HC-One No.1 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 well-led?	Good

Summary of findings

Overall summary

About the service
River Court provides accommodation, personal and nursing care to older people. The care home accommodates up to 120 people in a purpose-built building which was divided into four units. At the time of the inspection 112 people were living there.

People's experience of using this service and what we found
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 felt safe in the home and staff knew how to identify and report any concerns to their managers or external safeguarding authorities. Risk assessments were developed to give staff guidance in how to mitigate risks and keep people safe from harm. There were enough staff recruited safely to meet people's needs. Lessons were learnt and improvements made following significant events like safeguarding concerns, accidents or incidents. The environment was clean and fresh. Staff followed current government guidance when wearing their personal protective equipment (PPE).

Governance systems in place identified areas in need of improvement and these were actioned in a timely manner by the registered manager. Regular meetings were in place for staff and people to ensure they were contributing their views about the running of the home. Action plans were developed and checked for completion to ensure improvements were made where needed.

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

Rating at last inspection
The last rating for this service was requires improvement (published 04 March 2020).

Why we inspected
The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

The overall rating for the service has not changed and remained requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for https://www.cqc.org.uk/location/1-3134639224 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 had been carried out by three inspectors.

Service and service type
River 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. River Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 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 (PIR). 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 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 spoke with five people about their experience of the care they received, two relatives, two nursing staff and three care staff, the deputy manager and the registered manager.

We looked at six people's care records, medicine records, recruitment and other documents and audits relating to the management of the service.

Good

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; Learning lessons when things go wrong

- People told us they felt safe and liked the way staff supported them. One person said, "Absolutely (I) feel safe. They are all so kind. I can speak to any of the staff. I know them all, and they know me." Staff had received training and understood how to report their concerns internally and to external safeguarding authorities.
- Information about safeguarding was visibly displayed around the home for staff and visitors to know who to report their concerns.
- The registered manager appropriately reported concerns to local safeguarding authorities and CQC.
- Lessons learned were shared at team meetings, supervisions or as needed. We noted that when any issues were discussed remedial actions were put in place.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and planned for. For example, in areas such as diabetes, risk of falls, and the risk of developing pressure ulcers. Risk assessments were kept up to date and amended when any specific changes occurred.
- Pressure mattresses were checked routinely, and this helped to ensure people were protected from developing pressure ulcers. Mattress settings we checked were appropriate for people's weights. People using bed rails to help reduce the risk of falling from bed had bumper cushions to prevent the risk of entrapment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff asked for people's consent for the care they received. People were offered choices in areas such as where they wished to sit, what food they wished to eat and where they wanted to spend their day.

● Care plans included mental capacity assessments. These clearly reflected if people had capacity to make their own decisions, and if people were less able, best interest decisions were in place to ensure the care they received met their needs.

Staffing and recruitment
● People told us their needs were met promptly and they felt there were enough staff.
● Staff told us there were enough staff deployed to meet people's needs.
● We observed the home being calm and people received their personal care and meals in a timely manner.
● Staff recruitment files included the appropriate documentation and checks to satisfy the management team that the staff were suitable to work in a care setting. This included verified references, criminal record checks and proof of qualifications.

Using medicines safely
● People's medicines were managed safely. We saw that staff worked safely and followed the correct procedures when administering people's medicines. There were regular checks in place including a monthly audit.
● Protocols were in place for medicines prescribed as needed and guidance in regard to covert administration.
● Staff confirmed they received regular training to support the safe administration of medicines. Their competency to administer medicines was assessed post training as part of a practical supervision.

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.
● Family and friends were supported to visit people living at the service in line with current government guidance.

Good

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure in place. The registered manager was supported by a deputy manager, along with nursing and senior care staff and care staff. Staff understood the lines of accountability and responsibility.
- Staff meetings were held regularly, and the registered manager used these meetings to raise awareness among staff of specific issues. For example, if there had been a higher than usual number of falls, then this was discussed to enhance staff awareness. However, staff meetings did not enable staff to contribute to the agenda items prior to the meeting.
- This was the same for incidents and monitoring of themes and trends in the home, for example around wounds or injuries. The management team reviewed these monthly, looked for reasons and improvements but did not include the care team in initial discussions about what happened and what could be done differently. The registered manager told us going forward staff will be given the opportunity to be part of the process.
- Audits and checks were completed to monitor the service. These reviewed all areas relating to the safety and welfare of people using the service.
- Notifications that are required to be made to the Care quality Commission or local authority were made appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the care provided at the service. One person told us, "It's all fine for me here. I have everything I need. Staff are very kind and look after me well."
- Staff enjoyed working at River Court and were supported by the management team. One member of staff told us, "I have all the support I need. I can always ask for help and they [management team] make themselves available."
- The provider and registered manager regularly communicated with people, relatives and staff. They sent regular newsletters to keep them informed and sent an annual survey with a view to gather their feedback and use this information to improve the service.

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

● The provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
● All incidents, accidents and injuries were fully investigated. The outcomes of these were then shared with partnership agencies, people, relatives and staff. Where lessons could be learned from these events the registered manager ensured these were put in place. For example, if people had falls measures were taken like referrals to health professionals and other measures considered and shared with the staff team.

Working in partnership with others
● Staff worked in partnership with professionals from other agencies. For example, the local GP, district nursing team and local commissioners. Care records showed staff worked collaboratively with others to ensure that health related advice and guidance provided was used to help with people's care planning.