

Lawton Group Limited

Ross Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ross Court Care Home is a residential care home providing accommodation for persons who require personal care to up to 42 people. The service provides support to older people. At the time of our inspection there were 22 people using the service.

Ross Court Care Home accommodates people in one adapted building. A separate visiting pod is located in the gardens.

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

People had been supported to keep in touch with those that were important to them, through information technology platforms such as skype and face-to-face visits with their family members. Visits in person were conducted in people's rooms or in a visitor's pod. Most relatives told us this was working well. Relatives gave us examples showing how staff worked flexibly to support visits from additional visitors, whilst managing risks to people. The provider introduced new visiting arrangements during and immediately after the inspection, to further support people's well-being and to align with Government guidance.

People were positive about the support they had to do things they enjoyed. People were involved in deciding what care they wanted, with support from relatives where they chose this. Staff supported people so their communication and sensory needs were met. Systems were in place to manage complaints and to promptly address them.

Staff understood risks people experienced and took action to promote their safety. Regular checks were made on the environment to ensure the risk of infections were reduced. This included checking the COVID-19 vaccination status of staff and visitors and supporting them to use appropriate PPE. Checks were undertaken on the suitability of staff before they were permitted to work with people.

People and their relatives told us the culture at the home was open and they and their relatives were encouraged to make suggestions for how the home was run. The registered manager, senior staff and provider listened to feedback provided and used this to plan further improvements in care.

Rating at last inspection

The last rating for the service under the previous provider was good, (published on 06 June 2019).

We received concerns in relation to visiting arrangements. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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

The provider's visiting arrangements were not aligned to current Government guidance at this inspection. We found there was no impact on the well-being of people as a result of this. The provider subsequently realigned their visiting arrangements with Government guidance. Please see the responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ross Court Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ross Court Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. One inspector and specialist advisor visited the home. One inspector contacted relatives to find out their views of the care provided to their family members.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought information from the local authority 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home and five relatives. We spent time seeing how people were cared for. We spoke with 14 members of staff including the registered manager, the provider's representative, senior staff, care workers, an activities staff member, a member of administrative staff and a restaurant manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. These included audits and checks undertaken by the registered manager and provider including those relating to accidents and incidents and infection control and staff recruitment checks. We reviewed a range of policies and procedures relating to people's safety and infection control.

We saw the compliments received by the service and registered manager, and how staff communicated with relatives and between teams. In addition, we looked at records showing us how people were supported to do things they enjoyed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to recognise signs of possible abuse and knew what actions to take if they had any concerns about people's safety.
- Staff were assured the registered manager and senior staff would promptly take action to support people, should any concerns be identified.
- The provider had policies in place to manage safeguarding concerns, should these occur.

Assessing risk, safety monitoring and management

- People's safety risks had been identified and plans put in place to support people to manage these.
- People's care plans and risk assessments provided staff with the guidance they needed to manage people's safety.
- Staff had worked with other agencies to ensure people had the equipment they needed to remain as safe as possible, and to obtain advice on the best way to manage people's safety needs.
- The provider, registered manager and senior staff undertook regular checks on the safety of the premises and people's care, so they could be assured risks to people were reduced.

Staffing and recruitment

- People told us they did not have to wait long if they wanted assistance and there was enough staff to care for them.
- Staff told us there was enough staff to meet people's current needs. One staff member said, "I am positive about the staffing levels." The staff member explained the registered manager checked the call records to make sure people's call bells were promptly answered.
- New staff were not permitted to care for people until the registered manager was assured they were suitable to work with people. This included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were assisted by staff to have the medicines they needed to remain well.
- Staff were not allowed to administer people's medicines until they had been trained to do this safely. Senior staff regularly checked staff remained competent to administer people's medicines.
- The registered manager and senior staff regularly checked people had received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People had been supported to receive a limited number of visitors. At the time of the inspection, visiting arrangements were not aligned to government guidance. However, the provider reviewed their visiting arrangements during and immediately after the inspection. This meant people were now supported by visiting arrangements in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Any untoward incidents were reviewed by the registered manager and the provider, so they could be assured any lessons would be learnt.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in decisions about what care was to be provided. One relative told us, "I was involved with construction of Mum's care plan when she was admitted from hospital." This helped to ensure their family member's care and support needs were met in a personalised way from when they moved to live at Rose Court.
- People's care plan reflected their histories, preferences and care needs. This included their medical history and risks, such as diabetes and falls and people's spiritual needs.
- Staff were provided with the guidance they needed to ensure people's care needs were met within their risk assessments and care plans.
- People's care plans were regularly reviewed and updated as their needs changed.

Meeting people's communication needs

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

- People's communication needs had been considered when they care was planned.
- Staff gave us examples of how they supported people so their communication needs would be met. This included encouraging people to use their glasses and hearing aids and helping to maintain these and showing items for people to choose from.
- People also had access to pictorial information, for example, providing details of what interesting things people may like to do. Key documents were available in large font type and dictation equipment was also made available to support people to communicate their needs and wishes, should this be required.

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 were positive about the support they had to do things they enjoyed. One person told us, "I like to go out for walks, I enjoy seeing the outside. I enjoy the activities, including the exercise." Another person said how much they had enjoyed the activities provided by staff. These included reminiscent events, such as looking back on fashions in previous decades, music evenings, quizzes and themed dining events. We saw some people liked to spend reading the newspaper and talking with other people at the home. This helped to reduce the likelihood of people experiencing isolation.

- Where people wanted one-to-one support to maintain their well-being staff provided this. One staff member told us, "There's always time to have a chat."
- People had been supported to keep in touch with those that were important to them. This included through information technology platforms such as skype and face-to-face visits with their family members. Visits in person were conducted in people's rooms or in a visitor's pod. Most relatives told us this was working well.
- Visitors gave us examples showing how staff worked flexibly to support visits from additional visitors, whilst managing risks to people.
- The provider's visiting arrangements were not fully aligned to current Government guidance at this inspection. We found there was no impact on the well-being of people as a result of this. The provider subsequently realigned their visiting arrangements with Government guidance. These changes further supported people's well-being.

Improving care quality in response to complaints or concerns

- People told us they would be confident to raise any concerns or complaints should they wish to.
- Systems were in place to manage complaints. Where complaints had been received these were promptly addressed.

End of life care and support

- People's end of life care plans were developed at the time which was right for them.
- The views of people's relatives were also considered. One relative told us, "We have started the discussion." The relative explained this approach meant their family member's wishes would be identified and they would receive the care they wanted at the end of their life.
- Staff gave us examples showing how they had tailored the care they provided to people at the end of their lives to meet their wishes and preferences. One staff member told us because of this, "It is a privilege to care for people at the end of their lives."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the culture at the home was open and staff encouraged them to decide the way they wanted care to be provided. One relative told us about the impact this approach had on her family member's well-being. The relative said, "The home is fantastic. Staff have been so patient with [person's name] even when they were [anxious]. From the start they loved it there. They sorted out their diabetes and urine infections. They've gone above and beyond. I can't praise them enough."
- Another relative told us "They have lovely carers, Mum is so happy there, it makes my heart sing. Mum is much better there than being at home. If someone asked me, I would definitely recommend the home"
- Staff told us they found the registered manager and senior team to be very supportive and approachable. One staff member said, "I do feel the managers put lots of hours in and want good things for people. It's about quality of life."
- Staff were supported by the registered manager to provide good care to people. Staff had expressed their appreciation for this support by sending "Thank you" cards to the registered manager.

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

- People and their relatives were positive about the way the home was managed and the way staff used their skills to care for people. One relative told us, "[Registered manager's name] is really on the ball and very knowledgeable. I can't fault the staff." Another relative highlighted how well staff knew their roles. The relative said, "[staff] are patient with them and will repeat what they have said. It's the individual staff, they understand he can't see or hear very well, they are supportive of them."
- The registered manager and senior team checked key areas of care provided to people. This included checks to make sure the premises were safe, that people had the equipment they wanted and received their medicines as prescribed so they would remain well.
- Staff told us they were supported to understand their roles through regular meetings to discuss people's care needs and developments at the home.
- The provider undertook regular checks on how the home was run. This included reviewing accidents and incidents, complaints and safeguarding concerns, care planning and clinical governance, so they could be assured of the quality and safety of the care provided to people. Where areas of development were identified action plans were put in place to drive through improvements at the home.
- The registered manager and provider had considered risks to people's physical health and well-being

when reviewing their visiting policy. Visiting arrangements in place at the time of the inspection were not fully aligned to current Government guidance. However, the registered manager and staff had worked flexibly to ensure people's needs continue to be met and we found no impact on people. During and after the inspection the provider reviewed their visiting policy and realigned this to follow government guidance to further promote people's welfare.

- The registered manager understood they must be open and honest in the event of anything going wrong with people's care.

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

- People and relatives were asked for their views on how the home was run and any further developments they would like to see at meetings. One relative gave us an example of a suggestion they had made, so people would have lighter meal options. This suggestion had been actioned by staff.
- Relatives were kept up to date with events at the home through newsletters and social media.
- Staff gave us examples of suggestions they had made to improve people's care further. This included equipment to support people and interesting things for people to do. Staff told us their suggestions were listened to.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager reviewed complaints, accidents and incidents to see if any patterns were emerging and to see if any learning could be taken to prevent reoccurrence.
- The registered manager attended daily meetings with staff at the start and end of each shift, to ensure staff were fully aware of any learning was promptly embedded.
- Further refurbishment of the home was planned. The registered manager advised us people would be encouraged to let staff know their views on proposed décor. The registered manager also planned to review how safety equipment, such as pendant alarms, functioned in different areas of the home, so they could be assured people continued to be as safe as possible.
- People were supported to keep in touch with community groups which were important to them. This included church groups.
- Staff regularly worked with GP practices and district nurses, so they could be assured people's needs were met. One relative told us what a positive impact this had on their family member's weight and health. The relative said because of this joint working, "Day to day care is superb and they are very happy."