

# Care One Limited

# Russell Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 July 2016 and was unannounced. At our last inspection in November 2014 we found the provider was meeting the regulations and we rated the service as good.

Russell Lodge is a care home that provides accommodation with personal care for up to five adults with learning disabilities. There were five people living there when we inspected. Each person had their own bedroom with a handbasin and shared communal bathrooms and other facilities, including a walk-in shower room for people with mobility needs. The service premises had a paved garden for people to use. The service is provided by Care One Limited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the care they received. We observed staff interacting with people and saw they knew them well and understood their individual needs. There was a stable staff group who had built a warm and caring rapport with people over a number of years. The atmosphere was warm and welcoming and we saw people smiling and relaxing with staff and each other.

There were enough staff on duty to meet the needs of the people living in the service and keep them safe. Safeguarding procedures were robust and staff understood how to safeguard people. The staff records showed staff received appropriate training to keep people safe including moving and handling, health and safety, infection control, food safety and safeguarding training. However they had not had been trained in the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff had regular supervision and could talk to the registered manager about any concerns. There were regular staff meetings and staff were encouraged to make suggestions to the registered manager.

People knew how to complain about things they didn't like or made them unhappy. Staff were responsive to people's wishes and encouraged them to be as independent as possible. People were encouraged to enjoy a range of activities both inside and outside the service and staff were responsive to what people wanted to do each day. Staff encouraged people to take an active part in the running of the service, helping with chores and cooking for each other with support from staff. People were involved in choosing menus and shopping for food. People's relatives were encouraged to visit and invited to a Christmas party each year. Relatives were invited to comment on the quality of the care given through a regular questionnaire.

People had care plans and risk assessments which were used to support them safely and with things they wanted help with. There were regular fire drills and people with reduced mobility had rooms on the ground floor but there were no personal emergency evacuation plans in people's care records. We have made a

recommendation about personal evacuation plans for people who had reduced mobility.

Staff understood people's need for privacy and dignity. They asked before they did things to help people and they knew people well enough to interpret facial expressions and behaviour when people couldn't say what they wanted. The staff interactions we saw were sensitive, respectful and friendly.

People were encouraged to look after their health and wellbeing and there was a visiting massage therapist each week which people really enjoyed. People were encouraged to eat a healthy diet and they told us they enjoyed the food. When people were unwell staff made sure they saw their doctor and other health professionals. Staff supported people when they had to attend hospital appointments.

The registered manager was well liked by people and by staff. They were at the service most days and provided a good role model for staff.

The registered manager and provider carried out quality assurance checks and addressed issues in a timely manner.

We found one breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

## 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. People told us they felt safe. Staff knew how to protect people from harm and they had been trained in how to safeguard them.

There were enough staff to support the needs of people using the service.

Risk assessments were in place and regularly reviewed as people's needs and abilities changed.

There were regular fire drills but people did not have personal emergency evacuation plans in their care folders detailing their specific needs. We made a recommendation about this.

Medicines were managed safely and due care and attention was given to infection prevention and control.

### Is the service effective?

Requires Improvement ●

The service was mostly effective. The staff team had not received all of the training they needed to ensure that they supported people well.

Staff asked people for their consent before providing care and support. The registered manager knew what to do if people needed to be deprived of their liberty for their own safety.

People were helped to access the healthcare they needed and encouraged to live healthy lifestyles.

People had choice about food and where to eat and were encouraged with healthy eating.

### Is the service caring?

Good ●

The service was caring. We saw that staff knew people well and knew how to encourage independence and decision-making.

People's dignity and privacy were respected and we saw staff were caring and respectful at all times.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were kept up to date and reviewed when people's needs changed.

People were encouraged to share any concerns or complaints they had with keyworkers or in residents' meetings.

People were involved in planning activities, menus and encouraged to help with chores so they felt fully involved in the running of the service.

### Is the service well-led?

Good ●

The service was well-led. The registered manager routinely worked alongside staff in the service. People were comfortable with the registered manager, the staff and each other.

The registered manager and staff worked with other professionals to ensure people's health and care needs were met.

Satisfaction surveys were used regularly for people and their relatives to comment on the quality of the service.

# Russell Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2016 and was unannounced. It was carried out by one inspector 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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with two people who used the service, two relatives, the registered manager and a professional who was visiting the service on the day to carry out a practice assessment of a member of staff. Some people who used the service could not tell us verbally about their experiences, so we observed their interactions with staff and the care and support they received. We looked at five people's care records and five staff files. We also looked at other records relating to the management of the service such as staff rotas, policies and procedures, staff training records and health and safety audits.

After the inspection we spoke with one relative on the phone, four members of staff and three other professionals who visit the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I feel safe." Another person told us, "I like it here, feel safe."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These protected people and supported them to maintain their freedom. Some people liked to cook and staff made sure they were in the kitchen to help especially when using the oven or boiling water to make a hot drink. Staff supported people to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person had diabetes and staff encouraged and reminded them to wear a special necklace that had information about this should they become unwell when they were out.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They told us they would listen and record any concerns raised by the people and report them to the registered manager and gave us examples of different types of concerns that could arise about people's safety. Staff knew that the registered manager would report serious concerns to the local safeguarding authority and the police if this was needed. Records showed that staff had received training on how to keep people safe from abuse.

There were sufficient staff to meet people's care needs. The registered manager worked most days and was on call at all times. From the staff rotas we saw there was always one member of staff during the night time. Staff told us, "The manager is supportive, working with us all the time." The registered manager told us that the service didn't use agency staff and the staff group worked well together to cover for absences as this provided a much better consistency for people.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work and these were being kept up to date. Records we saw confirmed that staff members were entitled to work in the UK.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. This included when the incidents happened outside of Russell Lodge. We saw that this had led to new risk assessments in people's care plans.

The service premises were safe for people's needs and people were protected against hazards such as falls, slips and trips. A new floor had been recently laid. One professional who visited the service told us, "If they have a shower after the therapy the floors are cleaned and mopped immediately." Another professional told us, "I saw that one man had his shoe lace undone and I saw the staff noticed this and talked to them about tying it up." We noted the upstairs windows had restrictors on them to prevent them from being opened too wide. We saw that there had been recent checks by external companies for gas safety, fire systems and electrical systems.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a regular fire drill and two people who had some difficulties with walking had bedrooms on the ground floor. Fire alarms and fire extinguishers were checked regularly by an external company. A recent inspection by the fire service had highlighted an issue of concern and this had been addressed by moving an internal door to make a safer emergency exit for one of the downstairs bedrooms.

However, there were no personal evacuation plans in people's care plans. Personal emergency evacuation plans enable people to talk with staff about the help they would need if they had to leave the service in an emergency such as a fire and to plan for this. The plans would tell staff what individual support and care is needed to help people leave safely and in good time. We recommend that the provider reviews their emergency planning to ensure people's individual needs are clearly documented in the case of an emergency evacuation of the premises.

There were safe medicine administration systems in place and people received their medicines when required. One person told us, "Staff help us when we are in pain." The medicines record had a photograph of each person and leaflets about each medicine which gave information about side effects. The medicine administration record (MAR) sheets were drawn up by the pharmacy and we saw they had been completed accurately with no gaps in signatures. We saw that staff received training in medicines administration. Medicines were stored securely in a locked trolley with controlled medicines being stored and administered correctly. There was a weekly audit of medicines carried out by the senior care worker. Records were kept of unused medicines that were returned to the pharmacy. During our visit an external assessor was observing one member of staff administering medicines and confirmed that they followed protocol and was able to explain and gain consent and encouraged people to be as independent as possible when being helped to take their medicines. People were provided with appropriate drinks to aid them take their medicines.

People lived in a well maintained, clean and tidy home. There was a good standard of cleanliness in the service and we saw there were separate handwashing facilities for staff to use with paper towels. There was a hand gel dispenser in the hallway for visitors to use and we saw signs showing people how to wash their hands properly. One professional told us, "The bathroom environment is always clean, the loo, the basin, the floor is clean." Another professional told us, "I find [the service] very clean and modern."



## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us, "The best thing that ever happened was [my relative] going there." Another relative told us, "It is the best home she has ever been in, they look after her very well."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet their needs. However, four staff told us they had not been trained in the requirements of the Mental Capacity Act 2005 (MCA), and records confirmed this. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff working with people who need support have specific legal obligations under the MCA, and training and formal assessment of their understanding of this is essential for their role.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, staff received training appropriate for their role. Three staff were currently undertaking the level three health and social care advanced apprenticeship. Their progress was being assessed by an external assessor. The external assessor told us, "They are all motivated and very keen to learn." Staff told us they had the training they needed when they started working at the service, and were supported to refresh their training. Records confirmed that staff received training on a range of subjects, including safeguarding, fire safety, moving and handling, infection control, food safety and medicine handling. There was an induction programme for new staff. One care worker told us, "When I started I was new to helping people and I was put on courses to understand what I needed to do. When I let my manager know if I don't understand she helps me, she is very supportive." We saw that the registered manager carried out regular formal observations of staff for competence.

People were supported by staff who had supervision (one-to-one meetings) with their line manager to discuss their work. Staff told us, and records confirmed, that supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "We discuss difficulties to help make improvements. [The registered manager] helps a lot." Staff told us they felt supported by the registered manager and other staff. Staff had an appraisal every year and the registered manager carried out a direct observation of competence twice a year to identify any areas of concern. Staff were confident that the registered manager would support them and help them to improve and develop their practice.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

People's consent to care and treatment was sought in line with legislation. The registered manager understood the requirements of the MCA and what this meant for the people who used the service. People's care plans had records of assessments of people's capacity for day to day decision making.

Staff supported people to eat and drink enough to meet their needs. Staff were aware of people's dietary needs and preferences. They told us they had all the information they needed as people's needs and preferences were clearly recorded in their care plans. One person told us, "Nice food here, you get a choice. I like pancakes and one of the helpers cooks them for me." People told us there was enough to eat and drink and snacks were available in between meals. One professional told us, "After a therapy treatment it is important for people to drink a lot of water and staff enable and encourage this." Staff supported people to eat healthy diets according to their health needs, for example one person was supported to lose weight and another to manage their diabetes through a careful diet. One relative told us, "They try to look after [my relative's] diet and they have that under control." People had meals that respected their cultural and religious dietary needs.

People had access to healthcare as required. Records showed people had access to GP, dentist and optician and staff supported them to attend appointments when required. Some people had a hospital passport for when they needed to see specialist teams. Care plans included health needs and plans. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One professional told us, "I have reported issues to staff if I have noticed anything that requires medical attention and they acted and consulted the GP accordingly." Another professional told us that the service acted quickly to contact health professionals for one person with recent health challenges. The registered manager gave us other examples of where working with other professionals such as physiotherapists and GPs had resulted in improvements in people's health and wellbeing, such as one person no longer needed medicines to manage their diabetes as this was now controlled through diet, and another person was now walking with a walking aid where previously they had used a wheelchair. People had regular visits from a massage therapist and a chiropodist. The massage therapist described some of the beneficial effects they had seen in people's wellbeing since commencing treatment.

## Is the service caring?

### Our findings

One relative told us, "[My relative] is always happy when I go to see [them], they go out a lot and do lots of things. I am just happy that [they] are there." One professional told us, "It is a caring environment where clients are encouraged to do things they are able." Another professional told us, "It is a nice home, cheerful, people are smiling and happy and they talk to me."

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People were smiling and welcoming and we saw how they were involved in the day-to-day decisions of home life. During our visit they decided they would like to have their lunch out at a local café together and staff supported them with this. One professional told us that they knew people went out a lot as sometimes they were just coming back when they arrived for their regular visit. One relative told us, "Sometimes I call in unexpectedly and [my relative] is always presentable and they take her out a lot."

Staff worked well together to create a calm and happy atmosphere. Having a stable staff group contributed to the homely feel of the service and stability of the staff group was beneficial to people who used the service.

Staff knew people's individual communication skills, abilities and preferences. Each person had a keyworker who got to know them particularly well and spent dedicated time with them. A key worker was a named member of staff that was responsible for ensuring people's care needs were met. One person told us, "I love [my keyworker]." Staff used a range of ways used to make sure people were able to say how they felt about the caring approach of the service including a regular residents' meeting. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them and had developed their understanding through working a number of years at the service and getting to recognise signs from body language and facial expression. Staff also had use of a person centred planning record that had details of people's life paths, history, likes and dislikes, things they were good at and things they liked to be reminded of and what they needed to be safe. Staff used picture images to help people express say how they felt and used observation of people to gauge their responses.

Staff told us about people they supported as a keyworker and gave examples of how they provided individualised support to them such as knowing which people didn't like to be in crowds and how to support them to manage this when they had to go to places where there were a lot of other people. One person enjoyed wearing a smart suit when they went out and staff told us how they helped them choose which suit to wear. Staff told us they all had regular one-to-one time with the person they knew best and this was sometimes informal and sometimes recorded in writing. One staff told us, "They always come to me and tell me if they are not pleased with something." One person liked to go out to local clubs and was supported and encouraged to do this. One care worker told us that in their one-to-one time they sometimes looked at family pictures and helped to contact the family by telephone.

Staff treated people with dignity and respect and people's records included information about their

personal circumstances and how they wished to be supported, if people weren't happy to have the support staff respected this and asked the person later. Staff asked people if we could look in their rooms during our visit. During our observations we saw that staff continually involved people with decision making and sought people's consent for care and support. We saw that people were given time to make decisions. Staff ensured that people had the privacy they needed, people could spend time alone when they wanted, and one person showed us how they liked to listen to music in their room. People's rooms were decorated to their taste with pictures and personal possessions.

## Is the service responsive?

### Our findings

One professional told us, "It is clean, tidy and welcoming, clients are encouraged to give their opinions." Another professional told us, "The quality of care there is very good." One relative told us, "Staff are friendly, they provide a stimulating care environment."

People's care was planned and delivered in ways that met their needs. Staff assessed people's needs before they moved into the service by seeking information from the person, their relatives and other professionals involved in their care. Information from the assessment informed the plan of care. People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. The care plans provided staff with guidance about people's needs and risks and enabled staff to provide personalised care effectively. The writing was interspersed with photographs of each person engaged in activities. One relative told us, "I have seen the care plan and act as an advocate for my relative." People's needs were reviewed regularly and as required by the service.

Staff facilitated a range of activities which enabled people to improve their health and wellbeing through exercise and activity. Staff supported people to play bowls and to enjoy walks and picnics in the local park. Staff encouraged people with dancing and moving to music sessions to help their balance and fitness. Staff encouraged people to do the stretches and exercises recommended by the massage therapist. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities such as going out for meals in local cafes and restaurants, people were able to maintain individual hobbies and interests, staff provided support as required. One person liked to play the piano. One person liked to cook and staff helped with this and others were invited to join in. When people wanted to do different activities there were enough staff to support this. One person enjoyed going to different clubs during the week and staff helped arrange transport so they could get there and back safely.

The service made reasonable adjustments to ensure support provided by staff was mindful of people's specific disabilities around communication. Staff told us how they involved one person who did not communicate verbally to make choices throughout the day and how they involved them in expressing their views about what they wanted to do. They offered choices and used pictorial images and asked if they wanted to join in with the group activities. At breakfast time they would show different foods to choose from and the same with clothing. They involved them by asking them to help with things throughout the day as although the person didn't communicate verbally they could understand what was being asked. The keyworker told us, "I spend time with them, taking them out, I give them time and observe them. I ask which one do you like" Another staff member told us, "If we suggest it is time to go to bed and they don't want to that is fine. We look for their reaction, their body language and if they are smiling or shaking their head."

Staff supported people to maintain relationships with families and friends. They encouraged people to invite those important to them to visit and supported people to use the telephone to invite them. The service held a Christmas party each year for people to invite their friends and families to. Staff helped people offer refreshments to visitors and made sure they had privacy when this was wanted. One person told us, "My family can come here and have tea."

The service had a comprehensive system in place to ensure complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection but issues and concerns had been raised by people with their keyworkers and these had been recorded and acted on. One person had experienced problems at a day activity outside of the service and actions had been taken to resolve these. The registered manager told us they operated an open door policy to ensure that any concerns were dealt with promptly. The last record of a formal complaint made was dated 2012. One relative told us, "I have never had to make a complaint."

## Is the service well-led?

### Our findings

People made positive comments about the registered manager. One person told us, "I like the manager, she's nice and friendly." A relative told us, "The manager is very approachable, I have never had to make a complaint." One care worker told us, "When I let the manager know what I don't understand she helps, she is very supportive." People and staff told us they were confident the registered manager would listen to their concerns and these would be received openly and dealt with appropriately. One professional told us, "The manager is nice, almost always present and very genuine."

The registered manager provided good management and leadership for the service. The registered manager was a role model for the staff and was respected and well regarded by people, staff and other professionals. One professional told us, "She knows her clients very well, their characters." The registered manager routinely worked alongside staff which helped them learn. The registered manager kept their knowledge up to date through distance learning with Skills for Care training for registered managers. They had appointed a senior care worker who was also able to encourage staff to develop their practice, they told us, "If I notice staff are not doing things the right way I show them." The senior told us, "The whole job is enjoyable, I like to see people happy and I am committed to this job and the people I am working for."

The service had systems in place to ensure staff were clear about their roles and the expectations, vision and values of the service. The registered manager gave each staff member an employment handbook and health and safety guidelines when they were recruited. The service had policies and procedures for staff to follow and staff meetings were used to discuss the running of the service.

The registered manager sought feedback about the quality of the service people received and acted upon it to improve the service when required. People's experiences of care were monitored through their time with their key workers who recorded any arising issues and shared these with the registered manager to agree the best way to resolve them. The registered manager held regular residents' meetings and people were helped to fill in questionnaires. Comments included, "I like to live at Russell Lodge", and "I like it here staff help do my daily activities." We saw records of residents' meetings where people had talked about compliments, complaints, choosing menus and shopping lists, what people liked to do. When residents had suggested new activities and food they wanted to try this had been done. The person who wasn't able to communicate verbally was involved in these meetings by staff who knew them well and knew how to involve them in decision making. The registered manager regularly asked relatives to complete a questionnaire. Comments from the most recent questionnaire included, "Owners try to rectify any building or construction matters promptly which ensures the safety of clients." Another comment made was, "Carers take matters to hand and solve problems accordingly."

The registered manager encouraged staff to contribute to the running of the service through regular staff meetings. Staff meeting records showed that there were regular slots for talking about training issues, compliments and issues about people's care needs. One staff member told us, "We have a staff meeting every month. We can call emergency meetings outside of that if needed. We discuss any suggestions we have with the manager." Staff felt the service was well managed and they felt supported to learn and

develop in their work.

The registered manager told us that they were available for staff to contact in an emergency and the provider also had offered emergency cover when needed. The senior care worker told us, "I can call the manager any time, I always reach her."

The provider had quality assurance systems in place to monitor the quality of service they delivered. Policies and procedures were reviewed annually. The provider carried out a monthly audit of the service by talking with one person who used the service, one member of staff and checking the premises and records of regular checks made by the registered manager. The registered manager and senior care worker carried out regular checks on care records, medicines records, hand hygiene and cleanliness of the service premises, and took action where necessary. An example of this was when the registered manager saw that the flooring was worn and arranged to replace this with modern laminate flooring which was much easier to keep clean. This all helped to make sure that people received well managed care and support.

The registered manager told us that when they needed new things for the service, such as the recent internal work on improving the fire exit route for the downstairs room and the new flooring the provider organisation provided this.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received appropriate training in the Mental Capacity Act 2005 as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a)