

Sandstone Care (Much Hoole) Limited

Ribble Court Care Home

Inspection report

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ribble Court is a brand-new purpose built nursing and residential care home for up to 53 people. It is registered to provide personal care and nursing to older people, people with a physical disability and those with nursing needs. At the time of the inspection visit there were 24 people who lived at the home.

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

People's safety was at the centre of care delivery. Risks were assessed and carefully monitored to ensure individuals' safety. People received their medicines safely. The service had an infection prevention and control policy in place and the home was clean and hygienic. There were sufficient staff to meet people's care and support needs. They were employed subject to robust recruitment processes.

People's needs were thoroughly assessed before admission to the home, and this was regularly reviewed to ensure people received the support they required. They 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.

There was a programme of staff training and regular updates were in place for staff to improve their skills and for professional development.

People spoke highly of the staff who supported them and the service as a whole. Staff were kind and caring, and people were treated with dignity and respect. This was confirmed through observation and discussion with people and their relatives.

The service was responsive to people's needs and took account of their preferences. People received person-centred care. Staff had worked hard to provide meaningful social activities. Some people told us they would like more structured activities. To facilitate this an activities co-ordinator was in the process of being recruited. There was a complaints process which people and relatives were aware of. The service could support people to remain at the home as they reached the end of life.

We have made a recommendation about supporting people living with dementia.

The registered manager and staff team were committed to providing people with high-quality care. The registered manager was providing clear leadership to ensure an enabling and person-centred culture was being embedded into the new service. Systems were in place to monitor the quality of the service, and there was a clear commitment from all staff to the continuous improvement and development of the service.

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

Rating at last inspection

This service was registered with us on 24 June 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration. We looked at infection prevention and control measures under the Safe key question. We look at this in all 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

Ribble Court Care Home

Detailed findings

Background to this inspection

The inspection

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

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 two inspectors and an 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.

Service and service type

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

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 they registered with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with eight people living in the home in person and telephoned nine of their relatives. We spoke with four members of care staff, the cook, two senior care staff, three nurses, the head housekeeper, the deputy and registered manager. We observed staff interaction with people. In addition, we reviewed a range of records. These included care records of four people, medication records, staff files in relation to recruitment and the staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. One person told us, "I feel safe. I trust them." A relative commented, "Safe? Yes, they are kept very safe."
- Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. The registered manager had followed due process and reported incidents to the local safeguarding team for investigation.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and well managed. Staff carried out a thorough initial assessment with people, to ensure their needs and preferences could be met safely.
- Staff knew people well and how to deliver care safely. Staff followed risk assessments and received training that was individualised to people, for example, moving and handling, which helped to manage risks and keep people safe.
- The provider had systems to monitor the safety of the environment and the equipment in the home.

Staffing and recruitment

- People received care from a consistent team of staff who knew them well. The registered manager ensured staffing was under constant review and increased as more people were admitted to the home.
- All relatives told us they felt there were enough staff. One said, "There's always sufficient carers around to make sure she's safe with her frame". And another said, "Yes, she gets help quickly, they pop in and see if wants anything".
- However, when we visited some people on the top floor felt that staffing levels could be improved. The registered manager told us they were in the process of arranging for additional care staff for busier periods in the day.
- Robust recruitment processes ensured people would be supported by staff with appropriate experience and character. A recently employed member of staff said, "Very good process, yes and the induction was informative." Where agency staff had been used the registered manager had insisted on the same staff for consistency.

Using medicines safely

- People received the support they needed to take their medicines. The registered manager had good systems and procedures to manage medicines safely for people. Staff received competency training on a regular basis. The management team audited medicines administration regularly.

- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- People were protected from the risk of infection, including for COVID-19. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection.
- The provider had processes to admit people safely to the service. Systems were in place for regular testing for people using the service, staff and visitors. All staff had complied with the NHS vaccination programme.
- The home was clean and hygienic. The head of housekeeping told us of the measures and audits in place, that included competency checks and training for domestic and laundry staff. One relative told us, "It's always very clean, and the laundry service is very good."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager ensured people's needs were assessed prior to admittance to the home.
- People, or those acting on their behalf, were involved in the assessment process so that their preferences and wishes were taken into account in care planning. This included support required in relation to their culture, religion and diet preferences.
- Care plans were easy to follow on an electronic system and gave staff information about people's preferred routines as well as their care needs.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they completed a range of training and could ask for additional training in more specialist areas if they felt they needed it. People told us they were confident staff were equipped to fulfil their roles. Comments from people included, "The staff are well trained." And, "I think they are good, they know what they are doing and what I need."
- The registered manager was rolling out a programme for staff supervision and appraisal. While staff had all completed an induction, some were yet to receive a formal one to one supervision.
- Staff had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were being well supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of good quality and choice. Comments from people included, "The food is lovely. There's always plenty of choice." And a relative told us, "The chef plates up the meals in the dining room, and asks people if they are enjoying the meals. If [relative] doesn't like what's on offer they make them something different."
- People were well supported with more complex nutritional needs. Monitoring tools and equipment were in place for people with a range of support needs, such as people who were at risk of weight loss and those who required intravenous fluids and supplements.
- We discussed with the registered manager about ensuring kitchen staff had clear and accessible information about people's preferences and dietary needs. During the inspection the dietary sheet was revised and made more readily to hand for all staff to check.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff had received training and understood the relevant requirements of the MCA.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans. The 'best interest' decision making process was followed where necessary, and appropriate documentation completed where appropriate.
- The registered manager had submitted applications for DoLS authorisations, as appropriate.

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

- The home was purpose built and as such was designed to meet people's care and nursing needs. All rooms were en-suite and with high quality electric nursing beds and specialist mattresses.
- The home had plans to open a specialist intermediate unit for people requiring a step down from hospital with an aim to improving independence and returning to their own homes. There were also plans to provide specialist care to people with bariatric needs. All rooms in these units were designed with these support needs in mind, such as overhead tracking for hoists and larger rooms to assist in safe moving and handling practices.
- Some people had support needs associated with dementia. We found the home lacked clear signage and measures to help people orientate. Equipment to support meaningful engagement for people living with dementia had yet to be considered.

We recommend the provider consider current guidance on providing an environment suitable for people living with dementia, and in providing meaningful activities.

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. People we spoke with confirmed this and enjoyed making their room homely.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who were kind and caring. People told us they liked the staff and valued the support they provided. People described staff as friendly, caring and helpful.
- Staff took the time to get to know people and what was important to them. Staff actively engaged people in conversation. We saw how therapeutic touch was used to demonstrate kindness and to reassure people, such as holding a hand or a gentle hand on a shoulder. One person told us, "The staff are 'diamonds'. They treat you like an equal. We have a laugh and great banter."
- The registered manager had fostered a caring and respectful culture among the staff team. Staff told us they enjoyed supporting people and making a difference for them.
- Relatives all spoke very highly of the caring attitude of all staff. They were keen to tell us about the support they had also received from staff. One relative said, "They've been a huge support to me. I've had nothing but genuine warmth and support from them all. The manager too has been great and been a listening ear when I've needed it."
- Staff understood the importance of supporting people to maintain their independence. Staff supported people to do what they could themselves, without taking over.

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions, where possible. Evidence of consent obtained from people were in care records we looked at.
- People were encouraged to make choices about their day to day living. One person said, "I do as I please and the staff are great and will fit in around me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. People we spoke with confirmed they were involved in this process, including reviews of their care. The registered manager and senior staff reviewed people's planned care regularly and immediately if there was a change in someone's needs.
- The service was responsive to people's individual needs. One relative told us, "A member of staff stayed half an hour after their shift so they could welcome [relative] back."

Meeting people's communication needs

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

- The provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them. This enabled staff to ensure the person was understood and they were able to express themselves.

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

- Care staff worked hard to provide meaningful activities and stimulation for people. One person said, "The staff do put activities on." And another person said, "We have singalongs and play cards."
- However, people in the home and their relatives told us they would like more formal activities. One relative said, "The only issues I have is they don't have an activities officer, so I do feel residents are in their rooms a lot." The registered manager told us about plans to recruit two activity coordinators, and interviews were taking place the following week.
- People were encouraged to maintain relationships that were important to them. Relatives we spoke to all said they were made very welcome and communal facilities included an area for making drinks.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The registered manager had ensured complaints had been investigated and resolved. One person in the home told us of a verbal complaint they had made. This was currently being investigated. We discussed with the registered manager about also ensuring informal complaints were recorded with the actions taken, such

as complaints made verbally.

End of life care and support

- People were supported to remain in the home at the end of their lives, if this was their wish. The service worked with other agencies and staff had appropriate training.
- People's end of life wishes had been recorded so staff were aware of these. We saw a thank you card from a relative whose loved one had passed away in the home. It read, "We knew [relative] was in safe hands, their passing was made easier with such a positive approach from staff. The room was full of love."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 home, although registered with CQC in June 2020, was only operational from June 2021. The registered manager and senior team had made good progress in developing and rolling out systems to ensure high quality care is delivered to people. Staff told us they were all committed to making a difference to people and being part of a new venture.
- The registered manager provided clear leadership and ensured an enabling and person-centred culture was being embedded in the service.
- People living in the home and their relatives we spoke with were also positive about the running of the home. They told us, "The manager seems very efficient, everything seems well organised", "The manager certainly is approachable, you can ask her anything you like, she will sort things out", "Very approachable and she always makes herself available."
- Staff felt valued and well supported. They had good opportunities for career and professional development. The registered manager was looking to give staff champion lead roles as the service developed.
- Staff spoke of an open-door policy and felt able to speak up about issues or concerns. The registered manager and staff reported being very well supported by the Directors of the service.

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; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities.
- The provider and registered manager were committed to the continuous improvement of the service. They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, audits and visits from the regional director.
- The registered manager and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The provider used systems to gather people's views about the service. People were asked for feedback

during review meetings. Staff felt engaged and able to share their views of the service. Staff told us they could approach the registered manager and senior team with any views or suggestions to improve the service and were asked for feedback.

- The COVID-19 pandemic had caused some difficulty in engaging with the public. However, the registered manager was in the process of looking into planning events to engage with the public and raise the profile of the service.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.

- The registered manager had worked in partnership with NHS commissioners to develop new and innovative services, such as a specialist bariatric care unit and an intermediate care unit within the home.

- The registered manager was actively engaged in local forums to promote care and health outcomes for people, such as those for promoting effective responses to the pandemic and assisting early hospital discharge planning.