

HC-One Oval Limited

River Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

River Court Care Home provides accommodation, personal and nursing care to older people. The service accommodates up to 120 people in a purpose-built building which was divided into four units. At the time of the inspection 88 people were living there.

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

Staff developed care plans for each identified support need people had. However, these needed more personalised information about people's likes, dislikes and preferences about the care they received. Some people felt that staff were not always supporting them in a personalised way. Care plans for people who lived with life limiting health conditions needed developing further. People could choose to participate in the activities provided at the home, however further work was needed to ensure people in their bedrooms benefitted from social interaction.

Staff received training and support to carry out their roles effectively. People's needs were assessed before admission and care plans were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's dietary requirements were catered for and they were happy with the meal choices available to them. However, further improvements were needed to ensure people had a pleasant meal time experience and received appropriate support.

People told us they felt safe at the home and their needs were met. Staff assessed risks to people's health and well-being and measures were in place to mitigate these. There were enough staff effectively deployed to meet people's needs safely. Staff received safeguarding training and knew how to report their concerns. People's medicines were managed safely.

People and relatives told us staff were kind and caring towards them. Relatives felt welcome to visit and told us staff were friendly and respectful. People's dignity, privacy and right to confidentiality was promoted.

The registered manager and the provider carried out regular audits looking for trends, patterns and actions were put in place when needed to improve the service. Regular residents and relatives' meetings gave an opportunity to gather feedback about the care people received. The registered manager worked in partnership with health and social care professionals to ensure people's needs were met.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no

longer in breach of regulations.

This service has been in Special Measures since 29 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below. □

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below. □

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below. □

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

River Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors and two Experts 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.

Service and service type

River Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, unit managers, nurses and care workers. We also spoke with the provider's area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection unexplained injuries people sustained were not investigated or reported to safeguarding authorities. This was a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe and were happy in the home. One person said, "I feel safe here, although I am a very cautious person." Another person said, "I do feel safe here. It's a safe environment for everybody."
- Relatives told us they visited regularly and felt that staff looked after people safely. One relative told us, "Yes, I think it's a safe home. The carers are always nice."
- Staff knew their responsibilities under the safeguarding and whistleblowing procedure. They told us they reported any concerns they had to their managers. Staff knew where to find contact details for external safeguarding authorities to report their concerns, if needed.
- When people sustained unexplained injuries these were investigated, discussed in daily meetings with staff and reported to safeguarding authorities if required.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate risks to people's health and welfare to keep them safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's wellbeing were assessed and risk assessments were in place to mitigate these. Staff knew people well and they told us how they ensured that risks to people's well-being were minimised.
- Risk assessments included any equipment people needed, falls, choking risk and others. Risk assessments were regularly reviewed. When needed, staff referred people to health professionals to ensure the care people received was safe and met their needs.
- People at risk of choking had well developed care plans and guidance for staff in how to meet their needs safely. Staff knew who required modified consistency diet and thickened fluids.

- Care plans also detailed if people could not use their call bell to summon assistance and what support they needed from staff in case of an emergency evacuation process.

Staffing and recruitment

At the last inspection, the lack of monitoring of staff approach and attitude to people's needs and the deployment of staff was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014..

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and relatives told us there were enough staff to meet people's needs. One person said, "Yes there are enough staff. I have called them at night and they come quite quickly." A relative told us, "Yes there are enough staff, whenever my [family member] requires anything they are there."
- Staff told us there were enough staff to meet people's needs safely. One staff member said, "We do have enough staff now. There are less residents in the unit. We will need more staff when we are getting full."
- The provider and the registered manager told us they were reviewing staffing needs when people's needs changed or when new people will move in.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded.
- Staff had received training and there were protocols in place for medicines prescribed on an 'as needed' basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- Areas in the home were clean and pleasantly airy. There were enough housekeeping staff on duty and throughout the day of the inspection, cleaning was in progress.
- Staff were seen using personal protective clothing when dealing with food and when offering people personal care.

Learning lessons when things go wrong

- Staff told us the registered manager shared with them the feedback from the previous inspection as well as the action plan they developed to improve the service. One staff member said, "We had been given the action plan after the inspection for us to know where we had to improve things. We discuss everything daily in the meeting we have so lessons are learnt."
- Lessons were learned from safeguarding incidents or when people sustained an injury. An investigation carried out and learning was shared with staff to ensure the likelihood of reoccurrence was minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection there were poor systems in place to ensure people's nutritional needs were consistently met. This was a breach of regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Some people were not happy with the meals provided to them. The registered manager and the chef met regularly with those people to try and address the issues people reported. One person said, "The food here is okay, nothing special. The residents want more choice with the food, and more variation." Another person said, "The food is good. We have soup first then the main course then dessert."
- Some people were assessed as needing staff to monitor their food and fluid intake. Staff were seen monitoring this and encouraging people to eat and drink sufficient amounts.
- Meal times were a social event and people enjoyed spending time and eating in the dining room. However, in one of the units, people did not have a relaxed quiet meal time experience. Workmen were cutting up concrete slabs outside with an electric saw making a lot of noise and staff did not think to close the windows. On this unit staff kept walking away from people they were supporting to eat, and this led to some people walking out the dining room and not finishing their meals. On other units, staff were sitting next to people and supported them appropriately.
- The chef catered for people's dietary needs and cultural preferences. Where people were identified losing weight, they were referred to their GP or dietician for support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the policies and systems in the service did not ensure that the principles of the MCA were consistently applied. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People told us staff listened to them. One person said, "I feel they listen to my opinion."
- Care plans were in place for people who required restrictions to be applied to their freedom to keep them safe. Some of these care plans were not clear in what measures staff considered and if the measures in place were the least restrictive.
- Mental capacity assessments were not always documented; clearly following the MCA principles. For example, for one person the capacity assessment was carried out to "to make decisions about capacity" not detailing specifically in relation to what decision this was needed for. Where people were found to lack capacity, the registered manager applied for DoLS.
- The registered manager monitored DoLS authorisations for people and, if these were in place with conditions attached, they ensured they evidenced how they met these. Staff told us they involved people's relatives where appropriate in best interest decisions along with health and social care professionals. However, records were not always reflective of who was involved and in what capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the person, their relative if needed, and the management team.
- The staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, physiotherapists, opticians and chiropodists as necessary.

Staff support: induction, training, skills and experience

- People and relatives told us they found staff knowledgeable and skilled to meet their needs effectively. One person said, "When I came here I was unable to walk, but with the help of the staff here I can now walk." A relative told us, "The staff are well-trained, my [family member] has not had a fall since they had been here."
- Staff told us they were well supported through one to one meetings with their line manager and staff meetings.
- Staff attended induction training before they shadowed a more experienced staff member to learn in

practice what their job role was. Staff received training in areas considered mandatory by the provider such as fire safety and drills, moving and handling, infection control, food hygiene and others. In addition, staff attended training to understand the needs of the people they cared for. For example, dementia training, MCA/DoLS and others.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed.
- People's bedrooms were personalised with their personal items. There was ample communal space which was decorated nicely, and we saw people using the main lounges and dining room.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection people were not being treated respectfully and dignity was not being promoted. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us their privacy and dignity were promoted. People said staff respected their decisions to spend time in the privacy of their rooms and they knocked on bedroom doors before entering.
- Relatives told us they always found staff respectful and protective of people's dignity. One relative said, "I am very content with [family member] being here. They are always clean, nicely shaved and wearing clean clothes."

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were caring, friendly and respectful towards them. They said there was a friendly atmosphere in the home. One person said, "I like living here. Staff here are excellent, they are kind to me." A relative told us, "I cannot give the staff enough praise, they are truly amazing. All the staff know that my [family member's] care can be difficult and they all know to go away and come back and try again later."
- We observed caring interactions which were kind and sensitive. Staff smiled and were genuinely affectionate towards people. For example, we observed a person had fallen asleep in a dining chair and their head fell back at an awkward angle. Staff quickly noticed and encouraged them to move to a more comfortable armchair.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they had been involved in making decisions about their care and support.
- There was a 'resident of the day' initiative and people's relatives were invited to participate, if appropriate. This process ensured that the care and support each person received was reviewed, their bedroom got spring cleaned and any other wishes the person had could be discussed with staff.
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about things such as what to eat, where to sit, whether to participate in an activity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the previous inspection we found that support to people was not being delivered in a person-centred way. People were not supported to communicate effectively, and activities provided were not based on people's needs. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The majority of people we spoke with were happy with the support they received from staff. One person said, "I'm being looked after fine. It's all good."
- Not every person knew who their key worker was and told us that staff were not always as responsive to their needs as they would like them to be. One person said, "They are supposed to be my keyworkers (points at a picture on the door), but I've never seen them. I'm really struggling with reading the newspaper. I've asked to see an optician, but that was weeks ago, and haven't seen anybody yet."
- Staff were not always supporting people in a personalised way. For example, a person fell asleep in the armchair and staff woke them by tapping their arm and being close to their face. This person woke abruptly and became agitated, showing their fist to the member of staff. Staff were not responsive to this behaviour and did not leave the person to calm down.
- Care plans were developed for people's needs, however these were still in process to be updated with personalised information about people's likes, dislikes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed what communication needs they had.
- We saw staff adapting their verbal communication to people's ability and gave them time to respond, if it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were activities they could chose to attend to or they could spend time in their rooms. One person said, "I always have a walk around. I sit and do jigsaws mainly, but am pretty mobile now, which helps." Another person said, "On the whole, I'm content here. I have a nice room. I have my TV and I like reading. I like a game of dominos and play cards."
- Activities needed further developing to ensure people could pursue their hobbies and interests. One person said, "There's nothing to do here, and I can't chat with anybody."
- Since the last inspection activity staff numbers had increased and there was one activity coordinator in each unit. Various projects had been developed which benefitted people such as opening a library and a cinema. A member of the activity staff team told us they were visiting people who stayed in their bedrooms every day and spent time chatting or offering a hand or feet massage to people.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise a complaint if needed, For example, a person told us they had to make a complaint and it was dealt with straight away and the outcome was good.
- The provider had a complaints and compliments policy. People and their relatives told us they knew how to complain if it was needed.

End of life care and support

- Care plans included end of life care arrangements so that staff had guidance for when this was needed. These needed further development to discuss people's wishes with them for when they were nearing the end of their life.
- People were asked to provide information on their preferred place of death as well as details about who they wanted near them in their final days.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found that the governance systems were not used effectively to ensure people received safe and effective care. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives knew the management team in the home and felt the home was well-run. Staff's morale had improved since the last inspection. They told us they felt listened to and team work had improved.
- Since the last inspection significant improvements were made to the quality and safety of the care and support people received.
- Staff had refresher training and their competency in moving and handling equipment when supporting people with their mobility was assessed.
- People's care plans were regularly reviewed and, whilst these were still developing, people's changing and support needs were accurately reflected.

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

- The registered manager told us they promoted transparency within the team. They openly communicated with people, family members and health and social care professionals.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were open and knowledgeable about the service and the needs of the people living there. Staff were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were also clear about their role and the reporting lines within the home.
- Quality assurance systems were in place to help ensure that staff gave good care. The provider and the registered manager carried out regular audits which identified areas for improvement. Action plans were in

place to address any shortfalls. The registered manager told us they shared the action plans with staff and relevant others to improve transparency and ensure all involved in the delivery of care were aware of the organisational and strategic objectives to be achieved. Themes and trends from falls, incidents, injuries and other aspects of the care were reviewed and actions were taken to mitigate further risks.

- The registered manager told us that they were looking at further developments of the whole service. Following internal and external reviews of the quality of care, they were in the process of developing care records to be more person centred and developing staff further to achieve champions role in their areas of interest.

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

- Regular meetings were held with people, relatives and staff to seek their views about different aspects of the service. People told us they were kept informed of developments and their views and opinions were sought.

- The provider carried out regular reviews of the quality of care people received. This was through formal surveys, audits and also through discussions. Actions arising from these visits were completed by the management in the home.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.