

Portsmouth City Council

Russets

Inspection report

Gatcombe Drive
Hilsea
Portsmouth
Hampshire
PO2 0TX

Tel: 02392663780

Website: www.portsmouthcc.gov.uk






Date of inspection visit:
01 November 2016

Date of publication:
21 December 2016

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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 1 November 2016. The service was last inspected on 9 May 2014 when we found it was meeting all the outcomes we inspected.

Russets provided accommodation for up to 18 people who have personal care needs and have a diagnosis of a learning disability. The service provided support to people on a residential basis and also offered a respite service. On the day of our inspection there were seven people using the residential service and 11 people using the respite service. We were not able to speak to many people who used the service to ask them questions due to the nature of their diagnosis and lack of capacity. We therefore spoke with a relative, visiting professional and staff members and undertook observations around the service.

The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Risk assessments that were in place for people who used the service had not been subjected to reviews as stipulated by the service. This meant that staff would not know if they had access to up to date information in order to keep people safe and minimise risks. There were no risk assessments in place in relation to the environment such as kitchens and bathrooms. Therefore no consideration had been made to the health and safety of people using the service.

Keys to the medicines cabinet in one unit had been left in an unlocked room and unattended and therefore accessible to unauthorised persons, placing people at risk. Medicines that were to be stored in a fridge were being store in the main fridge and therefore accessible to unauthorised persons, again placing people at risk.

We found a number of infection control issues; in one bedroom the washbowl had been placed in the bowl of the toilet and a drinking bottle was being stored on the top of a toilet cistern. A tambourine and some plastic balls were stored in another bathroom. In one communal bathroom we found a number of commode lids were being store on the floor behind the bath; when these were moved there was a large amount of dust and dirt underneath. The laundry was disorganised and sinks contained cleaning products and a mop bucket; rather than being clean for hand washing. We also observed a staff member and service user enter the kitchen and were cooking for a person who lived at Russets, without wearing any personal protective equipment (PPE) or washing their hands.

We recommend the service considers suitable training for all staff members in relation to food hygiene and safety.

All staff members we spoke with knew how to keep people safe and were able to recognise the different types of abuse and how to respond to any concerns.

Fire guidelines were in place for each person who used the service. These should ensure that people are safely evacuated in an emergency situation.

Robust recruitment processes and systems were in place to ensure staff members were safe to work with vulnerable people. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We recommend the service considers current best practice guidance on meeting the end of life wishes of people who use the service.

Staff members told us and records we looked at confirmed that staff received regular supervisions and appraisals.

We saw there was adequate equipment throughout the service to meet the physical needs of people who used the service such as specialist baths, hoists (including ceiling track hoists), moveable sinks and shower trolleys.

People who used the service had access to healthcare as and when they required it. We saw hospital passports were in place which used the traffic light system; red to represent important information about the person, amber to represent things that were important and green to represent likes and dislikes.

We saw people had hospital passports in place which used the traffic light system. Red contained important information that the hospital must know about the person, amber contained information about things that were important to the person and green contained information about the person's likes and dislikes. This should ensure that if a person was admitted to hospital that all their needs were met.

The service had a sensory room which provided a relaxing and therapeutic atmosphere for people who used the service. There was also an activities room which contained a number of musical instruments such as drums and a keyboard. Many people who used the service attended day services throughout the week.

Care plans were person centred and contained detailed information about the person. The supported staff members to meet the needs of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risk assessments had not always been completed or reviewed to keep people who used the service safe.

Medicines were not always stored safely. Medicines keys had been left unattended in an unlocked room.

All the people we spoke with who used the service told us they felt safe living or staying at Russets.

Is the service effective?

Good 

The service was effective.

All new staff members completed an induction when they commenced employment in the service and were given a staff handbook.

All the people who were resident in the service had a DoLS authorisation in place. The registered manager had submitted applications for those people who used the service on a respite basis.

Bedrooms were personalised for those people who used the service on a residential basis. Respite bedrooms had recently been improved and had been made more homely.

Is the service caring?

Good 

The service was caring.

We observed interactions from care staff that was kind, sensitive and respectful towards people. We saw people laughing and smiling with staff members.

People who used the service told us they were supported to maintain contact with their relatives and/or friends. There were no restrictions on visiting.

We observed staff members encouraged people to remain as

independent as possible.

Is the service responsive?

The service was not always responsive.

There was no system in place within the service to identify, receive, record, handle and respond to any complaints that may be made.

Prior to moving into Russets a pre-admission assessment was undertaken to assess if Russets could meet the needs of people being referred to the service prior to them moving in.

Care records contained detailed information about the persons communication needs, including verbal, pictorial, sign language as well as physical gestures.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The service did not have a robust quality assurance system in place to identify the issues we found during our inspection and to make the necessary improvements.

Surveys were sent out to service users, relatives and staff members as a means of gaining feedback on the service.

Service users and their families were invited to attend meetings at Russets to discuss all aspects of the service. The minutes of the last meeting showed this was well attended.

Requires Improvement 

Russets

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 checked 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 the 1 November 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The service did not have time to complete this prior to our inspection.

We contacted the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with us.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service, one relative and a visiting healthcare professional. We also spoke with the registered manager and three care staff members.

We looked at the care records for four people who used the service and the personnel files for four staff members. We also looked at a range of records relating to how the service was managed. These included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

Risk assessments had been completed on an individual basis for people who used the service, such as bed rails, seizures and mobility. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do and provided staff with guidance to minimise the risks. We also found other general risk assessments were in place for service users such as vulnerability to abuse, moving and handling, first aid and the administration of medicines. One risk assessment we looked at was to be reviewed every six months, however we found this had not been reviewed since March 2015. Another was to be reviewed every three months; this had been written in March 2015 with no evidence of a review. This meant that staff would not know if they had access to up to date information in order to keep people safe and minimise risks.

We asked the registered manager if risk assessments were in place for the environment such as bathrooms, kitchen and communal areas. They told us that such risk assessments were not in place. We found the kitchen was unlocked and saw corrosive liquid was stored under the sink, sharp knives were kept on a magnet on the wall and people could easily access hotplates and food that was cooking on the stove. The registered manager told us that they did not currently have anyone using the service that would or could access the kitchen; however they understood the concerns we raised with them. This meant the service had not considered the health and safety of people using service.

These matters are a breach of Regulation 12 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments had not always been completed or reviewed to keep people safe.

We reviewed the systems in place to ensure the safe administration of medicines. Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the registered manager to ensure that staff remained competent to administer medicines.

Care records we looked at showed detailed information about a person's medical needs and what medicines they were prescribed, along with any allergies the person had. We saw one person's medicines had been changed and there were clear guidelines for staff to follow in relation to when and how to administer this.

Many people who used the service attended day services throughout the day. We were told by one staff member that their medicines (in a labelled container) and a copy of the medicines administration record (MAR) was sent with them for staff members at the day service to administer and sign for. The staff at the service would record on the MAR that the person was at day services.

During our tour of the service we opened a door that stated it should remain locked. We found that this room contained the medicines cabinet and noted that the keys to the medicine cabinet had been left unattended in front of it. We asked the registered manager if the keys should be left there and were informed

that they should not have been left unattended. This meant anyone within the service had the potential to access the medicines; placing people at risk and the risk of theft.

We found in one unit that medicines that were to be stored in a fridge were stored in the main fridge in the kitchen and were accessible to anyone. This type of medicine should be stored securely and temperature checks should be undertaken to ensure storage is as per manufacturer's guidance. This posed a risk to people who used the service.

These issues are a breach of Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always stored safely and as per manufacturer's guidance.

Infection control training was highlighted on the training matrix as mandatory for all staff members and showed the majority of staff had completed this in November 2015. The service also had infection control policies in place which included COSHH, clinical waste, personal protective equipment and cleaning. The service had an external contractor to complete the cleaning and laundry within the service.

During our tour of the service we noted a number of concerns. We saw in one bedroom the washbowl was being stored in the toilet bowl, a drinking bottle was being stored on the top of the toilet. Another bedroom had a tambourine and plastic balls stored in the bathroom. A bathroom had commode lids stored under the bath and when these were moved by the registered manager there was dust and dirt. When we looked at the laundry we found this was disorganised and sinks contained cleaning products and a mop bucket and therefore could not be used for hand washing. The sink containing the mop bucket also contained dirt. On the morning of our inspection we noted a mop bucket left at the side of the lift with the mop standing in dirty water; this remained there throughout the day until it was moved when we mentioned this to the registered manager.

We also observed a staff member and a person who used the service enter the kitchen and were cooking a meal without wearing personal protective equipment (PPE) or washing their hands.

These matters are a breach of Regulation 12 (1) and (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not detected or controlled the risks of the spread of infection.

We asked people who used the service if they felt safe. One person told us, "I feel safe here. I like it here." Other people, who were unable to verbally communicate with us, indicated they felt safe when asked by nodding their heads. A relative we spoke with told us they felt their loved one was safe. They said, "I know [name of service user] is happy, I am happy." One visiting professional told us, "People are very safe here and very well cared for."

Staff members we spoke with knew how to keep people safe. All the staff members we spoke with told us they would report any concerns to the registered manager or take it higher if they needed to. Staff were also able to recognise the different types of abuse and when and how to report concerns.

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. Staff members we spoke with confirmed they had received safeguarding training.

The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff members told us they understood the whistleblowing policy. One staff member told us, "If I had any concerns, I'd report them." The registered manager told us there had been a recent safeguarding incident where a staff member had used the whistleblowing policy with confidence.

Care records we looked at contained a document called 'fire guidelines'. This was a record showing the person's ability to make decisions and choices in the event of an emergency situation such as fire and the level of support they required. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

There was a fire risk assessment in place that had been completed by an external fire safety company. The fire alarm system was serviced on a six monthly basis to ensure this remained in good working order. We saw that fire equipment, fire extinguishers, fire blankets and emergency lighting was checked on a monthly basis. Weekly inspections were undertaken of means of escape and the fire alarm. There was also a record of fire drills that had been undertaken which detailed how many staff had been involved, how long it took to evacuate the building and any action taken.

Moving and handling equipment was available throughout the service to assist people with physical disabilities, such as ceiling track hoists. Records we looked at showed these had been serviced regularly. Records also showed that all the gas and electrical equipment had been serviced and checked. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally. The service had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

We looked at the systems in place to ensure staff were safely recruited. We reviewed four staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The service also had a recruitment policy in place to guide the manager on safe recruitment processes.

We asked the registered manager how many staff members were on duty throughout the day and night. They told us that due to part of the service being for respite it varied on a day to day basis and was dependent upon the amount of people using the service. Records we looked at showed an average day consisted of nine staff members during the day and three waking staff members during the night.

Is the service effective?

Our findings

Staff we spoke with told us they received regular training in all essential areas. One staff member said, "The training is really good." Throughout the inspection we observed interactions between staff members and people who used the service. We saw that staff knew people well, including what their likes and dislikes were.

Induction records we looked at showed that staff were to complete an induction when commencing employment within the service. The service had a checklist at the front of the staff handbook which highlighted areas that were to be discussed and shown to staff when they started. All new staff members had to complete the care certificate when commencing employment at Russets. The care certificate is considered best practice for staff members new to the care industry. We saw the registered manager had regular meetings with the staff to discuss their work on the care certificate to ensure staff members had a good understanding of the course.

One visiting professional told us, "Staff members are very keen to learn. [Name of registered manager] will also join in the training with staff members – you don't often get that."

We looked at the training matrix and saw other courses available to staff members included safeguarding, health and safety, first aid, fire safety, infection control, epilepsy, moving and handling and medication. The majority of staff had completed all the courses in November 2015 and bookings were being made for other staff to attend.

Staff members we spoke with told us they had regular supervisions and appraisals. One staff member told us, "I have regular formal supervisions, but I can always speak with [name of registered manager] at any time." Records we looked at confirmed what staff members had told us. We saw supervisions consisted of their roles, hours of work, objectives and training needs.

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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager showed us all the DoLS applications they had made. All the people who were resident in the service had a DoLS authorisation in place. Those people who used the service for respite

were awaiting the authorisation to come through. We saw evidence that the registered manager had made contact with the local authority to check were these applications were up to and they were still in the process of being looked at. Staff we spoke with understood about the MCA and DoLS, they explained that they would contact the local authority for support and any decisions would be made in the persons best interest.

Staff explained how they sought consent from people who were unable to verbalise their response. They explained people had different ways of letting staff know, through body language and actions which would indicate they were saying 'no, they didn't want something'. For example, if someone was being given their medicine, staff would explain what they were doing and offer the medicine. If the person moved their head away or closed their mouth, staff knew this meant they didn't want to take it. This showed staff knew the people well and understood the importance of seeking consent and not just assuming a person would take their medicine. We observed staff members asking for people's consent when administering their medicines or when entering their bedrooms.

One person who used the service told us, "I like the food here." Staff we spoke with told us the food could be "hit or miss." One staff member said, "Some days the food is nice and tasty, it depends who is on shift." Another staff member said, "The food is not too bad and not too good. It comes from next door (residential home) and goes into our warmer plates and then we probe it to make sure it's the right temperature. There are always two options, but we can put something together if people don't want it. We sometimes even go to the take away." Another staff member said, "We sometimes get a Chinese takeaway. We show people who need to have the food pureed, what the food looks like before we puree it to check it is what they want." All the staff we spoke with raised concerns about the food coming from the residential home next door. They all felt it would be better for people living at Russets to have the food made on site, with more choice.

We spoke with the registered manager about why the food for people using the service came from the residential service next door, when there was a catering kitchen within the service. They told us they had raised concerns with their senior manager about this arrangement but the decision to remove the catering service within Russets was made by the local authority.

In order to get an understanding of the arrangements in place we spoke with the catering assistant within the residential service next door. They told us that whatever was being made for people using their service for their lunches is what was given to people in Russets for their evening meal. We saw there were gaps in the recording of food temperatures, although staff confirmed they did this every day. Those people who did not attend day services during the day received their hot meal at lunchtime when it came over.

We saw that alternatives were offered to those people who did not want what was offered for the day. On the day of our inspection we noted staff making a stew in the kitchen. However we noted they entered the kitchen (along with a service user) without wearing appropriate PPE and did not wash their hands before going to the pan and stirring the food. Records we looked at showed staff had not undertaken food hygiene training. We recommend the service considers suitable training for all staff members in relation to food hygiene and safety.

Staff members preparing the food at the residential home were aware of people's dietary needs within Russets and ensured people who required a soft or pureed diet received this. Food brought over from the residential home was plated up for those requiring pureed food. People's care plans contained information about the person's diet, how they like their food; for example, cut up into small pieces, the food people disliked and consistency of food. It also provided the location of where the person liked to eat and what support they required. Care plans also contain details about any special equipment which is required, for

example, lip plates or specialised spoons.

The service had a stock of food items, such as milk, butter, cheese, eggs, bread and items that a sandwich could be made from for people's packed lunches (for when attending the day centre). The registered manager informed us that food was purchased as required and if they run out of anything they could get supplies from the residential home next door.

The registered manager showed us the newly refurbished bathroom in the service. This had a specialist bath (suitable for people with physical disabilities) and had sensory lights and music built in. The registered manager informed us that this had been received positively by people who used the service and was in constant use. We overheard someone using this during our inspection and heard singing and laughing. The service also had shower trolleys so that those people with physical disabilities could use the shower if they preferred. One bathroom we looked in we noted had a moveable sink that could be lowered or heightened to accommodate people in wheelchairs.

We looked in a number of bedrooms and found those people who were residential in the service had very personalised rooms. These had been decorated to people's individual tastes and we saw photographs, pictures and ornaments that were important to the person were on display. The registered manager told us that the bedrooms for people who were staying for respite had been made more homely. Respite may only be for a short period and therefore difficult to make personal. However they had consulted with people who used the service and their families to gain ideas of how they could be made more homely. The addition of pictures and soft furnishings had been added and made the room more comfortable.

Storage presented as a problem within the service. We saw a number of items being stored outside a person's bedroom at the end of a corridor, such as filing cabinets, lockers, board games and many other items. The registered manager agreed that storage was a slight problem and came up with some suggestions of how the service could remedy this, such as purchasing appropriate storage cupboards.

Relatives we spoke with told us referrals were made to healthcare professionals when required. One relative told us that an occupational therapist had recently visited their loved one. Records we looked at showed that one person had been seen by their GP in recent times and referrals had been made to a 'back care advisor' to obtain advice on how to move and transfer people safely.

We saw people had hospital passports in place which used the traffic light system. Red contained important information that the hospital must know about the person, amber contained information about things that were important to the person and green contained information about the person's likes and dislikes. This should ensure that if a person was admitted to hospital that all their needs were met.

Is the service caring?

Our findings

People told us staff were "All nice." They said, "I like it here." Another person told us, "Some staff are nice. Two staff pulled out my buzzer at night after I had been to the toilet three times." We spoke with the registered manager regarding this who had previously completed an investigation into this; the outcome was the complaint was unsubstantiated and the registered manager felt there had been some confusion around the staff actions.

One visiting professional told us, "Staff are very caring. Sometimes a bit too much – they think of others before themselves."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members.

People who used the service said they were encouraged to maintain contact with their family and friends. One person's care records showed their brother and sister visited every Friday and another person confirmed their brother visited every week. All the people we spoke with said they were supported to maintain links with their families and friends.

We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs. Staff members we spoke with told us they always closed doors to maintain people's dignity when providing personal care and where appropriate they would lock the door. We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service.

The service had a confidentiality policy in place which was accessible to staff members. We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

We observed staff members encouraging people to remain independent. We saw one person who was on respite was helping staff members with cleaning and chores around the service. They appeared to gain satisfaction from this.

Care records we looked at showed the service had not considered the end of life wishes for people who used the service. The registered manager told us they had "Always seen this as something for older people's service." We also noted that end of life was not a training option for staff members. We discussed this with the registered manager who agreed that at the very least the service should consider people's religious or spiritual preferences at the end of their life. We recommend the service considers current best practice guidance on meeting the end of life wishes of people who use the service.

Whilst end of life had not been considered for the person themselves, we saw work had been undertaken

with one person whose mother had passed away. Staff had supported the person to complete a scrap book of memories to enable the person to discuss their feelings. This showed the service was actively looking at ways of supporting people through bereavement.

Is the service responsive?

Our findings

We asked one person who used the service what they would do if they needed to complain. They told us, "I tell [name of registered manager]." When asked if anything happened as a result of any complaints they had made they shrugged their shoulders to indicate they did not know.

The registered manager told us they had not had any complaints; they informed us they had a 'grumbles' file. We asked to view this and were later informed that they could not locate this. We did not see that anyone who used the service had been given the complaints procedure and we did not see this available in communal areas. As this was a learning disability service this should be made available in formats to meet the needs of people who used the service. There was no system in place within the service to identify, receive, record, handle and respond to any complaints that may be made.

These matters are a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the activities on offer for people who used the service. One person who used the service told us the service had held a Halloween party the night before our inspection and they enjoyed it. They said, "Everyone loved it." Staff told us they would like to provide more activities where they could take people out, but due to only having one minibus this was not always possible. Staff told us there were plenty of activities within the service and people seemed to enjoy them.

The service had a sensory room which provided a relaxing and therapeutic atmosphere for people who used the service. There was also an activities room which contained a number of musical instruments such as drums and a keyboard. There were sensory items on the walls and ceiling, ample seating and a fish tank. The registered manager told us the room was used regularly and they had held the Halloween party in the room the previous night.

We saw the service had recently held a 'bring your pet to work' day. We saw someone had brought their dog and another staff member had brought in guinea pigs. The registered manager told us this had been very well received by people who used the service and would be a regular activity within the service.

A number of people who used the service attended day services on a daily basis. Daily records showed who had attended and what activity they had been involved in. Weekly activity plans were in place in people's care records. These recorded the person's indoor hobbies and interests. The care files also contained information about what people like to do outdoors and the level of support they required in order to be able to achieve this. We saw that people had identified their goals for the year; this included having a holiday to Butlins, going to see a show and attending the library. All of which had been achieved. This showed the service was responsive to people and their goals.

Records we looked at showed that prior to moving into Russets a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if

Russets could meet the needs of people being referred to the service prior to them moving in. We saw background information about the person, what was important to the person, likes and dislikes were all discussed prior to moving to Russets.

A relative told us about the transition period from respite to residential and the support they received. They told us about how supported they felt and how it was easier because "[name of person] knew the staff and the staff knew [person]."

We looked at the care records for five people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves and any equipment they may need, such as a walking frame. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans; what time the person liked to go to bed, how often they liked a shower or a bath and what they liked to do during the day. We saw respite care plans were as detailed as residential care plans and all provided staff members with guidance on how best to support people who used the service.

Care records contained detailed information about the persons communication needs. This included whether the person was able to communicate verbally or whether they used sign language, if they used a voice box, if they used pictorial as well as gestural/physical movements. Information was also available to show how the person may respond to questions being asked. For example, one person often answered questions by talking about something completely different, or something that had happened in the persons past. Staff were advised to repeat the question and help the person to stay focussed. Care files also contained information about how the person interacted with others.

Is the service well-led?

Our findings

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a number of issues during our inspection such as a lack of recording in documents (such as cleaning records and food temperature recording), reviews of risk assessments had not been completed, reviews of policies and procedures had not been completed, issues relating to infection control, storage and complaints. We saw a health and safety audit was completed by a corporate health and safety manager and an advisor from Portsmouth City Council with the assistance of the registered manager. The registered manager showed us a medicine audit they had recently completed but confirmed this was the only audit they had completed.

The lack of robust and regular auditing meant that the service had no effective systems in place to continually monitor the service provided to ensure people received safe and effective care. This is a breach of Regulation 17 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us they felt the service was well led and the registered manager was approachable. They said, "If I've ever got a problem, I can always talk to [Name of registered manager]." One visiting professional told us, "[Name of registered manager] is a delight. They are very responsive."

Staff members told us the registered manager was very supportive and there was an open door culture. One staff member told us, "[Name of registered manager] is very supportive. We have regular supervisions but it's more than that, he checks you are ok and speaks with the service users as well. He tries to be as transparent and open, as much as he can be." Another staff member said, "[Name of registered manager] is very approachable." A third staff member said, "I feel supported by the whole team, senior team and manager. [Name of registered manager] always has their door open."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The registered manager informed us they had recently set up a quality assurance forum. This involved the registered manager, senior staff, relatives or representatives, social workers and other professionals and was a way to involve all stakeholders in the improvement of quality within the service. We saw minutes of the last meeting on 29 September 2016 and found discussions had taken place around safeguarding, care plans, staffing, new buildings, staff sickness, supervision, occupancy, bookings, emergencies, transition, medication, catering, communication, environmental and any other business. Actions had been highlighted within the minutes and the person responsible for this, although it was not always clear what improvements had been made as a result of this meeting.

Alongside this the registered manager had invited relatives to inspect the service and identify areas where they felt improvements were required. We saw this has occurred on the 22 June 2016 and an action plan was drawn up to address issues that had been highlighted such as storage, pillows, garden and welcome board. We saw staff members had been identified to address points raised and an updated action plan showed what actions had been taken, if they had been completed or if they were on-going.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, safe use of bed rails, accident reporting and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

A quarterly newsletter had recently been developed by the registered manager entitled 'The Russets'. This was intended to provide people who used the service with recent information such as new staff members, quality assurance, carers meetings, forthcoming events such as the Halloween party and pictures of activities that had been undertaken.

We saw a number of thank you cards that the service had received. Comments included, "Thank you for all your love, help and attention that you have given [Name of service user] over the last couple of weeks", "Just saying thank you for the good care you do for our son", "We wish to thank you for the flowers you sent in memory of our daughter and for the care and attention you gave her when staying with you for respite", "Thank you so much for your lovely card and beautiful floral arrangement. It was really kind of you all", "Thank you for all your support over the last six years and giving [Name of service user] a home from home. We couldn't have survived this long without you" and "Thank you all so much for the caring and kindness you gave our beautiful son. You helped to move [Name of service user's] life forward and we shall be forever grateful."

People who used the service were given the opportunity to comment on the service through surveys. We saw 38 people had completed the survey. Results of the survey showed that 98% of people felt that staff listened to them, 100% stated that staff talked to them, 100% felt staff helped them when they needed it, 97% of people liked their bedroom and 96% of people liked the food on offer at Russets. The registered manager had developed an action plan to address areas where people were not always satisfied such as encouraging friendships through trips out and other social events.

Staff members were also given the opportunity to complete surveys. Results of the last survey in 2015 showed that areas staff felt were good included person centred care, encouraging independence, transition and emergency care, communication and a happy environment. Areas that staff felt needed improving included day services, continuity, health and safety, rotas and laundry. From this the registered manager had produced a list of ideas to take forward.

Records we looked at showed that meetings were held with relatives. Minutes of the last meeting in February 2016 showed 14 relatives attended and discussions included topics such as day services, savings, respite, medicines, DoLS, staffing and forthcoming activities. These minutes showed relatives were able to ask questions and make suggestions.

Staff meetings were held in the service on a regular basis. These were separate meetings for respite staff, residential staff and night staff. The minutes of the last meetings showed areas for discussion included future plans, occupancy, medicines, catering, rota, annual leave, handovers and daily logs. Meetings were informative and gave staff members the opportunity to contribute and ask questions.

The registered manager had recently developed a new staff handbook. This was developed to provide staff members with necessary information such as what was expected of them in order to maintain quality care for people using the service. It had been developed using the feedback the registered manager had received as a result of a recent staff survey. This showed the registered manager was actively seeking to act on feedback.

We asked the registered manager what their visions for the future were for the service. They told us, "The respite plan with the building next door (the service were in the process of developing two three bedroomed respite areas), developing more choices for people when it comes to respite. I want to explore other ideas like holidays. I will constantly review and check that this is the right place for them to live. I think the people that live here are really happy here. I really do care about the people that live here and I think you can see that in the support plans and handbook and shows my commitment to being person centred. I am a 'hands on' person. I know the service users well. This morning I worked with one person – I got him up this morning. I hope that rubs off with the team and shows them that the service users come first. I am also always looking for new ways of collecting service user feedback, such as service users getting involved in meetings."

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments had not always been completed or reviewed to keep people safe. Medicines were not always stored safely and as per manufacturer's guidance. The provider had not detected or controlled the risks of the spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not managed effectively within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of robust and regular auditing to ensure people received safe and effective care.