Country Court Care Homes Limited

Ruckland Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 6 April 2017.

Ruckland Court can provide accommodation and personal care for 50 older people and people who live with dementia. At the time of this inspection there were 40 people living in the service.

The service was run by a company who was the registered provider. There was no registered manager in post. The former registered manager had left the company's employment in February 2017 and the new manager was not due to take up their post until 29 April 2017. In the interim, the service was being managed by two deputy managers and one of the company's operations managers. 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.

Some of the arrangements used to avoid preventable accidents and to manage medicines needed to be strengthened. There were not always enough staff on duty and some background checks on new staff had not been correctly completed. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse.

The registered provider had not always sought consent from people and their representatives about some of the care that was provided. This was necessary to ensure that decisions were always made in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered provider had ensured that people only received lawful care.

Although some staff had not received all of the training they needed, they knew how to care for people in the right way.

People enjoyed their meals and were assisted to eat and drink enough. Staff ensured that people received all of the healthcare they needed.

People were treated with kindness and their right to privacy was respected. Confidential information was kept private.

People had been consulted about the help they wanted to receive and they had been given all of the practical assistance they needed. Care staff promoted positive outcomes for people who lived with

dementia and people had been supported to pursue their hobbies and interests. Complaints had been quickly and fairly resolved.

Quality checks had not always effectively resolved problems in the running of the service. People had been consulted about the development of their home and the service was run in an open and inclusive way. Good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some of the arrangements used to avoid preventable accidents and to manage medicines safely needed to be strengthened.

There were not always enough staff on duty and background checks on new care staff had not consistently been completed in the right way.

Care staff knew how to keep people safe from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The registered person had not always sought consent from people and their representatives about the care that was provided. However, care that involved depriving a person of their liberty was provided in a lawful way.

Although care staff had not received some of the training they needed, they knew how to care for people in the right way.

People had been assisted to eat and drink enough.

People had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was respected.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the practical assistance they wanted to receive and this had been provided in the right way.

Care staff promoted positive outcomes for people who lived with dementia.

People were helped to pursue their hobbies and interests.

Complaints had been quickly and fairly resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager to supervise the day to day running of the service.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

People had benefited from care staff acting upon good practice guidance.

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 registered person was 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 6 April 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with two relatives. We also spoke with four care workers, a senior care worker, one of the two deputy managers and the administrator. In addition, we met with the activities coordinator, the operations manager and the managing director of the company. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 were not able to speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm okay here and this place is one of the better homes locally." Another person who lived with dementia and who had special communication needs smiled broadly when we gestured towards a nearby member of staff and made a questioning sign. Relatives said that they were confident their family members were safe in the service. One of them said, "I am very confident that my family member is safe in Ruckland Court as the staff are all so kind."

We found that the registered provider had not full 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. This increased the risk that people would be injured or would fall when opening the windows concerned. We raised our concerns with the operations manager who assured us that steps would immediately be taken to address the oversight.

However, there were measures in place to resolve other risks. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people had been provided with equipment such as walking frames and raised toilet seats. Also, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the deputy managers had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

People were confident about the way in which staff helped them to manage their medicines. One of them remarked, "The staff hold all of my tablets for me so I don't get them mixed up." We found that there were reliable arrangements for ordering, dispensing and disposing of medicines. We saw that medicines were stored securely in clean conditions. Records showed that care staff who administered medicines had received training. We saw them carefully checking to make sure that they gave medicines to the right people at the right times. We also saw them correctly completing a record of each occasion when they dispensed a medicine. This was so that there was a clear account to show what medicines each person had taken. In addition, records showed that when medicines were no longer needed they were promptly returned to the pharmacist.

However, in their Provider Information Return the registered provider told us that there had been four occasions in the 12 months preceding our inspection when medicines had not been given in the right way. We were informed that these incidents had not resulted in the people concerned experiencing direct harm. However, the deputy manager was only able to find records relating to one of the incidents. Therefore, we

could not reliably establish what had gone wrong on the other occasions and what action had been taken to help prevent the same things from happening again.

People who lived in the service said that on some occasions there were not enough care staff on duty to promptly provide them with the care they needed. One of them commented, "The staff are very good but on some days they're rushed if someone hasn't turned up for work." Another person said, "It's not all the time, but on some days the staff are pushed and the owners need to take a look at it to make sure that there are enough staff in the building"

The operations manager told us that they had completed an assessment of the minimum number of care staff who needed to be on duty taking into account how much assistance each person required. We noted that on three days during the week preceding our inspection visit not all of the care staff shifts had been filled. However, on the day of our inspection visit all of the care staff shifts were filled and we saw that people promptly received all of the attention they needed. The operations manager told us that additional care staff had recently been employed and that this would enable the registered person to ensure that all shifts were filled in the future.

We examined records of the background checks that the registered provider had completed before two new care staff had been appointed. We found that in relation to one person they had not completed one of the background checks that needed to be made before the applicant had been appointed. This was necessary in order to establish how well the person had performed in a previous job that had involved them providing care for people. This shortfall had reduced the registered person's ability to assure the person's previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicant did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the member of staff since they had been appointed. Furthermore, the operations manager assured us that the registered provider's recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be undertaken.

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Requires Improvement

Is the service effective?

Our findings

People were confident that care staff knew how to provide them with the practical assistance they needed. One of them said, "The staff give me a lot of help and I really couldn't manage without them." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "My family member has lived in Ruckland Court for several years now and over that time has become much more frail. The staff have recognised this and have gradually increased and changed the help they give them." Another relative said, "To be honest I was pleased when my family member was discharged back to the home after having been in hospital because it meant them being back with staff who knew them."

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 care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to a part of their own body to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information. The person indicated that they were happy to accept the medicine when it was next offered to them.

However, records also showed that in relation to two people who lacked mental capacity the registered provider had not properly consulted with relatives and with health and social care professionals. This was necessary because the people concerned had rails fitted to the side of their beds. Although this had been done to help keep them safe the rails also limited these people's ability to get up when they wished. However, the people did not have ability to give their consent to this arrangement and so their representatives should have been consulted. This was so that they could agree that the provision was the least restrictive option available and to confirm that it was in their best interests.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered provider had correctly made applications to the local authority for a number of people who needed to be encouraged to live in the service so that they could receive the assistance they required. This action had helped to ensure that the people concerned received lawful care.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had

the legal right to be consulted about the care and assistance provided for the people concerned.

Care staff told us that they had received introductory training before working without direct supervision. Records also showed that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way.

Documents showed that the registered provider considered that staff needed to regularly receive refresher training in key subjects. The operations manager said that this was necessary to ensure that care staff knew how to consistently care for people in the right way. The subjects included how to safely help people who experienced reduced mobility, providing first aid, promoting good standards of hygiene and ensuring fire safety. Although records showed that some care staff had not completed all of the required training, we noted that there were plans to address this oversight in the near future. We also found that in practice care staff did have the knowledge and skills they needed to provide people with the assistance they needed. An example of this was care staff knowing how to correctly assist people who needed support to promote their continence. Another example was care staff having the knowledge and skills they needed to help people keep their skin healthy. Care staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also noted that all care staff had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Care staff told us that one of the deputy managers regularly worked alongside them to provide care for people. This enabled them to give useful feedback to care staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that care staff regularly met with a senior colleague to review their performance and to plan for their professional development.

People told us that they enjoyed their meals with one of them remarking, "The food is pretty good here on most days. We always get enough to eat and the night staff will always rustle up a cuppa if you want." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining table at which they were sitting and smile.

Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to dine were discreetly assisted by staff so that they too could enjoy their meal.

Records showed that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also noted that staff were tactfully checking how much some people were eating and drinking each day. This was being done to make sure that they were having sufficient nutrition and hydration to keep their strength up. In addition, we saw that arrangements had been made for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative spoke about this and said, "The staff are very good about

contacting the doctor straight away. They don't hang around and they always tell me as well."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The staff are fine with me. There have been quite a few changes recently but the new staff are fine too." We saw a person who lived with dementia and who had special communication needs holding hands with a member of staff as they walked in the garden enjoying the spring sunshine. The person smiled and laughed as the member of staff pointed out some birds who were searching for worms in one of the flower beds.

Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "I think that the staff are very kind indeed. I've called to the service on numerous occasions and I've never had any concerns about how people are treated there." Another relative remarked, "I do have occasional grumbles about laundry going missing but I can't fault the kindness of the staff."

We saw that people were treated with compassion, kindness and respect. Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this involved a member of care staff speaking with a person about one of their children who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recounting information about their child's life including their job and their children's education. An example of this occurred when we heard a member of staff chatting with a person about their shared experience of growing up on a farm. The person concerned was pleased to reflect upon how they used to enjoy feeding the animals and how they helped out at harvest time.

We noted that care staff recognised the importance of not intruding into people's private space. Each person had their own self-contained flat and so people could be as independent and private as they wished. We saw that care staff knocked on doors to flats and waited for permission before going in. We also noted that care staff waited for permission before going into communal toilets and bathrooms. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I could have a telephone put in my room but I haven't bothered as there's a payphone and you can use the home's cordless telephone if you want."

The registered provider had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes. Records showed that an advocate was due to call the service shortly after our inspection and that arrangements had been made for them to advise relatives about how best to fund their family members' care.

Written records that contained private information were stored securely. Computer records were password

protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

During our inspection we found that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of care staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. A member of staff used a number of methods to ask the person if they were comfortable. This was because they had noticed that the person was sitting close to an open door where there was a slight draught. The member of staff held their hand and made a shivering motion to indicate that the area was rather cool. The person was able to engage with this communication after which we saw them link arms with the member of staff and walk into one of the lounges.

People said that care staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff are very good and don't mind at all if you ask for help. At night if you ring the call bell they come straight away." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this with people being helped to reposition themselves when resting on their bed so that they were comfortable. Another example was the way in which care staff had supported people to use aids that promoted their continence.

We noted that care staff promoted positive outcomes for people who lived with dementia. This included enabling them to be settled and supporting them if they became distressed. An example of this occurred when a person was becoming anxious because they were not sure when one of their relatives was next due to visit them. A member of care staff responded to this by reminding them that their relative worked during the week and so usually called to see them at the weekend. We saw this reassured the person who then became involved in having a drink that the member of staff brought for them.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included supporting relatives to make all of the practical arrangements that are necessary at that time.

People told us that there were enough activities for them to enjoy. One of them said, "There's usually something going on most days and I don't get bored." Relatives also gave positive feedback with one of them remarking, "The atmosphere isn't at all sombre, indeed it's quite lively. I've seen people taking part in baking sessions and there seems to be something going on whenever I call."

There was an activities manager and records showed that people were being offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes, baking and gentle exercises. During our inspection in the morning we saw seven people being accompanied by staff to walk to the local shops. In the afternoon, we saw four different people taking part in a gardening club

where they were planting flower and vegetable seeds in special indoor propagators. In addition, records showed that the activities manager made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. We also noted that there were plans in place to support people to visit local places of interest such as garden centres and wildlife attractions during the forthcoming summer months.

People said and showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, most relatives were confident that they could freely raise any concerns they might have. One of them said, "I've never really had to complain. There might be the odd niggle but they pretty much get sorted out as soon as I mention them." However, one relative told us that they had concerns about how well their family member was being encouraged to accept some of the care that they needed. They considered that care staff were often too willing to accept occasions on which the person declined their assistance. We raised this matter with the operations manager who assured us that they would liaise with the relative in question and ensure that steps were taken to address their concerns.

We noted that the registered person had received one formal complaint in the 12 months preceding our inspection. Records showed that this complaint had been properly investigated by the registered person so that it could be quickly and fairly resolved.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well led. One of them said, "I do think that this place is quite well run because the staff are helpful and I have everything I need." Most relatives also considered the service to be well run. One of them remarked, "There will always be the occasional hiccup won't there, but overall this is a good home and I'm satisfied that my family member is well cared for here."

In their Provider Information Return the registered provider said that they used robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included audits of the delivery of personal care and the maintenance of the accommodation. However, there was no registered manager to ensure that other quality checks were rigorous and effective. This had resulted in the problems we have described earlier in our report. These included shortfalls in preventing avoidable accidents, managing medicines, deploying enough staff, completing recruitment checks and obtaining consent.

Other mistakes that had not been quickly addressed included the way in which fire safety checks had been completed. Some of these checks had not been completed regularly and some were overdue. This shortfall had reduced the level of fire safety protection provided for people who lived in the service and staff. We pointed out to the operations manager how shortfalls in the completion of quality checks had resulted in problems not being quickly identified and put right. They assured us that new quality checks would be introduced and that existing checks would be extended to ensure that there was a robust system for promptly sorting out problems.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I'm always having a chat with the staff about this and that and they'll help me if I want something I haven't got." In addition, records showed that people had been invited to attend regular residents' meetings and that relatives had been asked to complete an annual quality assurance questionnaire. This was so that everyone had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was a plan that had been made to purchase two greenhouses for people to use. Another example was a plan to create a quiet memorial garden so that people could reflect in private upon relatives and friends who were no longer with them.

People and their relatives said that they knew who the deputy managers were and that they were helpful. We noted that the senior care staff we spoke with had a thorough knowledge of the care each person was receiving. This level of knowledge helped the deputy managers to run the service so that people received the care they needed.

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours the deputy managers and the operations manager was on call if care staff needed advice. Care staff said and our

observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings significant developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Care staff said that they were well supported by the deputy managers. They were confident that they could speak to them if they had any concerns about another staff member. Care staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We found that the registered provider had provided the necessary leadership to enable people to benefit from staff acting upon good practice guidance. An example of this involved the activities manager who had used specialist professional websites to research how best to promote positive outcomes for people who lived with dementia. As a result of this they had introduced a wider range of activities that made extensive use of colour, texture and shape in order to engage these people's interests. In addition, the activities manager had also prepared other plans to use colourful photographs and signs to better help people find their way around the service.