Care Quality Commission

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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 November 2014 and was unannounced. At our last inspection in November 2013 we found the provider was meeting the regulations in relation to outcomes we inspected.

Russell Lodge is a care home that provides accommodation and with personal care for up to five adults with learning disabilities.

There is 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they were happy with the care they received. We observed staffs interaction with people and saw that they knew them well and understood their needs. The staff we spoke with told us "we know the people's needs well."

There were enough staff on duty to meet the needs of the people living at the home and keep them safe. The staff records we saw indicated staff had received appropriate training to keep people safe including moving and handling, health and safety, safeguarding and food safety training.

Safeguarding procedures were robust and staff understood how to safeguard the people they supported. The home had policies and procedures in relation to the

Summary of findings

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. We looked at the care records people using the service and saw assessments had been carried out with people to identify their specific care and support needs. People using the service had been able to express their views and preferences about how their care and support was delivered. These assessments had been used to develop people's individual care plans. People were supported in promoting their independence and were given opportunities to express their choices and to make decisions in their daily lives. Staff understood the need to respect people's privacy and dignity and staff interactions with people using the service were sensitive and respectful.

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the manager or a member of staff know. The registered manager had regular contact with people using the service and their representatives. They welcomed suggestions on how they could develop the services and make improvements. Where shortfalls or concerns were raised these were addressed.

Summary of findings

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 who used the service told us that they felt safe and well cared for. Staff knew how to protect people from abuse and we saw that they had been trained in safeguarding.

There were enough staff on duty to meet the needs of the people living at the service. Appropriate checks were carried out before staff began work.

Risk assessments were in place and regularly reviewed. Systems were in place to make sure that staff learnt from events such as accidents and incidents.

There were systems in place to manage people's medicines so that they received it when they needed them.

Is the service effective?

Good

The service was effective. Staff received training appropriate to their role so people could be cared for effectively.

The registered manager described the processes that would be followed if capacity to consent were absent, and the steps that would need to be taken to lawfully deprive a person of their liberty. Before people received any care or support they were routinely asked for their consent.

People were supported to receive the healthcare that they needed. The manager told us that they had good support from the local GP practice.

People were given choices with regard to their meals so that they could have meals they enjoyed.

Is the service caring?

Good

The service was caring. It was clear from what we saw and what staff told us that they understood people's care plans and that they knew people well.

People who used the service told us they were respected and that care was delivered in such a way as to maintain their dignity. The staff we saw were caring and patient when supporting people.

Is the service responsive?

Good

The service was responsive. We found that people's records were kept up to date, reviewed and amended to reflect people's ongoing and changing needs so people received the care they needed.

Records showed the service responded to changes in people's health needs and made referrals to other professionals when needed.

The service had a complaints procedure in place. People told us they did not have any complaints but they would tell the registered manager or staff if they had any issues they wished to raise.

Is the service well-led?

Good

The service was well-led. The manager took an active role in the home. We saw that people were comfortable talking to the registered manager and staff and were happy to express their opinions.

Summary of findings

There were a range of policies and procedures to help staff guidance in their role. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

Satisfaction surveys were sent out for people to make comments about the quality of the service they received.

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 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 was unannounced and took place on 12 November 2014. It was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and 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. We also contacted the local commissioning team of the service to obtain their views about Russell Lodge.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

During our visit to the service, we looked at three care records of people who used the service, two staff files and other records relating to the management of the service, such as staff duty rosters, policies and procedures, staff training records and various audits.

We spoke with three people, the registered manager and two care staff working at the service. After the inspection we also spoke with three relatives of people who used the service on the telephone and one member of staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at Russell Lodge. One person told us, "I feel safe here." One visitor we met on the day of our inspection said that they had no concern about the safety of their relative at the home. Observations during the visit showed there was a relaxed atmosphere in the home and people chatted freely with each other, the staff and management.

There were policies and procedures for safeguarding people who used the service. Staff had received training on how to keep people safe. This gave them the knowledge and the skills to help protect people from abuse. Staff we spoke with understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, they knew which external agencies they needed to contact should they witness, be informed, or suspect that people who used the service were being harmed or placed at risk of harm. We saw that safeguarding adults was an agenda item on the monthly staff meeting. The subject was also discussed during individual staff supervision sessions. We saw evidence of this when we looked at staff records. Training records confirmed staff had received training on safeguarding adults.

The home also had a whistle blowing policy with which staff were familiar with. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests. We found that robust recruitments checks were carried out before applicants were offered employment at the home. The registered manager told us that all staff members were thoroughly vetted and the recruitment process meant that nobody started at the service until all relevant checks had been carried out. We viewed two staff files to look at the checks that were carried out. These included fully completed application forms, two references, a complete history of employment, a criminal records check and proof of identity. We also saw that staff had completed a health declaration to show they were physically and mentally fit for their role. New staff members shadowed existing staff prior to working alone so they familiarised themselves with the job they had to do.

We saw that each person had individual risk assessments to ensure they were as safe as possible whilst promoting their independence. The level of risk was identified along with any action staff should take to minimise the risks. For example risks assessments were in place for people going out in the community.

We found that regular fire safety checks were carried out, including checking fire safety equipment. A fire safety risk assessment had been carried out and fire drills had been carried out regularly. This helped to ensure that people were protected from the risk of fire. We observed that there was a system for reviewing all aspects of health and safety within the home. We saw that the fire-fighting equipment had been serviced annually. The service had a designated trained Health and Safety external company which carried out all health and safety checks. We reviewed the fire drill and fire equipment log book. The log indicated that tests, such as the fire alarm systems, were to be undertaken weekly.

The service ensured that incident and accident forms were accurately completed and monitored. The registered manager kept a log of all incidents and identified actions that needed to take place to reduce the risk of similar incidents reoccurring. The actions were communicated to all staff working at the service during handovers or during staff meeting so they were aware of these.

We looked at the rotas and saw that the correct number of staff were on duty on each shift, which meant that staffing levels were maintained at the levels decided by the provider. We spoke with the registered manager and discussed how staff numbers were assessed to ensure that there were sufficient staff to meet the people's needs. They told us they had a flexible approach to planning the staff duty rosters depending on the needs of people. For example there would be more staff if a person needed to be accompanied to their hospital appointment.

People were satisfied about the way they received their medicines. One person said "I receive my medicines on time". All the people we spoke with told us that they got their medicines when they needed them. Medicines were stored securely in a locked trolley. Controlled medicines were also stored and administered correctly. We looked at the records for controlled medicines and noted they were being kept appropriately. We saw that all medicines were recorded and checked by staff at the start of each shift as a way of auditing medicines.

Good

Is the service safe?

We looked at medication administration record (MAR) sheets. The MAR sheets had a photograph of the person, date of birth and a record of any allergies. We saw that the MAR sheets were completed accurately and there no gaps in signatures. People's records that we sampled contained details of their medicines history so that staff knew and understood people's needs. We looked at the provider's training records and saw that staff had received training in medicines administration. These arrangements helped protect people from the risks associated with medicines mismanagement.

Good

Is the service effective?

Our findings

We looked at staff training and saw that staff received a range of training that the provider considered mandatory. This included moving and handling, infection control, safeguarding people, nutrition, food hygiene and understanding equality and diversity. Staff we spoke with told us they received good training and support. Staff training records confirmed staff were up to date with their training.

New staff were expected to complete an induction period during which they shadowed existing members of staff. Additionally they were expected to complete a nationally recognised induction using a booklet and undertaking a number of training courses. There were a range of policies and procedures that gave staff information about how to carry out their role safely.

We spoke with the registered manager who told us they provided formal supervision to staff on a bi-monthly basis. We saw evidence that supervision was carried out routinely. Staff told us they received supervision regularly and that they also could speak to the registered manager whenever they felt it was necessary.

Before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. We looked at two care plan assessments to find out how the service supported people to give consent. These records showed the people living in the service had an assessment which had looked at their support needs and expectations. During our observations we saw that informal consent for care and support were obtained by staff. We noted that staff gave people information and allowed enough time for them to make decisions. This helped to ensure that people's consent was obtained before care or treatment was provided.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications had needed to be submitted, the registered manager described the processes they would follow if people did not have capacity to consent and the steps that would need to be taken to lawfully deprive a person of their liberty. There was a Mental Capacity Act 2005 easy read format document in place to provide information to people so they understood this subject.

People were complimentary of the meals served in the home. One person told us, "The food is very good". People were supported to be able to eat and drink sufficient amounts to meet their needs. People who used the service were given choices about the meals that were provided, this was done on a day to day basis but also during the house meetings. We saw staff offering choices and adapting the menu in line with the individual's choice. One staff member told us "People are given three meals a day, breakfast, lunch and dinner. Four people can verbally request drinks when they want them. But we do offer food and drink to people who can't verbally communicate often." This helped to ensure that people were given ample choices and able to have meals that they enjoyed. The staff were familiar with people's individual dietary needs, such as these in relation to their religious or cultural needs. Each day staff let people know what main meal was planned and asked people if they would prefer an alternative. On the day of our visit we saw one relative brought food in for them, that they particularly liked.

Records showed the support people needed to maintain their health. We saw evidence that people had been referred for assessment and treatment to other health services for example at the local GP practice. We also noted where the registered manager had a concern about a person's health and wellbeing, they took appropriate action to involve other professionals, including acute and community services.

We were invited by one person who used the service to see their bedroom. The person told us that the bedroom was decorated to their taste and was personalised with photographs of family and friends, ornaments and other personal belongings. The bedroom was clean, bright and free from odour. We noted that the communal areas were clean and had paintings and pictures on the walls of activities that people had participated in and holidays abroad that they had taken.

Good

Is the service caring?

Our findings

We spoke with people who lived in the home and they told us that staff knew how to meet their needs. One person told us, "The staff are very good." Another person said, "They look after me well."

During the inspection we observed staff interacting with people who used the service in a calm and relaxed manner. People were engaged in activities such as painting, drawing and watching television. Staff responded quickly to people's requests and spoke in a respectful manner. Staff were observed encouraging people who used the service to make choices and gave them time to respond without being rushed. One person who used the service told us "I like living here; the staff are very friendly and take me out a lot." One relative that we spoke to said that the staff were always friendly and would keep them informed of any changes to the delivery of care.

One relative we spoke with told us that "I am happy with the care my relative receives, the staff are always very friendly and kind towards her. I don't give the staff much notice of when I am coming to visit, but they always ensure she is looking smart, her nails are painted and her hair done." Staff told us the action they took to maintain an individual's privacy and dignity. This included knocking on their door and closing the door when providing personal care such as bathing.

We found that people were involved in decisions about their care and treatment. This was because they were asked about their likes, dislikes, choices, preferences and included in the assessment process so the home understood how people perceived what their needs were. This showed people had the opportunity to contribute and have their say about the support they would receive. One staff told us "We make sure information is kept confidentially, always knock on their bedroom door and ask if it's ok to go in. We take into account how they want to have the personal care and do it their way."

We saw evidence in the care plans that people's diversity, values and human rights were respected. The care plans had information about each person's initial assessment and important people in their lives. Staff cared for people in the way that was set out in their care plans. Staff recognised people's individual religious and cultural preferences and this was reflected by evidence to demonstrate that people could attend their place of worship and menus included options that reflected people's cultural values.

We saw that care plans recorded how to promote independence in documenting what a person could do for themselves. For example one person was supported to go out in the community on their own.

Good

Is the service responsive?

Our findings

People said they were happy with the care they received. They told us that staff understood their needs and made sure they were well cared for. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were personalised and there were clear guidelines on how to deliver care taking into account the individuals likes and dislikes. Each care plan contained individualised personal information about people and told us what people could and could not manage for themselves and what they needed help with.

We spoke with staff about what they knew about the people who lived in the home. We found that the registered manager and staff knew the people who lived in the home well. They understood people's different needs and were able to tell us what people did and didn't like and what support they needed. This indicated that people were cared for by staff who understood their needs.

Russell lodge used a keyworker system to support the people who used the service. The keyworker was the identified member of staff who took the lead in the care planning and provision for a specific individual. This included identifying new risks, changes to the person's needs and advocating for them. We saw that care plans were reviewed on a monthly basis and as required. This meant that people's ongoing and changing needs were kept under review.

The care plans we looked at showed that people had been encouraged to participate in the planning of the care they received. Where possible they signed to state that they had understood, participated and agreed with the plans and the risk assessments. Russell lodge provided personalised care to individuals of differing ethnicity and religious beliefs. People celebrated various religious festivals.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People said they enjoyed the activities that were provided. We saw that people were supported to take part in activities during the inspection as part of a group if they chose. On the day of our visit we saw that people were doing colouring as a group as it was raining otherwise they would have had community based activities. One person who used the service told us that they had a choice of activities they could participate in, for example they liked to go shopping, out for dinner and bowling. They also told us that they could change their minds and participate in another activity should they wish. During the inspection we saw one person returned from a day centre which they chose to attend several days a week.

People could make comments and complaints without the fear that they would be discriminated against. This was because the registered manager and staff listened to them and acted on their concerns and complaints. Relatives and people using the service confirmed this. There was a complaints procedure in place and people who lived in the home and their relatives knew who to talk to if they were unhappy about the service. The registered manager and the staff asked people regularly and checked that everything was alright for them. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Good

Is the service well-led?

Our findings

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that people were comfortable talking to the registered manager and staff and were happy to express their opinions. People felt they were able to have their say. One relative told us that the registered manager would always call them to update them on any changes to the care provision of their family member.

A quality assurance questionnaire was sent out once a year to people who used the service, their relatives or representatives and health care professionals. This gave people the opportunity to have their say about the service that was provided. We looked at a sample of returned surveys and saw comments were complimentary. People made comments such as, "I feel the home does not need any attention" and "Staff are kind and helpful". In cases where areas for improvement were identified, action plans were drawn up to address these.

Staff we spoke with said they felt the service was well managed and that they received the support and guidance they needed to carry out their duties and to meet people's needs.

The registered manager informed us that they actively encouraged staff to share their ideas and continually improve the service. This was confirmed by staff we spoke with. Staff felt supported by the registered manager and they said that the staff team worked well together. Relatives who we spoke with also felt the service was well led by the registered manager and they had no concerns.

We saw minutes of regular staff meetings where changes or issues within peoples care were discussed. In addition, we saw evidence of meetings with people who used the service to ensure they were consulted and encouraged to contribute their ideas about the running of the home. The registered manager met with or spoke with staff individually or as a group and there were regular formal monthly staff meetings. Those provided opportunities for staff to raise any issues about the home or the care/ support of people using the service were receiving.

The registered manager told us that they operated an open door policy, whereby staff could speak to them about any concerns at any time. One staff member that we spoke with confirmed to us that the registered manager was approachable and that if they had any concerns they were happy to raise this with them. Staff also told us that they could contact the registered manager when they were not at the service should the need arise.

We looked at the home's quality assurance systems. Records showed that a variety of audits were carried out regularly to make sure that the service was managed well for people who used the service. We saw the registered manager had undertaken audit checks on care records, medicines and health and safety. We noted that action was taken to address any areas where improvements were identified. This help to ensure that people who used the service benefited from well managed care, treatment and support.