of these. An audit had recently been carried out and actions put in place where issues had been identified. Staff had received training and were able to tell us how to prevent the spread of infection. However, we observed one an issue had been raised at a recent infection control audit about staff wearing nail varnish and during our inspection we saw one member of staff was wearing nail varnish. We spoke with the registered manager about this who said they would address the issue with all members of staff again.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found the provider had failed to work within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found action had been taken to ensure decisions were made in people's best interests. 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 law 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. We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 12 people were subject to DoLS and appropriate arrangements were in place.

Where people were able to consent, documentation had been consistently completed with them for issues such as access to records and photography. Care records indicated where people had capacity to consent to their care and treatment or if another person had legal authority to give consent that this had been given. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate and had been reviewed.

A refurbishment plan was in place. As part of the refurbishment there was a plan to utilise a large space which had previously been a day centre and turn it into a communal area where people could enjoy activities and leisure pursuits. There were adaptations, such as signage to assist people who required assistance with orientation around the home. An enclosed garden area was available which had been developed to make it accessible for people.

We observed lunchtime and found the experience was relaxing for people. However, there were mixed responses about the standard of the food. One person said, "It's adequate". Another told us, "It's alright', I suppose they do the best that they can." We observed during lunchtime several people complained about the food. We spoke with the registered manager about this who said they would discuss this with the cook and people. We observed people were offered choices at lunchtime. In addition, they were also asked what their preferences were the day before to assist with planning the meals. However, the registered manager told us that because of the contractual arrangements for meals, it left no room for spontaneity. For example, if it was a hot day and they wanted to have a barbecue it was difficult to do so because it had not been planned. They told us they were working with the catering provider to try and find a way to be more

flexible.

People were supported to eat and drink enough to maintain a balanced diet and where required adapted equipment was available if people need them to assist them with eating. We observed drinks and snacks were provided throughout the day in communal and bedroom areas. Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Initial assessments had been carried out prior to people coming to live at the home. We observed these had established if people had cultural or ethnic beliefs that affected how they wished to receive their care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. Newly employed staff had access to the National Care Certificate which sets out common induction standards for social care staff. Staff had received refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, staff had received training around dementia care. A member of staff told us they thought training had improved significantly since our last inspection.

Staff told us they felt supported and were able to speak with the registered manager and manager if they needed to. Records showed supervisions and appraisals on a one to one basis had taken place and were planned. This is important to ensure staff have the appropriate skills and support to deliver care effectively.

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. We observed a person asking if they could see a doctor. A member of staff checked they were happy for them to contact the GP and explained they would come back and tell them when their appointment was. Reviews were held with people and professionals who were involved in their care. A regular meeting with the district nurses had been set up to ensure information was handed over between care staff and visiting professionals. This helped to promote good communication resulting in consistent and coordinated care for people. Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

Good

Is the service caring?

Our findings

People were treated with kindness and were given emotional support when needed. For example, a person was sat in the entrance area and we observed staff checked they were alright and if they required assistance. Another person became distressed whilst in the lounge area. We observed staff went to them and asked what was wrong. They obtained assistance from another member of staff and supported the person out of the area at their request.

There was an overall atmosphere of warmth and family within the home. We saw a collage of photographs of people who lived and worked at the home on the wall of one corridor was aptly named 'family'. One person had written a poem expressing their feelings about the home. They described the home as a 'very loving, caring community'. A member of staff described the home as being like a 'family home'. We looked at comments and compliment records and saw that relatives were positive about the care their family member received. One comment said, "Thank you so much for all the love and care you gave [family member] during their time with you." A visiting professional told us the home was, "Very caring."

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. When we spoke with staff they explained how they reassured people and tried to distract them from the issue that was making them upset. We observed staff using terms of endearment and the residents preferred name. The staff were calm with people even when they were upset.

We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. Staff offered people choices about their care, for example, when serving hot drinks people were asked what they wanted and how they would like it. A care record stated about a person who had started to find it more difficult to make decisions, "Staff should continue to encourage [person] to communicate and make decisions."
Another record detailed a person's personal preferences regarding their personal care. It explained their preference for a shower and that they liked to wear makeup. We observed a member of staff talking to a person who wanted to go to the shops. The member of staff clarified what they required and explained when they could accompany them and where to. They ensured this was agreeable to the person.

We saw two members of staff assist a person to walk into the room. We saw they did this at the person's pace and allowed them to do as much for themselves as they could whilst remaining attentive and staying close. We saw that the staff member was constantly talking to the person checking they were alright and offering praise and reassurance. Staff explained what they were doing and how people could assist them when moving.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can

support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. A person told us, "The staff are always so discreet and pleasant when they want to do anything with you, they always ask." We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were respectful when supporting them with personal care and they had never felt undignified or embarrassed.

We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all the assistance they needed. We found that people received care that was responsive to their needs. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan.

Care plans were regularly reviewed and usually reflected people's changing needs and wishes. One care plan we looked at had not been updated to reflect a person's recent changing needs. We spoke with the registered manager about this who told us that this was because they had only recently been discharged from hospital and their needs had increased very quickly following discharge. When we spoke with staff they could tell us how to care for the person. People told us they had been involved in developing their care plan. One relative said, "Me and my sister were consulted about [family members] care plan". When our family member had a fall at 0615hrs they [staff] rang me up and I came straight away, they were very, very, good."

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans. The Accessible Information Standards is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Three members of staff were employed to lead on coordinating activities throughout the week. During our inspection we observed activities taking place. For example, in the afternoon we observed a game of skittles taking place. The registered manager told us they were looking at developing a 'gentleman's club' which would provide more male orientated activities as they recognised that often activities such as craftwork were not enjoyed by male residents. The home had recently signed up with an organisation that provided chair based activities in the home and would train staff to carry these out so they could be provided on a flexible basis to people.

People's views on and experience of the activities provided in the home were positive. One person told us the activities had improved. Transport was available on a sessional basis for people to have trips out. People were supported to access the local community. During our inspection we observed a person being taken to the local shops for items they needed. In addition, a local school visited and a mother and toddler group was held in the home.

Information was available about people's work history and life experiences. This is important to assist staff to understand people's needs and wishes. We observed staff talking about future activities and what could be offered which would suit people and link to their past experiences. For example, a visit to an air museum because a person had been in the air force.

We observed there was a courtyard at the centre of the building where vegetables and flower plants had been grown. One person told us they had been involved in the garden and that they had enjoyed this. They

told us, "I go out for a walk nearly every day and what with that and doing the garden, it certainly helps me to sleep at night." Another told us, "I can do whatever I want to do. I go out for a walk (he knew the number of the key pad for the front door) whenever I want to. I prefer to keep myself to myself and that is why you found me sitting on my own in the dining room."

Relative's told us they felt welcomed at the home and we observed staff speaking with relatives and chatting with them. One person told us, "We are always made welcome here, and because of the current situation we are often here for long periods of time, the staff always check we are ok and offer sandwiches and biscuits.". They told us they could make their own drinks owing to the accommodation being complete with a kitchenette.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. For example, attendance at a church service and being supported to remember people who had lived at the home and had since died. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. One person said, "Oh yes, any time I want to say anything, and it doesn't have to be a complaint, I can do so." There were no ongoing complaints at the time of inspection. The registered manager told us they acknowledged all issues raised, for example, a person asked for a choice of cakes and they ensured this was facilitated.

The provider had arrangements in place to support people at the end of their life. For example, where people chose to, care plans included information of what they wanted to happen in the event of illness and subsequent death.

Good

Is the service well-led?

Our findings

This domain was rated as 'Requires improvement' at the previous inspection due to there not being a registered manager to ensure that quality checks were rigorous and effective. At this inspection we found a registered manager was in post and arrangements had been made to put in place an effective system for quality checks.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all the care and facilities they needed. For example, checks on care records had been carried out and actions taken to ensure care plans contained relevant information. The registered manager told us they fed back the results of audits at team meetings but were also intending to pit a weekly update on the staff noticeboard so that outcomes were transparent. A member of staff told us they thought there had been many improvements, for example the care records and fabric of the building.

We found that the registered manager had made a number of arrangements that were designed to enable the service to develop. We saw that following our previous inspection an action plan had been put in place to address the issues raised and actions had been completed. In addition, the provider had linked with local organisations such as a local school. A visiting professional told us if there were any issues they were dealt with promptly.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. There were formal and informal opportunities for people to express their views and wishes about the care and support they received. For example, a new menu had been produced and staff were discussing this with them. Resident and relative's meetings had been held and we saw issues such as menus and activities had been discussed with people. One person told us, "Now there is a good and meaningful dialogue with the staff and management." Minutes of the meeting were displayed on a notice board so that people and relatives were kept informed of actions. The provider had introduced comments cards for people, relatives and professionals to complete at their convenience. These were available in the entrance area.

Regular staff meetings were held and staff received feedback from the manager about issues in the home. We looked at minutes from the meeting in August 2018 and saw that issues such as rotas and training were discussed. Staff told us they felt there was a good team environment and staff understood their roles within the organisation. Some staff had been given lead roles in areas such as infection control and privacy and dignity. Details of these staff were displayed on a board so that staff and people who lived at the service could contact them if required. The manager told us they often worked a shift as it gave them an insight into the issues staff experienced.

The registered manager had developed working relationships with local services such as the local authority and GP services. We observed staff had worked with partner agencies to resolve issues. For example, a visiting professional told us they had a good relationship with the registered manager and the home. They told us they had recently been involved in the transfer of two people due and the registered manager had

worked closely with them to facilitate a smooth transition and prevent any distress to the people.

Staff told us they thought the registered manager, was approachable and listened to them. They described the home as homely and caring. One member of staff told us they felt supported in their role and explained how the registered manager had made arrangements to support them and their partner. The registered manager told us they operated an open-door policy and both people who lived at the home were welcome into the office at any time. During our inspection we observed people and their relatives coming into the office to chat with the registered manager and manager. Staff told us they were confident that any concerns they raised with the registered manager would be taken seriously so that action could quickly be taken to keep people safe. The new manager had also set up individual meetings with people and their relatives to introduce themselves.

We looked at the Statement of Purpose which is a document providers are required to have in place detailing they details of the service. We found it reflected current arrangements for management and appropriate reporting of complaints. Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.