Care Quality Commission

# Laurel Residential Homes Limited

# Russell Hill Lodge

## Inspection report

39 Russell Hill Road, Purley, Surrey, CR8 2LD
Tel: 0208 668 3212
Website: www.malverngroup.co.uk

Date of inspection visit: 12 & 13 August 2014
Date of publication: 02/01/2015

## 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

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 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection in September 2013 the service had met the regulations we looked at. Russell Hill Lodge provides accommodation and support for up to 18 adults with mental health related needs. The service is a rehabilitation unit where people are supported and encouraged to develop the necessary skills to move on to more independent living. There were 13 people living at the service when we visited. This was an unannounced inspection.

People told us they felt safe living at the service and they had the freedom to go out when they wanted. Staff supported people to be as independent as they wanted

# Summary of findings

to be and encouraged them to follow their own individual activities and interests. Staff helped make sure people were safe in the community by looking at the risks they may face and taking steps to reduce those risks.

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well. All of the people we spoke with said that staff were approachable, they could speak with staff and that they were listened to. During our inspection we saw that staff were caring and attentive to people. They showed people dignity and respect and had a good understanding of individual needs.

Care records we saw contained information about the healthcare and support people needed and we saw people had access to healthcare professionals when they needed them.

Staff told us the manager was supportive and listened to them. We observed people who used the service were comfortable talking with the manager and we saw how the manager reassured and supported people when they were upset or unhappy.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used information about quality of the service and incidents to improve the service.

# 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 using the service told us they felt safe and that staff treated them well. There were procedures around safeguarding adults from abuse and staff understood how to safeguard the people they supported. Managers and staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People using the service had detailed risk assessments and these had been kept under regular review.

The provider had effective staff recruitment and selection processes in place, and we found appropriate checks were undertaken before staff could begin work at the service.

**Is the service effective?**

Good

The service was effective. Staff had the right mix of knowledge, skills and experience to ensure people's needs were met. This was because staff were properly trained and well supported in their role through regular team meetings, supervision and appraisals.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet.

People using the service were supported to maintain good health and have access to healthcare services and support when required.

**Is the service caring?**

Good

The service was caring. People told us staff were supportive and encouraged their independence. All the staff we spoke with had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

**Is the service responsive?**

Good

The service was responsive. People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the home. People told us staff encouraged and supported them to be as independent as they wanted to be.

People told us they felt listened to and we saw they were confident in expressing their views, discussing their care and raising any concerns. The service had arrangements in place to deal with complaints.

**Is the service well-led?**

Good

The service was well-led. People spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

# Summary of findings

The provider had effective systems in place to routinely monitor the quality of the care and support people received. Accidents and incidents were reported and what had happened was looked into and analysed. This meant the manager and staff could make improvements to the service and minimise the risk of similar adverse events reoccurring.

# Russell Hill Lodge

**Detailed findings**

## Background to this inspection

We visited Russell Hill Lodge on 12 and 13 August 2014. We spoke with nine people living at the service, four members of staff and the registered manager.

We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms and bathrooms. We looked at four people's care records and three staff files as well as a range of records about people's care and how the home was managed.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. This included any accidents, incidents and complaints the provider had notified us about in the last 12 months, and the Provider Information Return (PIR) the manager had sent us. 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.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Russell Hill Lodge. One person said, "It's OK here." Another told us, "If I didn't feel safe I would do something about it." All the staff we spoke with confirmed they had received training in safeguarding awareness and had a clear understanding of how they would respond to and report any concerns they had about the treatment and care of people using the service. Staff told us how people could be more vulnerable while they were out in the community and talked about the types of abuse people at this service could face. For example, one staff member told us how people could be at risk of exploitation of others, they told us, "People are vulnerable in terms of money…so we know they can be victims of financial abuse." We looked at training records and noted that all staff had received safeguarding awareness training in the last twelve months. We saw the provider's policies on safeguarding adults, whistleblowing and dignity at work covering bullying and harassment.

The Care Quality Commission (CQC) has a legal duty to monitor the use of the Deprivation of Liberty Safeguards (DoLS) in all care homes in England, and to check on their use when we inspect how well the service is meeting the requirements of the Mental Capacity Act 2005 (MCA). DoLS ensure that a care home only deprives someone of their liberty in a safe and correct way. This is only done when it is in the best interests of the person using the service and there is no other way to look after them. The providers must submit an application to a 'Supervisory Body' for authority to do so. Managers and staff we spoke with demonstrated a good understanding of the MCA and DoLS. Records we looked at showed that most staff had attended a course on understanding the MCA and DoLS within the last 24 months. The manager gave an example of when a DoLS decision needed to be made in respect of one person who lived at the service and we saw that the appropriate procedures had been followed.

Staff were aware of how to manage people when they displayed behaviour that challenged and they explained that they never restrained people. One member of staff told us, "We have had training in challenging behaviour, we speak with people, try to calm them, we never use restraint." Another explained how they tried to encourage people to recognise their own triggers for behaviour so they could identify and manage situations in a different way. They said, "We try to give people the skills they need to move into the community." Most staff had received training in challenging behaviour in the last 24 months. People's behaviour was monitored and healthcare professionals were consulted for advice and guidance when necessary.

People using the service had risk assessments based on their individual needs and lifestyle choices. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, there were risk assessments covering food preparation, drug and alcohol use, self-care and personal hygiene, behaviour and social vulnerability. People using the service told us that they were not restricted from leaving the home and we observed people come and go during our inspection. The manager explained how the service had involved people in their own risk assessments and had worked with people to help them manage their own safety whilst out in the community. For example, discussions around the amount of money people took with them or letting the service know if they would be staying out late.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection four staff were on duty and the manager. We saw they were available to meet the needs and requests of people using the service. The manager explained most people at the service were fairly independent and staff levels were adjusted depending on the level of support required. For example, additional staff were provided to support people attending medical appointments or during activities. We looked at staff rotas during the inspection which confirmed staffing levels. Staff confirmed they undertook daily duties such as cleaning and cooking but felt there were enough staff on duty to give people the support they needed.

The service followed safe recruitment practices. We looked at three staff files and saw they contained pre-employment checks such as criminal record checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. The manager confirmed that no one would be permitted to work unsupervised at the service until all the relevant pre-employment checks had been completed.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Records confirmed new staff completed training in line with the skills for care common induction standards when they started working for the service. This covered subjects such as the service's aims and objectives, safeguarding adults, whistleblowing, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), food safety, health and safety, and positive behaviour management and support. Staff told us they had access to enough training to enable them to effectively carry out their roles and responsibilities. One staff member told us, "I found the induction training very helpful, it gave me everything I needed." Another said, "I discuss any training I need with the manager, I have just asked for medication training so I can help administer medication."

We saw recorded evidence of training undertaken by staff and how the staff training records were kept centrally by the provider. This system was monitored to ensure all staff had completed their mandatory training, including fire safety, moving and handling, infection control, food hygiene and first aid. Some staff had received additional training such as safe handling of medicines and staff were encouraged to pursue their National Vocational Qualifications (NVQ) in social care.

Staff confirmed they had received one to one supervision with their manager. We saw records confirming this and noted these were held regularly through the year. The manager confirmed staff appraisals were also being conducted annually and we were shown completed appraisal forms.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. Most people we spoke with were complimentary about the food at Russell Hill Lodge. One person told us, "I like the food, it's nice." Another person said, "It's OK, if I don't like something, I'll ask for something else, like today I've got a cheese and pickle sandwich, I don't like corned beef."

We saw notes of regular meetings where people who used the service were asked about their preferred choice of food. Staff told us people were encouraged to eat a balanced diet and supported to become as independent as possible at mealtimes while still making healthy choices.

People were asked each morning what their plans were for the day and were given a choice to have a cooked meal made for them, to prepare their own food, to eat out or have a takeaway. We saw the list for that day and noted people had made various choices for their mealtimes that day.

There were facilities for people to make their own drinks and have snacks such as fruit throughout the day. Mealtimes were set, however staff explained if they knew someone would be late they would keep a meal for them. Most people said they were happy with this arrangement but two people felt there was not enough choice of drinks and snacks during the evenings or at night and they had discussed this with the manager.

Where necessary, people's weight and diet was monitored. For example, one person had special dietary needs and we noted nutritional guidance for staff was available in the person's care records and on the wall of the kitchen. Staff told us how they catered for people with different religious and cultural needs and we were given examples of how they worked with people to make food choices suitable for them. For example, one person did not eat meat and staff explained how they had discussed options and alternatives with them so they could make their preferred choice. We saw most staff had received food hygiene training in the last six months.

People using the service were supported to maintain good health and have access to healthcare services and support when required. People had regular meetings with their keyworkers to discuss their general health, mental health and treatment options. We saw monthly reports were produced identifying any issues or needs and the action taken. For example, we noted appointments with healthcare professionals, changes in medication and changes in general behaviours were noted and acted upon.

Staff told us the service was able to provide people with coordinated care by participating in a Care Programme Approach (CPA) with other healthcare professionals. This was a particular way of assessing, planning and reviewing someone's mental health care needs. We saw examples of people's CPA in their care records and noted they had been regularly reviewed. We saw meetings were held at each review and included the person using service, their care

Good

# Is the service effective?

co-ordinator and other professionals such as psychiatrists, GPs or occupational therapists. Staff told us CPA reviews took place every six to 12 months or before if necessary and the documents we saw confirmed this.

Good

# Is the service caring?

## Our findings

People told us they were happy living at Russell Hill Lodge and with the standard of care and support provided at the service. They said staff were kind and treated them with respect. One person told us, “Staff are very helpful and they listen to me when I talk to them.” Another person said, “Staff are OK, they always try to help.” During our inspection we saw staff interact with people using the service and it was clear to see that people were comfortable speaking with staff and the manager. We witnessed one example where one person was unhappy and the manager used appropriate language and support to talk through the issues and reach a compromise with the person.

Staff had a good knowledge of the people using the service, their likes and dislikes, and histories. They felt they had positive relationships with people and were able to respond and communicate with people as individuals. One staff member told us, “I like working here, it’s very rewarding. We have time to ask people if they have problems, what’s worrying them and how we can support them.” Another said, “The best thing is knowing people are happy, I ask how their day has been and what could be done to make it better.”

Each person using the service had a member of staff that acted as their keyworker, people knew who their keyworkers were and told us they were able to discuss their views and opinions with them. One person told us, “The staff are good; they always take the time to listen to me.” Staff told us they actively encouraged people to take part in individual or group sessions to help their rehabilitation and recovery from their physical or mental ill health. The service had just started to record and involve people in their wellness recovery action plan. Staff explained how they hoped this would help people to identify what makes them well, and the triggers that could make them ill. The aim was for people to independently maintain their wellness and achieve long-term stability.

People had access to a local advocacy service run by the charity MIND together with other local groups offering help and support. The manager gave an example of when one person using the service had received advocacy support when making decisions about their care. Staff told us how they involved people’s friends and families, when appropriate, in decisions about care. We heard how relatives supported the service and were shown positive feedback from a recent survey where one relative said, “I find staff friendly and approachable, other clients tell me they are happy.” Most people said they would not change anything about where they lived. One person explained, “I am happy here, I am happy with the staff and I have made some good friends with the other people here.”

People’s privacy and dignity was respected and they were encouraged to be as independent as they wanted to be. People had their own room with their own key which gave them privacy when they needed it. We noted staff always knocked on people’s doors and did not enter their rooms without permission. Staff supported people to be more independent, for example, shopping for food, cooking meals and involving people in daily chores such as laundry and cleaning. One person told us they needed to go shopping for toiletries and another person said they liked to cook sometimes.

Good

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. We looked at people's care records. They included details of people's likes and dislikes, cultural and religious needs, family relationships and previous life history including employment and education. People had care and support plans in place which were personalised and contained detailed information about people's identified needs, what could be done to achieve agreed outcomes, who would give support with a realistic timescale. There was guidance on how staff could best support people to achieve their outcomes. For example, one person's goal was to become more confident about self-medicating and learn more about the medicines they were taking.

All of the care and support records we looked at had been updated regularly to reflect people's needs. For example, we saw how one person's refusal to take their medicine had prompted a review of their care with other healthcare professionals and we noted details of action to be taken and subsequent updated risk assessments.

The service encouraged people to be proactively involved in their care and people had written about their experiences and the support they received in their own care records. People were helped to develop their knowledge about their drug or alcohol misuse to enable them to manage their personal situations. Staff involved people in one to one and group discussions to help their rehabilitation. For example, we saw notes from one discussion about current affairs and staff told us how they liked to talk with people to keep them up to date with events, encourage conversation and reduce the risk of people feeling socially isolated.

People were encouraged to participate in activities at the service and in the community. An activities timetable was displayed in the dining room, this listed daily chores, cooking days and gardening tasks. We observed people playing pool and going about their daily chores. Staff told us that some people liked to attend the gym or go swimming and that some people went to college. One person told us about their collage course, they showed us their certificate in IT skills they said, "It was really difficult but I passed." Other people told us about their hobbies and what they liked to do, comments included, "I like to listen to the radio or watch TV" and "I spend time reading the Bible."

People were free to come and go as they pleased but were asked to be back to the service by 10pm unless otherwise arranged. Most people said their aim was to become more independent and eventually move into their own home.

People told us they had a keyworker and could talk to them or the manager about any concerns they had. Most people said they were happy, but one person told us they wanted to make a complaint. During our inspection we saw how the manager listened and supported the person and explained some changes that could be made to help make things better for the person concerned.

The home had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. An easy read and pictorial complaints procedure was available for people if required. A complaint had been raised by a person who was worried about receiving their medicine on time. The manager had investigated the person's concerns and detailed the actions taken together with the outcomes. This included support and reassurance with suggestions on how to improve the situation going forward.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. People were asked for their views of the service and feedback received was used to make improvements. Regular community meetings were held with people. The minutes form the July 2014 meeting discussed topics which included meals and menu choices, smoking at the service, chores and the rehabilitation program. People had wanted different menu choices and had issues regarding the timing of meals and we saw how these issues were being addressed and improvements made.

We observed people were comfortable approaching the manager and other staff and conversations were friendly and open. People told us the manager would often be involved in activities around the service such as playing pool or gardening.

Staff told us they felt able to report any concerns they may have to the manager or the deputy manager. We saw the service had a whistle blowing policy and the manager explained how staff were encouraged to report concerns. For example, the whistleblowing telephone number had recently been distributed to staff via their payslips.

Staff said they felt well supported by the home's management. One staff member told us told us, "I feel well supported, we have a very good manager he is very supportive and acts on things immediately." Another said, "The manager here is an exception, he has time to listen, he is supportive and is firm but fair."

There were regular staff meetings to update them on changes at the service. We saw the minutes of the staff meeting held in July 2014. Discussion points included people's daily programmes, staff training and reviews of infection control and safeguarding adult's procedures.

There were systems in place to monitor and review accidents, incidents and complaints. There was evidence that learning from incidents took place and appropriate changes were implemented. The service had documented a recent incident and the staff actions taken to reduce the risk of any reoccurrence.

Weekly reports were sent to the provider detailing any accidents, incidents or complaints. The manager explained this helped them identify any trends and enabled them to take action quickly if necessary. For example, we heard how a recent incident had prompted a discussion with the local police with a view to work more closely together in future.

Regular quality assurance audits were carried out by the provider. These included reviews of support plans, staff files, supervision and training, nutrition and safety and the suitability of the service. Reports of each audit and contained detailed findings, action needed, who was responsible and the timescales for actions to be completed by. Where issues had been identified they had been rectified within an appropriate timescale.