

## Somerset County Council (LD Services)

# Russett House

### 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

This inspection was unannounced and took place on 13 September 2016.

Russett House is one of a number of services operated by Somerset County Council Learning Disability Services. The home provides care and support to up to ten service users with profound and multiple learning disabilities. The home is purpose built and is situated in a quiet residential area of Yeovil.

The last inspection of the home was carried out in July 2014. We did not identify any concerns at that inspection. Since the last inspection the building has been completely refurbished to offer accommodation in two units each accommodating up to five people. The refurbishment meant people had to move to temporary accommodation where they remained for over a year. At the time of the inspection six people were living at the home.

There is a registered manager in post. 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.

There was a relaxed and happy atmosphere in the home and people were very comfortable with the staff who supported them and with the registered manager. There was lots of laughter and friendly banter between people and staff. A number of staff told us the refurbishment of the building had had a positive impact on people's well-being.

Staff felt well supported and received the training they required to effectively support people. People's medicines were administered safely by staff who had received specific training and supervision to carry out the task.

The registered manager told us they aimed to provide a person centred service where people could decide how they lived their lives. Staff responded to people's needs and wishes and encouraged people to make choices about their day to day lives. Staff had a good knowledge of each person and how they communicated which enabled them to offer people choices using a variety of methods.

People and/or their representatives were involved in decisions about their care and support. People had been consulted on the refurbishment of the home and staff had used pictures and colour swatches to help people make choices about décor and furnishings.

People's privacy was respected and each person had a single room where they could see visitors in private and spend time alone when they chose to. Staff supported people to keep in touch with friends and family.

People received effective care which met their needs and staff responded to changes in people's needs and

wishes appropriately. People had access to a range of health and social care professionals and staff acted on specialist advice given when planning and delivering care and support.

The provider had policies and procedures which helped to minimise the risks of abuse to people. Risk assessments had been carried out to make sure people were able to take part in activities with minimum risks to themselves and others.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves. This made sure people's legal rights were protected.

## 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 were supported by adequate numbers of staff to keep them safe.

People received their medicines safely from staff who had undergone specific training to carry out the task.

Risk assessments were carried out to make sure people could take part in activities with minimum risk to themselves or others.

### Is the service effective?

Good ●

The service was effective.

People were cared for by a staff team who were well trained and had the skills and experience required to meet their needs.

People had access to healthcare professionals according to their individual needs.

The refurbishment of the building promoted people's independence and choice.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People, or their representatives, were involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that took account of their needs and wishes.

Staff worked flexibly to enable people to take part in a wide

variety of activities.

### Is the service well-led?

Good ●

The service was well led.

People benefitted from a registered manager and senior staff team who were open and approachable.

The registered manager was committed to involving people in all decisions about the home and to ensuring on-going improvements to enhance people's quality of life.

# Russett House

## 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 13 September 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.

During the inspection visit we met with all six people who lived at the home. People were unable to express their views verbally to us. We therefore spent time observing care practices and interactions between people and the staff supporting them.

We spoke with six members of staff and the registered manager. We also spoke with one visitor during our visit and one relative on the phone after the inspection. We looked around the premises. We also looked at records which related to people's individual care and to the running of the home. These included two care and support plans, two staff personnel files and records relating to quality assurance systems.

# Is the service safe?

## Our findings

People looked comfortable and relaxed with the staff who supported them. Throughout the day we saw people seeking out staff, making physical contact and laughing and smiling. Staff interacted well with people and there was friendly chatter and good natured banter between people and the staff working with them. A relative told us they felt their relative was "Safe and well cared for."

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. All staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us, although people using the service had very limited verbal communication, they were confident they would recognise changes in a person's behaviour which could indicate they were feeling unsafe or unhappy. They said "It's about being really observant. [Registered manager's name] would definitely do something if I reported concerns."

Risks of abuse to people were further minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed new staff had not commenced work at the home until all checks had been carried out.

There were adequate numbers of staff employed to make sure people received the care and support they required to keep them safe. Where people were assessed as requiring the support of a member of staff at all times this was provided. People received individual attention and were able to take part in activities at the home and in the community. When a person indicated they would like to go for a walk they were shown pictures of staff on duty to enable them to choose who they wanted to support them. The person made their choice and the member of staff supported them to go out for a walk.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely and take part in activities with minimum risk to themselves and others. One person had a risk assessment regarding horse riding. Another person enjoyed swimming. The risk assessments for both activities showed staff had considered a number of possible venues before identifying the safest options.

People's medicines were administered safely by staff who had received specific training and supervision to carry out the task. The registered manager informed us in their Provider Information Return that all staff who administered medicines had their competency assessed annually to make sure their practice was safe. Staff told us at the inspection they had been supervised and observed until they felt confident to give people their medicines. Copies of competency assessments were kept in staff files to show they had been deemed competent in this area.

Some people were prescribed medicines on an 'as required' basis. Although staff knew when to give these medicines there were no protocols in place to show when they should be administered. For example there was no information in the person's medicines file which showed how the person may express pain meaning they may require pain relief. We discussed this with the registered manager who took action to address the issue before the end of the inspection.



## Is the service effective?

### Our findings

Since the last inspection the whole building had been refurbished and staff had been involved in decisions to make sure the property met people's needs. The main change had been to divide the home into two separate units and people had been asked who they wished to live with. We heard how one person had clearly indicated who they did not wish to live with and this had been respected. A number of staff commented how the smaller groups had helped people. One member of staff said "[Person's name] seems so much more chatty and animated. Their little group really seem to get on." Another member of staff told us how they felt someone was benefitting from a calmer environment. They said "They seem so much more relaxed now there aren't so many people about."

Aids and adaptations had been fitted to the home to meet people's specific needs. For example there was ceiling tracking from individual's bedrooms to their bathrooms for people who needed the support of a mechanical hoist to help them to move around. This made accessing their specialist bathing facilities easy and reduced the amount of times staff had to move them from one hoist to another. Bright skirting lighting had been installed from the lounge to a person's bedroom to help them to locate their room independently.

People received effective care and support from staff who had the skills and knowledge to meet their needs. New staff undertook an induction programme which included the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. One member of staff told us the induction programme gave them the confidence and knowledge needed to do their job. They also told us they had ample opportunities to shadow more experienced staff which had enabled them to get to know how each individual liked to be supported.

Once staff had completed their induction period they were able to access other training such as statutory health and safety training and training appropriate to people who used the service. Staff talked enthusiastically about some practical training they had attended which helped them to empathise with the people they worked with. One member of staff said "One of the things they did was blindfold you and then move you without saying anything to you. It was so disorientating." During the inspection staff constantly talked to people and always explained everything that was happening which showed the training had been effective. One person was visually impaired and we noticed that all staff gently touched the person when they came into the room and told them who they were.

People were supported to maintain good health and well-being. People had access to healthcare professionals according to their individual needs which ensured they received effective treatment for specific physical and mental health needs. Records showed people accessed healthcare professionals including GP's, dentists, speech and language therapists and specialist nurses. Staff supported people to attend appointments outside the home.

Each person had a hospital passport. These were documents that gave information about the person and their needs including how to communicate with them. These helped to ensure that other healthcare

professionals had sufficient information about the person to provide care and treatment if they needed to be cared for in hospital.

Staff encouraged people to eat a healthy diet and assisted each person to shop for food. This enabled people to make choices about their meals. Each person had a food cupboard and fridge and freezer space which they could choose meals from each day. No one was able to fully prepare and serve their meal but staff included people in the preparation of meals in accordance with their abilities. On the day of the inspection people choose a variety of different meals for their lunch and one person chose to go out to eat.

People had their nutritional needs assessed by specialists to make sure they received an appropriate diet and staff knew how to effectively support them. At lunch time people received their meals at the recommended consistency and received the support they required. For example one person's care plan said they required food to be cut into small pieces and needed staff to guide and encourage them to eat. At lunch time this person received their meal as recommended and a member of staff sat with them. The member of staff supported the person to maintain their independence with eating whilst offering encouragement and guidance.

The Mental Capacity Act 2005 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information to state who had been involved in discussions when people had been unable to make a decision for themselves. Records seen showed staff were practising in accordance with the act to make sure people's legal rights were respected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority.

# Is the service caring?

## Our findings

People were supported by kind and caring staff. Throughout the inspection day staff took time to enable people to communicate with them in their own way. There was a very happy atmosphere in the home with lots of laughter and friendly banter. Staff spoke passionately and affectionately about the people they supported.

Staff at Russett House won 'The extra mile' award last year. This was a county wide initiative run by the county council that recognised staff groups for going over and above their job role. The award was given to the staff group in recognition of the work they had undertaken with people to make the move into temporary accommodation, then back to their original house, as stress free as possible. Staff told us how they had supported people individually to make the moves. This had included ensuring people's bedrooms were as similar as possible to their original rooms and involving people in the refurbishment. People had been shown videos and photographs of different stages of the work to inform them of what was going on. The staff had felt that two people would find moving day difficult and may become distressed. In order to minimise the distress for people staff had taken these people away on holiday whilst the actual move took place.

The staff involved people in all decisions as far as they were able to. When people had moved back the house they had been involved in choosing colours and furnishings for their rooms and communal areas. Staff had done this by using colour swatches and pictures to enable people to make a choice.

People were also involved in deciding how and when they received care and support. Although people were not always able to verbalise their choices staff knew people well and knew how they indicated what they liked and didn't like. Staff were able to explain to us how people expressed their day to day wishes. They told us what certain people may do to indicate that they wished to get up or go to bed and how they made choices. One member of staff said "If [person's name] comes to you with their shoes it means they would like to go out. If [person's name] makes a certain noise it means they want to spend time alone." When people indicated they wished to do certain things staff respected their choices.

Each person had a single room where they were able to spend time alone or see visitors. Bedroom doors had been fitted with electronic fobs which enabled people to easily unlock their doors. It also meant they could keep their personal possessions safe and private. Some people showed us their rooms. They used their own fobs to unlock their doors. Rooms we saw were extremely personal and provided very comfortable places for people to relax. People were obviously very happy with their personal rooms and felt at home. One person proudly took us to their room, threw themselves on the bed and invited us to sit with them whilst pointing out their photographs and other personal items. Another person took us to their room and showed us how much they liked the room and en-suite.

Staff respected people's privacy and did not enter people's rooms without their permission. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in an affectionate and respectful way.

People were able to have visitors at any time and staff supported people to keep in touch with friends and family. Some people kept in touch by phone or skype and some people went to stay with family members. One person and their staff member told us they had invited a friend to have tea with them later in the week. Staff explained this was someone the person had been friends with for a number of years and they helped the two to stay in touch by regular visits. Staff helped other people to stay in touch with friends by supporting them to meet up at local coffee shops and day centres.

There were regular parties at the home to celebrate special occasions. At the time of the inspection they were planning a grand reopening which people were planning to invite their family and friends to. Talk of the party caused a great deal of excitement amongst people at the home.

## Is the service responsive?

### Our findings

There was a very person centred ethos in the home which meant staff responded to people on an individual basis and worked in accordance with people's wishes. When people indicated they wanted something such as a drink or to do a particular activity staff promptly assisted the person. One member of staff said "It's so homely here. We have enough staff to do exactly what people want."

The refurbishment of the building had been in response to the needs of people who lived at the home. The work had been carried out in accordance with people's specific needs and wishes and staff were very positive about how the change in the building had led to a change in people. We were told people seemed much happier and calmer. One member of staff said "[Person's name] is not so agitated now. We have very few incidents which I think means people are content."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. There were plans for one person to move into the home and the person and their representatives had been able to visit and spend time at the home to make sure it was the right place for them. The person's representative told us they had always felt welcomed by staff and they seemed keen to make sure they had all the information they required to assist the person to move in and carry on with their chosen lifestyle.

From the initial assessments support plans were devised to ensure staff had information about how people wanted their care needs to be met. Support plans we looked at were up to date and reflective of the person's needs and wishes. Support plans contained information about people's daily routines and what action staff should take to make sure the person had a 'good day' and what would possibly make the person have a 'bad day.'

One person's support plan gave clear instructions about how the person needed to be supported to move using a mechanical hoist. When this person was assisted it was in accordance with the instructions in the care plan. This showed people received the correct care to meet their individual needs. Staff told us care and support plans gave them the information they required to support people. One member of staff said "Care plans are brilliant. Everything you need is in there."

The staff responded to changes in people's needs. One person had communicated using sign language but now found it difficult to do so. In response to this change staff were arranging for them to be reassessed by specialist healthcare professionals to look at what other forms of communication staff could use with them. This would ensure they could continue to express themselves and make choices. Where people's physical abilities had changed the staff ensured people were seen by appropriate professionals to make sure they had the equipment they required to maintain as much independence as possible.

People were able to take part in a range of activities according to their interests. The home had two vehicles which enabled people to access facilities in the local community and take part in activities away from the home. Some people attended day care facilities which helped them to keep in touch with friends and take

part in a wide range of activities. Some people had activities, such as horse riding or swimming, which they particularly enjoyed and took part in on a regular basis. Staff told us that whilst the home had been in temporary accommodation some people had attended church and had enjoyed it. They were therefore looking into churches in the local area so people could continue this.

Staff worked flexibly to make sure they were able to support people with activities and social events. One member of staff said "There is a rota but really we work around what people want. If someone wants to go out somewhere they don't necessarily want to come back home just because your shift has finished. We are encouraged to work around people."

The registered manager was very visible in the home which enabled them to know people well and to identify if people were unhappy with any aspect of their care. There was a complaints procedure which was supported by a DVD advising people how to make a complaint. However the registered manager acknowledged that this may not be meaningful to the people who currently lived at the home and they therefore relied on staff being able to identify when people may be upset. Staff told us they would recognise if people were unhappy and would always take action to find out what was troubling a person. One member of staff said "We know these guys really well. If anything was wrong we would know and we'd do everything we could to find out what it was so we could put it right."

A relative told us if they had any concerns or complaints they could discuss them with the registered manager. They said there was a very open atmosphere and the registered manager addressed issues promptly in a professional manner.

## Is the service well-led?

### Our findings

There was a registered manager in post who was appropriately qualified and experienced to manage the home. They told us in their Provider Information Return they kept their skills and knowledge up to date by liaising with other managers which enabled them to share ideas and good practice. This helped to make sure people received care which was reflective of up to date good practice guidelines and legislation.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. One member of staff said "Everything here is up front and open."

All incidents and accident records were seen and analysed by the registered manager. Part of the analysis involved looking at lessons that could be learnt. For example following a medication error changes were made to the daily shift plan to minimise the risks of reoccurrence. Following a specific incident in the community involving one person a plan had been put in place to promote their dignity and safety. All staff were made aware of the plan in place.

The registered manager had a clear vision for the home which they told us was to provide person centred care which enabled people to live as they wanted. Their vision and values were communicated to staff through informal conversations, staff meetings and formal one to one meetings with individual staff. During the inspection staff gave evidence which showed this ethos was shared and staff worked hard to enable people to make choices about their lives. People were constantly offered choices and all routines were reflective of people's wishes.

There was a staffing structure which provided clear lines of responsibility and ensured people's care was always overseen by a senior member of staff. In addition to the registered manager there was an assistant manager and a team of support leaders. Support workers and support assistants told us there were always senior staff available to offer them advice and guidance. One member of staff said "I've learnt so much, not just from training but from other staff." Another member of staff said one of the good things about their job was that everybody worked as a team. They said "As a team we just want to do the best for the people who live here. We really work well together to achieve that."

Staff morale in the home was good which created a very happy atmosphere for people. Staff told us they were happy in their jobs and felt well supported by the registered manager and other senior staff. Staff had access to regular supervisions and annual appraisals to monitor their work. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff said they could raise any issues or training requests at their supervisions and they always felt listened to. A senior member of staff said they would not hesitate to address any concerns about staff practice in individual supervisions.

The registered manager told us they spent time working alongside other staff to enable them to observe and monitor the quality of service and care offered to people. They also carried out spot checks on individual records and practice and addressed any issues promptly. Records of one spot check showed how some issues with record keeping had been identified and addressed with staff. This demonstrated the registered manager's commitment to ongoing improvement to ensure people received a high standard of care.

There were quality assurance systems which enabled the registered manager to monitor care and plan on-going improvements. The registered manager carried out monthly audits and if any areas were highlighted for improvements action plans were put in place to achieve this. The provider also had systems in place which enabled them to assure themselves of the quality of the service.

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.