

Russell Court Care Home Ltd

Russell Court

Inspection report

Overfield Road
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30 March 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Russell Court is a care home providing personal and nursing care for up to 42 people, some living with dementia, in one adapted building. The service accommodates people across two floors. At the time of the inspection on the 26 March 2021, 19 people were living there and this had reduced to 16 people by the 30 March 2021. The service plans to specialise in becoming a short-term, step down service for people discharged from hospital who are not quite well enough to return home.

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

At the last inspection we had identified breaches in regulations 12, safe care and treatment and 17, good governance. We found at this inspection improvements had been made, although there were some further improvements required.

Care plans and risk assessments had been, or were in the process of being, reviewed. There was some further improvement to be made to ensure people's assessed needs and identified risks were consistently and accurately recorded. People felt safe. Risks associated with COVID-19 were assessed and mitigated. Medicines were managed safely. Staff understood safeguarding and safeguarding concerns were referred to the local authority. Incidents and accidents were monitored for future learning. There were enough staff on duty to meet people's needs and recruitment processes were in place to safely recruit staff.

Staff felt supported by the new management team and the running of the home had improved since its last inspection. Staff had started to receive supervision to help them in their roles and training had been completed or in the process of being arranged for them. We found there was good communication with healthcare agencies.

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 told us they were offered a choice of meals and drinks. We saw any changes to people's dietary requirements had been promptly referred to the GP or dietician. There were no concerns raised about the home environment.

We saw kind and caring staff interactions with people. This was supported with the compliments we saw the service had received. People told us staff respected their wishes and choices and had ensured their dignity and independence was promoted.

Complaints processes had been improved to make sure feedback was used to learn from and to help improve the quality of the service. The service had processes in place to support people, who were deemed to be at the end of their life, with a dignified and respectful death.

Everyone spoken with said the new manager had improved the service's communication and systems were in place to gather their feedback to help improve the quality of the service and to help inform person-centred care. The provider understood their regulatory responsibilities.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 06 January 2021 and update published ?? April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out 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.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Russell Court

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 team comprised of three inspectors on site on the 26 March 2021. Two inspectors were on site with one inspector off site making telephone calls to staff and relatives on the 30 March 2021.

Service and service type

Russell 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave a short period notice of the inspection.

What we did before 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. 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.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including the home manager, deputy manager, clinical lead, senior care staff, care staff, non-care and catering staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was a risk that people could be put at risk of avoidable harm.

Assessing risk, safety, monitoring and management

At our last inspection, we identified shortfalls in the safety of the service that placed people at risk of harm. For example, poor risk assessments and planning safe care; the management of medicines; poor practice when it came to wearing personal protective equipment [PPE], hygiene practices needed improvement and incidents and accidents had not been reviewed to mitigate future risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Between the lounge patio doors leading into the rear garden, the door frame plate was slightly raised creating a trip hazard. We saw staff had to slightly lift a wheelchair to manoeuvre it over the frame plate. We also witnessed one person catch their feet whilst being supported to walk through the patio doors. We discussed the trip hazard with the manager. A temporary floor covering was introduced to make the area safe until a permanent fixture could be put in place.
- At lunch time we saw six people sat at a table that could have been laid out more effectively to promote social distancing. This was discussed with the manager at the time and the matter was addressed promptly.
- People who had developed sore skin had a wound care plan in place. However we found on one plan there was a slight discrepancy between the wound care plan and the person's weight's care plan. This was addressed by the manager immediately.
- We found audits and new care plans were in place for people's catheter care. The manager was in the process of arranging fire warden training for staff. One staff member said, "I have done fire safety training. We [staff] go to reception if the bell goes. The alarm is tested every Thursday. I haven't had a practice fire drill yet but I know what to do." All PEEPs had been reviewed, although one record had not been dated which was addressed by the manager immediately.
- People at high risk of falls had been closely monitored and appropriately referred to agencies for example, the GP for medication review or the falls clinic.

Using medicines safely

- At the last inspection, we found medicine records lacked guidance for staff about how to support people with prescribed patches. There was minimal detail in people's care plans about 'as required' medicines [PRN] to support staff on when and how to administer these medicines. The use of agency nurses had contributed to an inconsistent approach to safe medicine management. Although we found there had been improvements made, there was some further improvements required.
- Overall, people told us they were receiving their medicines when they needed them. One person told us, "I

get my tablets every day and I do my inhalers myself. No problems." Another person said although they did receive their medicine it was not always at the prescribed time which made the person anxious. We discussed this with the manager and protocols were put in place to make sure if there were to be a short delay, this was clearly explained to the person to reduce their anxiety.

- Regular medicine audits had been introduced this meant medicine stock was routinely counted and any discrepancies promptly dealt with. We completed a stock check and found with one PRN medicine, there were two tablets unaccounted for. We found staff were not consistently recording on the medicine record how many tablets was administered to the person. For example, one or two tablets. This was discussed with the deputy manager at the time and they told us they would make sure staff recorded consistently on the medicine sheet the number of tablets administered.
- All PRN medicines had clear protocols for staff, providing guidance on when and how PRN medicine should be administered to people.
- A new clinical lead had been recruited along with permanent nursing staff. This meant people received their medication consistently from staff who knew them well.

Preventing and controlling infection

- At the last inspection, we found staff had not received up to date training relating to PPE and this meant they were not always wearing their PPE in line with government guidance. The new manager had introduced PPE training for all staff and the management team would routinely walk about the service conducting spot checks on staff PPE compliance. On the day of the site visits, all staff were observed to be wearing their PPE in line with government guidance.
- The home was clean, clutter free and airy. Cleaning schedules were in place and the home was odour free.
- 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 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.

Learning lessons when things go wrong

- The manager had introduced action plans following reviews of incidents and accidents to identify trends and implement changes to mitigate future risks.

Staffing and recruitment

- Staff we spoke with told us the service had completed the necessary recruitment checks. This was confirmed in the records we looked at.
- People told us when they pressed their call bell, staff would attend promptly. Our observations during the two days we were on site, indicated there was enough staff on duty to meet people's identified needs.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their legal duty to keep people safe from risk of abuse.
- Staff had recently completed their safeguarding training and knew how and who to report concerns to.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- There had been improvements made when assessing people's needs. People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.
- Staff knew people well and people told us they felt supported and looked after by the service. One person told us, "Staff go out of their way to help." A relative said, "I want to say an extra special thanks to [staff member] they went above and beyond. When I spoke with them on the phone, they didn't just tell me what was going on they were like an angel. [Staff member] knew mom really well. All the staff are excellent."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.

Staff support: induction, training, skills and experience

- Since the last inspection, the manager had arranged for training for all staff to be completed. For example, safeguarding and moving and handling. One staff member said, "Training has taken place, we have always done online training throughout, but they are getting people in now as the pandemic is slowing down. Recently I have done safeguarding, manual handling, all different ones, it's [training] happening all the time."
- Staff told us they felt supported by the new management team. They told us they received supervision, had daily handovers and would not hesitate in approaching the manager if they had any concerns.
- One staff member said, "The manager is absolutely brilliant. She has been here about two months now the changes she has made to the staff morale and the home have just been brilliant. Whatever we ask for she sorts it out, she listens to us. Everything before used to take ages to sort out or it wouldn't get sorted out but now that is not the case. We have team meetings and handovers where she makes sure we have all the information we need, sometimes she will leave notes in envelopes for us to make sure we know things."

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

- People at risk of losing weight were being regularly reviewed and where appropriate were on food supplements to help increase their weight. Appropriate referrals had been made to agencies as required. For example, the dietician or GP.
- People we spoke with told us they enjoyed the food. One person told us, "The food is beautiful." Another person said, "If I don't like something I can ask for something else and they [staff] will do this."
- People could choose where they wanted to eat and staff were available to support and prompt people at

mealtimes. Food was provided in line with people's dietary needs. For example, some people required softened food.

- People were offered a choice of hot and cold drinks and snacks on a regular basis throughout the day. On the 30 March, the day was hot and sunny and people were asked if they would like an ice-cream.
- We observed the lunchtime experience for people. They were not rushed and were able to take their time to eat their meals at their own pace.

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

- The building was well maintained and had also been specifically adapted to meet people's individual needs.
- There was a large garden and we saw people and relatives could spend time in it, taking into consideration social distancing rules in line with government guidance.
- We saw people being able to choose to spend time alone or with others.
- Signage was in place to help people find their way around.

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 healthcare services to stay healthy. For example, the hospital, GP, dieticians and physiotherapists. Two healthcare professionals told us, "We are not worried, they [staff] always help and ask us for information. Staff don't do anything which they don't check with us first. It [the home] was different before and is totally different now, better than before, their communication and how to manage the patients. We have no concerns".
- Nationally recognised tools were used to assess people's weight and skin integrity. This meant people could access support as and when needed.
- People's oral health was assessed and reviewed.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been applied for where needed. We saw there were appropriate mental capacity assessments in place for people who lacked the mental capacity to make an informed decision about their care and support. The assessments were detailed and recorded the decisions the person was being asked to make.
- People told us staff would respect their individual choices and confirmed staff would ask their permission before supporting them.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff we had spoken with knew people's individual needs and respected their wishes. One person told us, "Staff go out of their way to help, there are no issues with the staff attitude."
- Relatives we spoke with said they thought people were very well supported. One relative told us, "[Person] was one of the first to go in [to the home], I know the home has had concerns, but I have always found it good. I would say since the change in manager [the home] is excellent. Staff have always been friendly and approachable. They [staff] seem caring and they know dad well."
- We observed staff were patient in their interactions with people. We saw staff sitting and taking their time talking with people.
- People were assisted to maintain the relationships important to them. Relatives told us although visiting had been restricted, they were encouraged to contact the service through phone and video calls and those relatives who had been able to visit were always made to feel welcome.
- People were supported with their religious and spiritual needs.
- Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I do love my job I love working there." A relative said, "The care staff here are impeccable. They are so caring. I have not found one yet that isn't caring, they are excellent. If mom need's anything, they tell me. They phone me for anything going on with mom. They let me know everything and keep me involved."

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

- The manager had introduced processes to gather feedback from people and relatives. One relative told us, "They [the service] keep me up to date and I feel involved even though I haven't visited. Really good. Happy with everything no concerns."
- People's care plans showed the manager had met individually with people living at the service to obtain their feedback. Where an issue had been identified, this had been resolved promptly.
- At the time of the inspection, the provider had conducted a survey with relatives and visiting professionals. One relative told us, "We had a survey asking us for feedback which we have sent back, I think they [the service] did one with dad too."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "The girls never just come in [to my room] they always knock first."
- Staff encouraged people to maintain their independence and do as much as possible for themselves. One

relative said, "[Person's] mobility has improved and they now can walk confidently with their frame. Staff have also got [person] eating independently where they never did. Staff got [person] all special equipment to help them eat on their own. This was all them [the staff], they went out of their way to do it. [Person] has got their independence back."

- The manager shared how one person, who had chosen to remain in their room with the door closed, had been gradually encouraged, to have the confidence to leave their room and take part in social events and activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- There had been an improvement to the content of care plans to ensure people's choices were known and the service could meet people's individual needs. Because some people living at the service arrived from hospital for a short-term stay, gathering personal information can be challenge. One relative told us, "I had to have quite in-depth conversation with the staff looking after mom as they didn't really know her then. I enjoyed that, it helped me feel part of the move, mom can tell them too."
- Staff we spoke with knew people's needs well.

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.

- At the time of the inspection, there was no-one living at the service that required information to be presented in alternative format. The manager was aware of the importance to have information available in accessible format and if this was required by people, it would be included within their care plan.
- There was signage around the home in pictorial format explaining to people how to wash their hands properly and maintain a safe social distance.

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

- At the time of this inspection, visiting restrictions to care homes, due to COVID-19, had been lifted. The service had implemented measures to accommodate safe visiting for those who wanted to. Window visits were also in place should that be the preferred method of seeing loved ones. Some of the people living at the service had their own mobile telephones and could contact their relatives when they wished.
- We saw some people had come out of their rooms to enjoy the sunny weather in the garden. People were being encouraged by staff to socially distance. We saw people were enjoying communal and individual social activities throughout the day.
- Relatives told us during the visiting restrictions there had been an improvement in communication from the service to keep them informed of their family member's wellbeing. One relative told us, "The activities coordinator called me and asked me to bring in some items that were personal to mom as they wanted to do some reminiscence work with her. She had been baking, she hasn't baked in years, but they got her doing it."

Improving care quality in response to complaints or concerns

- The recording of complaints had improved since the last inspection. There were processes in place to record, monitor and analyse complaints for any trends to improve the service and mitigate the risk of reoccurrence. One person told us, "I have no complaints, everyone is very nice here." A relative said, "The manager is really good. She seems to have made things better I know how to complain, but there is no need to, it's just really good."

End of life care and support

- The manager explained peoples' end of life care would be discussed and planned, when the need arose and their wishes respected. One relative told us, "I had to have a difficult discussion with a staff member the other day, around DNACPR [Do not attempt cardiopulmonary resuscitation] but it was lovely to have that conversation with someone who cares. [Person] does have a DNACPR already but they [staff] wanted to make sure it was all still ok. It wasn't morbid at all, they really cared about what mom would want."

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were sufficient and adequate governance systems in place to identify, monitor and analyse potential risk of avoidable harm to maintain a safe environment for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been an improvement made to the systems and processes put in place to effectively assess, monitor and improve the quality and safety of the services provided. This new management team had only been in post since the last inspection in November 2020 and had inherited several issues found at the previous inspection. We saw they had made some headway regarding making those required improvements. For example, monitoring people's risks, infection control practices and overall monitoring the effectiveness of the service. However, these processes will need more time to become embedded into daily working practices.
- We found there were some discrepancies in care plans and risk assessments that did not always reflect the person's needs. For example, we found one care plan referred to a person lacking the mental capacity to make informed decisions about their care and support. However, the person had full mental capacity which meant, they could make informed decisions. The discrepancies we found were addressed immediately by the management team.
- Throughout the inspection we found the management team honest, open and transparent about any issues we brought to their attention. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.
- Conversations with people, relatives and staff demonstrated the service had improved to support a positive, person-centred, open and inclusive culture. The atmosphere was homely, happy and friendly. Everyone we spoke with told us the service was now well run and provided good care and support to people.
- People, relatives and staff spoke positively about the management of the home.

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 registered provider and manager understood the requirements of the duty of candour and other legal responsibilities. It is their legal duty to be open and honest about any accident or incident that caused or placed a person at risk of harm.

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

- We acknowledge there is a home manager in place at the service and post inspection an application has been submitted to apply to become the registered manager. It is a legal requirement to have a registered manager and as there was no registered manager in post at the time of this inspection, this will limit the rating for the well-led key question to Requires Improvement.
- The rating of the last inspection was displayed in the entrance but not clearly visible to people entering the building from the main access point. The rating was only seen when leaving the building through the side door. We raised this with the manager who said they would display the rating in a more prominent position so they could be seen as soon as people entered the building.

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

- Engagement with people living at the home and their relatives had improved since the last inspection. One relative told us, "The manager is very good and organised, we communicate via email and she always calls me back quickly. Really good." Another relative said, "They [the service] keep me up to date and I feel involved even though I haven't visited. Happy with everything no concerns."
- Staff we spoke with told us they received supervision and had their competencies assessed. Feedback was provided through team meetings and daily handovers. One staff member told us, "The manager has made a big impact on this place, a lot needed to be put in place. I could go to her with anything at all or the owner, I don't feel afraid to speak up if something is wrong."
- The manager had introduced processes to capture feedback from people living at the home, relatives and health care professionals to support ongoing improvements to the service. Care plans we looked at confirmed the manager had conducted individual discussions with people living at the home.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and the Clinical Commission Group to share information and learning around local issues and best practice in care delivery.
- Conversations with staff showed the service had a strong emphasis on teamwork. Staff told us they all worked together as a team. One member of staff told us, "The new management team are very supportive."