

Lawton Group Limited

Ross Court Care Home

Inspection report

Overross Close
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Ross Court Care Home is located in Ross-on-Wye, Herefordshire. The service provides accommodation and care for up to 42 older people. On the day of our inspection, there were 34 people living at the home, some of whom were living with conditions such as dementia and Parkinson's disease.

The inspection took place on 20 September 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People were involved in decisions about how to keep them safe. People enjoyed their freedom and the ability to go out as they choose. Staffing levels were determined by the needs of people living at the home.

People received their medicines safely and as prescribed by their GP.

There was a focus on people enjoying their meals and creating a restaurant experience. People were involved in decisions about the meals which were provided and how they were served.

People's privacy was respected. People enjoyed positive and respectful relationships with staff. People's individual faiths and beliefs were encouraged.

People were encouraged to set themselves goals and to have aspirations and were supported to achieve these, including things they thought were no longer possible. This enhanced people's quality of life and wellbeing.

People's feedback was sought and used to inform how the home was run. People's changing needs were responded to.

People lived in a positive environment in which staff felt listened to and were motivated in their roles. Links with the local community were used to benefit people. The quality of care people received was regularly reviewed to ensure high standards were maintained.

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 is safe.

People were involved in decisions about keeping them safe. People's freedom was encouraged. People were supported by staff who knew their individual safety needs. People received their medicines safely and as prescribed by their GP.

Is the service effective?

Good ●

The service is effective.

There was an emphasis on people eating well and enjoying their mealtime experience. People enjoyed the quality of food provided and the choices offered and were involved in making improvements to menus and the dining experience.

People received input from a range of health professionals, as required.

Is the service caring?

Good ●

The service is caring.

People and relatives were positive about the care provided. People were supported to maintain their faiths and beliefs. People's privacy was respected.

Is the service responsive?

Outstanding ☆

The service is very responsive.

People were encouraged to fulfil their ambitions and to achieve things they felt they were no longer able to. People enjoyed the range of social opportunities provided within the home.

People were involved in the running of the home and their ideas and suggestions were captured and acted upon. The service was flexible and adapted to meet people's changing needs.

Is the service well-led?

Good ●

The service is well-led.

People, relatives and staff were positive about the registered manager and the running of the home. Quality assurance measures were in place to ensure that high standards of care were maintained. People and staff were asked for their views on how the home was run, and their views were used to implement improvements.

Ross Court Care Home

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.

We made an unannounced inspection on 20 September 2016. The inspection team consisted of one Inspector and one 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. They had knowledge and experience of care for older people.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We observed how staff supported people throughout the day. We spoke with nine people who lived at the home, four relatives and one health professional. We spoke with the registered manager, the deputy manager, the regional manager and four care staff. We looked at three records about people's care, which included risk assessments, healthcare information and care reviews. We looked at the quality assurance audits that were completed by the registered manager and the provider, and the complaints and comments the service had received.

Is the service safe?

Our findings

We looked at how people were involved in decisions about keeping them safe. We saw that people were involved in discussions about individual risks associated with their care. For example, one person had been experiencing difficulties in the bathroom and they were at risk of slipping. The registered manager had involved an occupational therapist to assess the person's safety needs. With the person's consent, a sensory mat was now in their bathroom to alert staff that the person needed assistance. Individual risk assessments were in place in areas such as choking risks, nutrition, falls and skin health. Staff we spoke with were knowledgeable about people's needs and how to keep them safe.

People we spoke with told us they were able to maintain their freedom. One person told us, "I can go out as much as I like but for me, everything I need and want is here." We saw that people went out of the home and into town during the course of our inspection. Where people needed staff support to keep them safe when out, this was provided. Staff and the registered manager told us there was an emphasis on maintaining people's freedom as much as possible. One member of staff told us, "We want people to enjoy their freedom and live their lives, whilst making sure they are safe."

People and relatives told us that there were enough staff to meet people's needs safely. One person told us, "The staff check on us at night. Sometimes, I see the door open a little and it makes me feel safe- you usually see just a strip of light." Another person told us, "It is calm here, yet (staff) get things done." Relatives we spoke with told us they felt reassured by the staffing levels and how quick staff were in responding to any needs. One relative told us, "I'm confident that (relative) is safe and looked after. It's comfortable, clean and the staff are attentive." We observed that call bells were answered promptly during the course of our inspection. Where people needed help with mobilising, this was readily available. We saw that the registered manager and provider determined staffing levels according to the needs of the people living at Ross Court. This was reviewed monthly, and looked at people's needs in relation to areas such as social interaction and personal care.

We looked at how the provider and registered manager ensured that people were protected from harm and abuse. Staff we spoke with were aware of how to recognise signs of different types of abuse or harm. We found there had been an instance where staff were concerned about the conduct of a former staff member. Staff had raised their concerns with the registered manager and the matter had been investigated and disciplinary action taken. Staff told us that any form of abusive practice would not be tolerated by the registered manager or provider. We found that the appropriate pre-employment checks had been completed on staff. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People told us they received their medicines. One person told us, "I feel extremely safe. The carers give people their medication; otherwise people wouldn't have it because they would forget." Another person told us, "If you need any medication, you can ask the carer and she will say 'shall we talk to the senior?'" Consideration had been given to people being responsible for self-administering their own medicines. One person had recently stopped administering their own medicines, which was their choice. They told us, "I

have stopped self-medicating now, it became too fiddly and so the staff manage them for me now." We saw people were supported to take their medicines. This included asking people whether they required any 'as required' medicines, and ensuring tablets had been taken safely.

Is the service effective?

Our findings

We found that importance was placed on the dining experience for people and in eating well. People had asked for there to be a silver service experience at meal times, which had been put into place. One person told us, "We've worked hard all our lives, it's time now for some pampering and a bit of royal treatment!" People were waited on at dining room tables and had three different choices of starters, main courses and desserts. Photographs of different meal options were also available for people who were unsure what the different options were and needed visual prompts. A relative we spoke with told us the provider's approach to meals had benefited their relative. They told us, "Before moving here, (relative) was a very fussy eater and wouldn't eat anything like vegetables. Now, they eat so well, are a healthy weight and really enjoy the whole dining experience." We spoke with the person who told us, "It's impossible to say what food I like best as it is all so marvellous. Lots of choices and you can ask for whatever you fancy." Another person told us, "It's like a five star hotel!"

Both care staff and restaurant staff were knowledgeable about people's dietary needs, such as allergies. Where there were concerns about people's weight, we saw that that monitoring was in place and referrals made to relevant health professionals. The meals provided took into account considerations such as people who may need softer foods, or people with health conditions such as diabetes.

Although people did not need assistance with eating and drinking, there were staff present if required. People had a choice of where they ate their meals, including in their bedrooms if they wished. Where people had chosen to eat somewhere other than the dining room, we saw that their meals were delivered to them by the restaurant manager.

A "Food Forum" had been set up for people to take a lead role in the planning of menus and make decisions about the food provided. We saw that people discussed food and meals with other people at the home and then the members of the forum represented people's views in meetings. Recent discussions had included the quality of the meat used and how people wanted this to be improved. As a result, a different butcher was now used and the response from people had been positive. We spoke with a member of the forum who told us, "Food and meals are very important. We get to say what we are happy about or unhappy, and changes are always made at our say so."

There was a drinks and snacks area in the home so that people could help themselves throughout the day. A drinks machine was available to people and we saw people making different hot drinks. Fresh juices were also available for people, in addition to food options such as fresh fruit and home-made cakes. A relative we spoke with told us, "It is such a good idea as it all looks so appetising and it prompts people to eat and drink."

We spoke with a member of staff about the induction they had recently completed. They told us the induction had been useful for them and that it had involved a mixture of training and working alongside more experienced members of staff. Senior members of staff had completed 'Train the Trainer' training, which enabled them to deliver in-house training to other members of staff. Staff told us the benefits of this

were that the training was bespoke and related to people living at Ross Court. Staff were positive about the ongoing training they received, and told us the registered manager placed importance on continual professional development. Staff gave examples of where training had made them more effective in their roles. One member of staff told us training on recognising signs of depression had made them more aware of this and they were now more vigilant in monitoring this. Staff told us the training on the Mental Capacity Act had been really useful. The provider had given staff key rings which outline the key principles, which staff said was a useful reminder and they carried them with them at work.

People and relatives told us that people had access to other healthcare professionals. One person told us, "They (staff) remember all my medical appointments." A relative we spoke with told us, "When (relative) first came here, they were very frail. Now, they're considerably physically healthier for having been here." We saw that people had regular appointments with health professionals, including specialist nurses, podiatrists and opticians and that they attended various health clinics when required. On the day of our inspection, a doctor visited people living in the home. We saw they asked staff for an update on someone's medical condition and this information was readily available for them. Staff had monitored the person's health as directed by the doctor, and this helped inform the doctor's course of action.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The deputy manager and staff had a good understanding of the Act. One member of staff told us, "Nothing, but nothing, is compulsory." Another member of staff told us, "Your starting point should always be that people have mental capacity to make decisions unless proved otherwise." Staff were able to tell us the key principles of the Act and how they related to their daily work. They understood the importance of offering choices for people, and in ways they would understand, and gaining their consent before assisting them. This was reflected in what people and relatives told us.

At the time of our inspection, two DoLS authorisations were in place. Staff were able to explain to us the reasons for the authorisations and what the restrictions meant for people. Staff told us that they had noticed an improvement to a person's health and a change in their needs and that they felt the DoLS may no longer be appropriate. They said they would discuss it as a staff team and with the registered manager. We spoke with the registered manager who told us that the person's DoLS was going to be reviewed due to feedback received from staff. They told us it was important the person's liberty was not deprived unnecessarily and that the person's circumstances had now changed.

Is the service caring?

Our findings

People told us they were happy with the way they were cared for. One person told us, "The staff go over and above. They always put us first." Another person told us, "They are such darlings. They drop everything to help us when we need it." A relative we spoke with told us, "The (people) and staff are all very comfortable with each other." Another relative we spoke with told us, "The care is exceptional. Staff are interested in the people they care for and want them to be as happy and comfortable as possible."

We found that consideration had been given by the provider to respecting and maintaining people's privacy. Everyone had a private telephone line in their bedrooms so that they could have telephone conversations in the privacy and comfort of their own bedrooms. One person we spoke with told us how important that was to them as a relative of theirs lived abroad and they looked forward to their weekly telephone or Skype conversations. They told us, "I wouldn't be happy if I had to have private conversations surrounded by other people." There was an appointed dignity champion for the home. Their role included educating and informing staff about dignity and respect, and acting as a point of contact for people or staff if they had any concerns about people not being treated with dignity and respect. We saw that people's medicines were administered to people in private and not in communal areas. This was to maintain people's privacy and dignity.

People told us they were supported to maintain their faiths and beliefs. On the morning of our inspection, we saw one person leave the home to attend their church group. One relative told us, "The Methodists visit once a week and there are other services for people here as well." One person told us, "They think of everything. We even have church services put on for us to attend if we want to."

The provider had introduced a "Resident of the Day" initiative. Every person living at Ross Court took it turns to be the "Resident of the Day", which involved staff making an extra effort to make the person feel special that day. This included additional cleaning of their bedrooms, room maintenance checks, medication and care plan reviews and a wider choice of meal options that day. For example, one person had recently requested a pub lunch and this had been arranged for them. We spoke with a person who had recently enjoyed their special day. They told us, "They always look after us, but it was a special treat."

We looked at how people were involved in decisions about their care. We saw that people and their relatives were involved in their care plans and reviews of their care as much as possible. This included conversations with people about how they wanted to be cared for, and what things they wished to still do for themselves. One person had stated they still wanted to make their own dentist and medical appointments, which we saw they did. Where possible, some people carried out their own personal care. This was to maintain their independence and respect their wishes.

Is the service responsive?

Our findings

People told us, and we observed that, they were encouraged to live full and active lives. One person told us, "I've never been bored here. We did Midsummer Night's Dream in the garden, staff and residents. Reading from it meant something to us all. We had the Olympics in the garden, with bouquets and medals." One relative we spoke with told us, "There is just so much stimulation here for people. It is wonderful." We saw that recent social events at the home had included World Chocolate Day, Australia Day and a 'Pirate Day'. This had involved people taking part in a treasure hunt in the town. We spoke with people about this event. One person told us, "It was such good fun. We all had an ice-cream afterwards and then we came home to fish and chips."

The provider had developed two initiatives within the home to ensure people were able to discuss their ambitions or goals, and then achieve these. The "Wishing Well" scheme involved people being asked what they would love to do most, given the choice. One person had previously enjoyed playing tennis and was still passionate about the sport. They told staff their wish was to play tennis again, but believed this to be impossible due to their physical disability. Staff looked into ways to make this happen for the person and a lesson was arranged. We spoke to the person about this. They looked delighted as they spoke to us about it. They told us, "I thought I would never get to play tennis again. It's been eight years since I last played. It turns out I've still got it! I was pleased with my backhand." The person had been for a further tennis lesson since. The registered manager told us that after the person's first lesson, they had contacted their relative and told them, "You'll never believe what I've been doing today!" A member of staff told us about the "Wishing Well" initiative, " We reach for the sky and try to achieve what appears impossible."

Another person we spoke with had wanted to go horse-riding. Staff supported this person to attend horse riding for the disabled. The person spoke about this and we saw the photographs. The person told us, "As soon as I got out of the car, the smell of the horses hit me. It took me right back. I didn't want to wash the smell from my hands when I got back." Other wishes had included a person wanting a day out at a castle. The person wanted to arrange this themselves, with staff input if required. The person arranged this trip for people at Ross Court, and also invited their friends and relatives.

The second initiative was called "Magic Moments", which involved people making requests which were more immediately available. For example, one person said their request was to go to the cinema and eat popcorn, which had been quickly arranged for them.

Staff, the registered manager and provider told us about the importance of ensuring people had the opportunity to express their hopes, passions and wishes and for these to be acted upon. The regional manager told us, "We want people to live here, not just exist." A member of staff told us, "Our approach is that nothing is insurmountable. They (people) have still got a lot of living left to do."

On the day of our inspection, people enjoyed a reminiscence afternoon. A memory box was used to initiate conversations about people's school days. Eleven people took part in this, and we saw that the conversations were enjoyable for people. One person told us during a conversation about a slate, "Do you

know, this is taking me right back to my school days. I can hear the screeching sound of the slate like it was only yesterday!" People were then entertained by a viola player, with one person joining in on the piano. We spoke with people about the in-house and external opportunities for them to take part in. One person told us, "This home is beyond my wildest dreams. The detail they put into everything for us is incredible."

Some people chose to spend most of their time in their bedrooms. We saw that people's wishes in this regard were respected, but steps were also taken to ensure people were not at risk of social isolation, and that their isolation was not indicative of a condition such as depression. For example, one person chose to spend time alone, but requested some audio books on a particular subject and a radio, which were provided as soon as they had requested them. The home had links with a library service and could obtain larger print books for people who wanted these; 'talking newspapers' were also readily available for people with visual impairments. Staff spent time with people in their rooms to ensure they received one to one care and attention. During the course of our inspection, a musician performed for people in the main lounge area, but also in people's bedrooms if they had requested this.

Relatives we spoke with told us one of the most important things to them about the service was its flexibility around meeting people's needs, and the adaptability of staff. One relative told us that their relative wanted to continue to use their own hairdresser, rather than the hairdresser employed by the provider. The relative told us the registered manager had been accommodating about this request and respected the person's preference. A member of staff we spoke with told us, "We work around their (people's) needs. They don't have to fit around us and our way of running the home."

People and relatives told us that staff were quick to respond to any change in their health and wellbeing needs. One person told us, "The carers are so good. They seem to know what is wrong with you." A relative we spoke with told us that there had been concerns over a change in their relative's health, which staff had been quick to respond to and ensure the appropriate medical attention was sought. We spoke with a doctor, who told us staff knew people well and were able to detect any changes in people's health and wellbeing. They told us the staff and registered manager were quick to seek medical attention, when required and were good at communicating about any changes to people's needs.

On the day of our inspection, a scheduled residents' meeting took place. The meetings were held so that people could discuss their views on the running of the home, provide feedback and make suggestions. Topics discussed in the meeting included how people wanted to celebrate Christmas. General suggestions made about the home included more 'male only' social opportunities. As a result, a 'men only' lunch was arranged at the British Legion. Previous suggestions made in the meetings had also been acted on. For example, people had requested more evening social events. As a result, there were 'Strictly Come Dancing' evenings where people watched the programme together with wine and crisps, at people's request. An evening harvest festival celebration had also recently taken place, which involved choristers from a local school singing to people in the home. There was also a Ross Court choir, which had been set up as a result of people asking for this. The choir ran fortnightly and was facilitated by a local music therapy student. People we spoke with told us how much they enjoyed singing and being part of a choir. During the meeting, people commented on how much they had enjoyed a large crossword which had been displayed on the lounge wall. One person said, "That was a huge success- the thing we need for our brains."

We found that where previous suggestions about the running of the home had been made, these had been responded to. Specifically, people had previously provided feedback and asked for there to be a distinction made between staff who assist with personal care, and staff who are involved in meals. As a result, there was a restaurant manager in place and 'hostesses'. These members of staff focused entirely on all food related aspects for people, such as menu planning as well as serving food and drinks. One person we spoke with

told us, "I wouldn't want someone helping me with (personal care) one moment and then serving me my lunch later on."

People knew who the registered manager was and how to raise a complaint, if necessary. We saw that where complaints had been raised, investigations had taken place and meetings held with the person who raised a complaint to discuss the outcome of the investigation and, where applicable, any steps that would be taken to prevent a reoccurrence. People and their relatives told us the registered manager and staff would take swift action in the event anyone was dissatisfied with any aspect of the care they received.

Is the service well-led?

Our findings

People we spoke with were positive about the registered manager. One person told us, " (registered manager) is so thoughtful. They arranged a trip for me to the theatre recently." A relative we spoke with told us, " (registered manager) always has time to talk to us. The staff are always cheerful, which indicates a well-run place."

Staff we spoke with told us they felt supported in their roles by the registered manager and provider and that they were listened to. One member of staff told us that recently, four people were identified by staff as needing a stand hoist. They told us they mentioned this to the registered manager, and the provider arranged this immediately. They told us the provider's attitude was, "If we need them (the hoists), we will get them straight away." Staff told us they welcomed this approach as it meant that any issues could be resolved quickly for people living at Ross Court.

We looked at how the registered manager and provider monitored the quality of care people received. We saw that the registered manager carried out routine spot-checks as part of their daily role and spent time with people, asking them whether they felt happy in the home. The registered manager used monthly one-to-one meetings with staff to discuss any areas for development in their practice, and to discuss topics such as safeguarding and the Mental Capacity Act. This was to ensure that staff were aware of current legislation and best practice. The registered manager carried out monthly audits in areas such as medicines and any accidents and incidents. Where patterns or trends were identified, action had been taken.

The provider carried out monthly audits, which involved speaking with people and staff. The provider told us, " We always start with people's feedback." Their audits involved speaking with a minimum of three people to ask them their views on the care they received. As a result of feedback received, improvements had been made to the in-house activities offered to people. Two new full-time activity coordinators had been appointed, with people being involved in the interview process and being asked their views on who they wanted the provider to appoint.

When speaking with staff as part of the audit process, the provider checked their understanding on areas such as pressure sore care and recognising signs of depression in people. Staff were also asked for their feedback. As a result, initiatives had been introduced including recognition for exemplary attendance.

The registered manager had links with the local community and used the links to benefit the care provided to people in the home. For example, people chose their nominated 'Charity of the Year.' The current charity was a local marine conservation society. Trips were being arranged for people to attend the headquarters so that people could find more out about the charity's work. Additionally, a talk had been arranged for people at the home by the charity.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the registered manager or provider. Staff told us that any kind of poor or abusive practice would not be tolerated by the provider and that action would always be taken

where concerns were raised.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.