

Rushcliffe Care Limited

Heron Court Care Home

Inspection report

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Date of inspection visit:
16 February 2023

Date of publication:
24 March 2023

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heron Court Care Home is a residential and nursing care home providing care to up to 38 people. The service provides support in one adapted building to older people that may have dementia, physical disabilities and sensory impairment. At the time of our inspection there were 34 people using the service.

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

People and their relatives told us staff were friendly and caring towards them. Staff knew how to keep people safe, as they had received training on how to protect people from abuse and knew the procedure to follow to report concerns.

Systems and processes were in place to maintain people's safety and the support they required was assessed and monitored on an ongoing basis. People were supported by trained staff to take their medicines and when needed access external health care professionals to support their well-being.

People received support from staff that had undergone recruitment checks to ensure their suitability.

People were protected from catching infections, as staff worked within the provider's policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

People were supported to provide feedback on the quality of the care they received. The provider monitored the service on an ongoing basis to drive improvement.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 May 2020) and there were no breaches of regulation. At this inspection we found improvements had been made.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heron 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 (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 was carried out by one inspector.

Service and service type

Heron 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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 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 reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine.

We spoke with 8 members of staff including the registered manager, 1 nurse, 2 care staff, the activities coordinator, a student nurse, the cook and the head of housekeeping. We reviewed a range of records. This included accident and incident records, care records and medicine records, audits and how the provider sought feedback from people to drive improvement.

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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- A safeguarding policy was in place and was accessible to staff.
- Staff received training about how to protect people from abuse and understood the procedure for reporting concerns.
- The management team acted when they were concerned for people's safety and reported to the appropriate professionals.
- People told us they felt safe and relatives told us they felt their family members were safe at the service.

Assessing risk, safety monitoring and management

- People's needs were assessed before they began using the service to ensure their needs could be met.
- Risks were reviewed, and assessments updated as needed. Assessments included risks such as falls due to poor mobility, choking due to difficulties swallowing and pressure sores due to immobility.
- Incident forms were completed to report issues and body maps to record any injuries.
- Each person had a personal evacuation plan. This supported staff to assist people in the event of an emergency, if they needed to evacuate part of the home or the building.
- Environmental assessments and audits were in place to ensure the service was safe for people, staff and visitors.

Staffing and recruitment

- There was enough appropriately trained staff employed to ensure people's needs were met. A dependency tool was used to assess levels of staff required each month.
- People and their relatives confirmed there was enough staff available to support them. One person told us, "The staff check on me to make sure I'm alright. They come if I press my buzzer."
- Disclosure and Barring Service (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 received their medicines in a safe way by nursing staff who received medicines management training on an annual basis. Their competency was checked as part of this training.
- Medicines administration records were maintained to a good standard and provided a clear audit trail.

- Nursing staff completed medicines audits, on a weekly and monthly basis, to ensure stock levels of medicines were adequate and to identify errors as soon as possible.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting.

Learning lessons when things go wrong

- The provider had made improvements following the outcome of our previous inspection of the service. For example, staff had received further safeguarding training to ensure improvements in reporting.
- Audits were in place to monitor practice and make improvements when needed.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were met as assessments were in place and included enough detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- People were supported in line with national guidance, as nationally recognised assessment tools were used to safely assess people's health care needed. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk.
- People were supported to make choices to promote their wellbeing.

Staff support, training, skills and experience

- People were supported by staff who received training and development to enable them to meet people's needs.
- New staff were supported with an induction and training programme. They worked with experienced staff until their competency was assessed and they were able to work alone.
- Staff were provided with supervision on a regular basis by the registered manager.
- People were cared for by nurses who maintained their professional registration with the Nursing and Midwifery Council. This is the registration body for nurses that makes sure they are safe to practice and meet the acceptable standards of competence and follow set standards and codes of practice.

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

- The meals provided were enjoyed. People told us they enjoyed the choices of food available to them.
- People were supported in a relaxed atmosphere with their meals. We observed staff helping people with meals or prompting them to eat where this was needed.
- People's diets and preferences were catered for. The cook had information of people's dietary needs. This included preferences as well as cultural and health needs regarding diet.
- People who were at risk of malnutrition or dehydration, had food and fluid charts in place. These were for staff and the management team to monitor and refer to the appropriate health care professionals when needed. When concerns had been raised, health care professionals had been consulted and dietary supplements provided.

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

- People were supported to access health professionals such as doctors, psychiatrist, and community mental health teams.
- People were supported with their health care needs as referrals were made to a range of health and social care professionals when required.
- People were supported to see their GP as the management team worked with GPs to ensure people's health care was monitored on an ongoing basis.
- Relatives confirmed they were encouraged to be involved in health care appointments and were informed of any changes in their loved one's health. One told us, "I am her most days but if anything happened, they would contact. The communication here is very good."

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

- People were supported within comfortable surroundings that had been adapted to meet their needs.
- The home was in the process of refurbishment and the unit under refurbishment was not accessible to people using the service and visitors. This ensured their safety was maintained. The refurbishment did not impact on the support people received or their safety.
- An accessible out-door space and different communal areas within the home were available for people to use.
- Dementia-friendly door signs were in place to assist people and dementia friendly wall decorations. People's rooms were personalised according to their preference.
- Grab rails were in place to support people's mobility.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff that had received training and understood the principles of the mental capacity act.
- Where mental capacity assessments were in place, best interest decisions demonstrated that the least restrictive practice was followed. This supported people's rights.
- Where people had DoLS in place, these were up to date and conditions on these had been followed.
- We saw that whenever possible staff supported people to make decisions and choices and involved them in their care. One relative told us, "Although [person's name] can't talk anymore the staff always talk to them and tell them what they are going to do. They are very respectful like that."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One person said, "It's nice here. I am quite comfortable, and the staff are very friendly. They check on me regularly to see if I need anything." One relative told us, "I have no concerns. The staff are all lovely. They work hard and make sure my relative is looked after."
- We observed caring interactions between staff and the people they supported. For example, at lunch time we saw very warm and positive interactions. People were asked where they would like to eat their lunch, such as at the dining table or where they were currently seated. Staff were courteous and checked with people throughout the meal that they had everything they needed.
- Staff had a good understanding of the support people needed, their diverse needs and their preferences on how they were supported. We saw that staff had time to spend with people and people were supported at their own pace.

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

- People were supported to make day to day decisions about what care they received, and support plans were regularly reviewed.
- People and their relatives confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received.
- The service used advocacy services to help several people make decisions about their care. Advocates speak up on behalf of a person who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy was respected by staff. One person told us, "I prefer to stay in my room. I like my own space and staff are okay with that. They check on me to make sure I'm alright, but I can also press my buzzer if I need anything."
- People confirmed their privacy was respected by staff. One person told us that they liked to spend time in their room. They said, "The staff don't mind, they come and check I'm alright, but I am free to spend time where I want."
- People were supported to be as independent as they could be. One person told us, "The staff help me when I need it, but they don't do things for me if I can do it myself, so they help me to maintain my independence."
- Staff understood the importance of confidentiality and we saw information regarding people was kept securely on mobile devices. Staff confirmed they did not discuss people's care in front of other people or relatives.

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 requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People were supported by staff who knew them well and information in people's care plans reflected the support we observed. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and beliefs.
- Support plans were person centred around each person's holistic needs, this included not only their health care needs but also their interests and faith needs.
- Care plans were regularly reviewed to ensure they remained relevant and up to date and people and their representatives were involved in care planning.

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.

- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to aid people's understanding. For example, signage was in place around the home to support people to orientate themselves.
- People's method of communication had been assessed and documented in their care records.

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

- Opportunities were available for people to participate in activities. One member of the care staff team was allocated the task of coordinating activities. The registered manager told us that an advert had gone out for a full-time activities' coordinator.
- Indoor games were played by some people on the day of the inspection. We saw that people and staff were having a laugh and a joke with each throughout the day.
- People were supported by staff who understood their interests. Records were in place regarding people's life, their family and their interests and hobbies. This enabled staff to provide personalised support to people. For example, one person loved gardens and when the weather stopped them from going outdoors, they had access to a large tablet, known as a rainbow screen, where they could look at a variety of gardens. Information was also recorded about their preferred music band and they would watch and listen to them on this device.
- People were supported to maintain relationships. Visitors told us they were made to feel welcome by the staff. One said, "The staff are always very welcoming." Another said, "I visit every day and am always made to

feel very welcome."

Improving care quality in response to complaints or concerns

- People told us if they had any complaints, they would tell the registered manager. One person said, "[registered manager] is very good, she would sort out any issues." A relative said, "I haven't had any reason to complain but I would speak to [registered manager] if I did. They are very approachable."
- A procedure was in place to manage complaints and information was available on how to make a complaint.

End of life care and support

- Some people were receiving end of life care at the time of the inspection and their care plans reflected this.
- Information was recorded regarding people's religious beliefs and if they had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care in a future emergency.
- People receiving end of life care were supported through weekly and monthly reviews with their GP's involvement. When needed people were also supported by the dementia palliative care team.

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 requires improvement. At this inspection we have rated this key question 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

- The registered manager had established a positive work environment and had maintained the improvements we found at the last inspection.
- The registered manager confirmed that they continued to feel supported by the leadership team.
- Staff felt supported by the registered manager. One member of staff said, "The manager is approachable and supportive." People and their visitors told us they found the registered manager approachable and available to them. One relative said, "She is very good. I wouldn't hesitate to speak to her if I needed to."
- We saw staff were supported to professionally develop. Care staff had achieved health and social care diplomas at level two or above. Along with the nurses, this ensured a good skill mix of staff were available to support people.

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 manager ensured that we received notifications about important events, so that we could check that appropriate action had been taken.

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

- There was a registered manager in post who was well established they were supported by a team of nurses.
- Audits of records such as care plans and medicine records were undertaken on a regular basis. This continuous monitoring ensured people's changing needs were addressed.
- Audits were undertaken to identify where improvements were needed. Where new equipment or repairs were needed; the audits demonstrated actions had been taken to address this.

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

- People and their representatives were encouraged to give their views. Regular meetings were held for people and their relatives.
- Staff were also supported to give their views through regular team meetings and through regular supervision.
- People were supported by staff that were monitored in their practice by the registered manager. This

included a daily walk round and daily meetings with senior staff to discuss any issues or events occurring.

- People, staff and visitors were also kept up to date with a newsletter to keep them aware of changes within the service.

Continuous learning and improving care

- The registered manager had a good oversight of the service and staff confirmed that communication was good.
- The registered manager worked closely with the local authority to monitor the practices at the home and ensure improvements were maintained.
- People and their relatives knew who the registered manager was. They told us the staff team were friendly and approachable. People were confident in the management of the home and told us it was well run.

Working in partnership with others

- The registered manager and staff team worked in partnership with numerous health and social care professionals, to ensure people's health and wellbeing were continuously monitored.
- The registered manager attended network meetings and manager meetings to keep up to date. They also belonged to a several social media groups to share best practice.