BSB Care Ltd

Russell Green Care Home

Inspection report

11 Stanhope Avenue
Woodhall Spa
Lincolnshire
LN10 6SP

Tel: 01526352879
Website: www.russellgreencarehome.co.uk

Date of inspection visit:
07 November 2017
14 November 2017
15 November 2017

Date of publication:
08 December 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Russell Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 18 people, including older people and people living with dementia. The registered provider also offers day care support in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

The service is also registered as a domiciliary care agency (homecare service) providing personal care to people living independently in their own home.

We inspected the service on 7, 14 and 15 November 2017. The first day of our inspection was unannounced. On the first day of our inspection there were 17 people living in the care home and 18 people receiving personal care from the homecare service.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

We last inspected the service in May 2016 when we rated it as Requires Improvement. In August 2016 we re-registered the service to reflect a change in ownership. This was our first inspection of the re-registered service and we were pleased to find that service quality had improved under the new owner and the rating is now Good.

There were sufficient staff to keep people safe and meet their care and support needs without rushing. Staff worked well together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. The physical environment and facilities in the care home reflected people's requirements. People were provided with physical and mental stimulation appropriate to their needs.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

The registered manager and her senior team were well known to everyone connected to the service. A range

of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, three people living in the care home were subject to a DoLS authorisation and the provider was waiting for a further four applications to be assessed by the local authority. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Decisions that senior staff had been made as being in people's best interests were documented.

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.

There were sufficient staff to meet people's care and support needs.

New staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

The physical environment and facilities in the care home reflected people's requirements.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People were provided with physical and mental stimulation appropriate to their needs.

People's individual care plans were well-organised and kept under regular review by senior staff.

Staff provided compassionate care for people at the end of their life.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

People spoke highly of the positive impact made by the new owner.

The registered manager and her senior team were well known to everyone connected to the service.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Staff worked together in a friendly and supportive way.

Internal and external communication systems were effective.

Russell Green Care Home

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. The inspection was planned to check whether the provider was 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.

We visited Russell Green Care Home on 7 and 14 November 2017. On 7 November our inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 14 November our inspector returned alone to the care home and on 15 November our inspector telephoned some of the people using the homecare service to seek their views about how well the service was meeting their needs.

In preparation for our inspection we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the care home to help us better understand their experiences of the care they received. We spoke with 10 people who lived in the care home, two people who used the homecare service, 10 relatives or friends, the registered manager, the assistant manager for the care home, the assistant manager for the homecare service, one member of the care team, the activities coordinator and the chef. We also spoke to a local healthcare professional who was visiting the care home on the second day of our inspection.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. For example, one person who lived in the care home said, "There are always staff about." A person who used the homecare service told us, "I trust them with my door key [and] I don't feel I can't leave money around."

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. In the twelve months preceding our inspection there had been one case concerning a person living in the care home which had been considered by the local authority under its adult safeguarding procedures. The provider had investigated and resolved this case to the satisfaction of the local authority. As part of our inspection we discussed the case with the registered manager who told us that it had been reviewed in a staff meeting to identify if there were any lessons that could be learned to reduce the risk of something similar happening in the future. Going forward, the registered manager agreed to strengthen and extend this process of organisational learning to all significant incidents and events in the home.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to medicines and mobility. When we looked at the risk assessment documentation in people's care individual records we saw that action had been taken to address any risks that had been identified. For example, one person living in the care home had been assessed as being at risk of malnutrition and a range of measures were in place to reduce the risk to the person's health and well-being. Staff reviewed and updated people's risk assessments to take account of changes in their needs.

There were two twin rooms in the care home, one of which was in use at the time of our inspection. The registered manager was aware of the potential risks of people sharing a room, particularly if either person was living with dementia. Describing her approach, she told us, "You've got to look at [the needs] of the two people and speak to relatives and family." Looking ahead, the registered manager agreed to formalise the risk assessment of any room sharing arrangements and ensure these were fully documented in people's care files.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. The registered manager had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Since our last inspection, a number of new initiatives had been put in place to reduce further the risks of cross-contamination and infection. For example, the floor covering in the communal bathrooms and toilets had been replaced to make it easier to clean. Alcohol hand rub dispensers had also been placed at various points around the home. To help ensure standards were maintained, the registered manager conducted a regular infection control audit.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these were in line with good practice and national guidance. In the care home, medication

administration record sheets (MARs) were used by staff to record any medicines they had given. We found a very small number of gaps in the MARs where staff had omitted to sign when they had administered a person's medicine. These errors had been picked by and investigated by a senior staff member to ascertain that the medicine had definitely been given as prescribed. However, the provider agreed to ensure this was more clearly documented in the future. We saw that people who had been prescribed 'as required' medicines for occasional use were able to exercise their right to decline these medicines whenever they wished. Arrangements were in place to ensure the safe use of any 'controlled drugs' (medicines which are subject to special storage requirements) although there were none in use at the time of our inspection. In the homecare service, some people had been assessed as being 'self-medicating' and made their own arrangements to order, store and dispose of their medicines. Others received a prompt from staff to take their medicines in line with the prescription and staff signed a written record to confirm that this had been done. To further improve practice in this area, the provider agreed to introduce a more detailed approach to the initial assessment of people's requirement for medicine support and the recording of any medicines staff assisted people to take.

People living in the care home told us that there were sufficient staff to meet their needs. For example, one person commented, "If I need help I ring my bell and staff come to help me straight away." Throughout our inspection we saw call bells were responded to promptly and that staff had time to meet people's care and support needs without rushing. One person said, "They let me do things at my own pace. I am a lot slower these days." A staff member said, "The staffing levels are fine. Bells are answered quickly [and] we have time to sit down and chat. Particularly [with] the ones we know that need it." Reflecting this comment, on one occasion we saw a member of staff take the time to sit with someone and chat about a book they were reading. Something that was clearly valued by the person. The registered manager conducted a regular review of staffing levels to ensure they remained in line with people's changing needs.

In the homecare service, staffing levels were determined by the number of people using the service and in scheduling calls, the provider took great care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. Reflecting this approach, everyone we spoke with told us they were satisfied with the staffing and call-scheduling arrangements. For example, one person said, "I am very pleased. They turn up when they say they will turn up. They are all extremely efficient, kind and friendly. I can't fault them at all." Describing an occasion when their relative was delayed returning from a medical appointment, another person told us, "It was us running late, not them!"

We reviewed staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home. Although we were satisfied that the provider's recruitment practice was safe, the registered manager agreed to document the receipt of DBS checks more carefully in future, to evidence that any risks had been considered and mitigated.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, describing the assistance they received to manage a long-term health condition one person who lived in the care home said, "I have [a procedure] twice a day and the staff do [it] religiously. I really admire the staff tremendously." Commenting on the quality of care provided to people who used the homecare service, a local social care professional had written recently to the registered manager to say, "Your carers have provided care, meals [and] cleaning services .. .over the years … [and] I have always been extremely impressed by the professional and caring attitude of all of your staff. It is only when I compared this with [the approach of another care provider] that I really appreciated the exceptional service you provide." A new member of staff in the care home said, "I think … the level of care… is heads above [the last home I worked in]."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Commenting positively on their own induction, one staff member told us, "I had three shadow shifts even though I wasn't new to care. It was a good induction. I asked a lot of questions!" The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

The registered manager maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of the provider's approach to training, the assistant manager for the homecare service said, "They do training every month. The feedback from my staff is very positive. They are all really interested [and] grab as much as they can." Staff were also encouraged to study for nationally recognised qualifications in care and leadership. For example, one member of staff said, "I have nearly finished my NVQ Level 3. I would like to go onto Level 5. They are really supportive. I wish I had come here years ago. I will ask about it at my next appraisal."

Staff also received regular supervision from the registered manager and other senior staff. Staff told us that this was a beneficial opportunity to reflect on their practice and to discuss their personal development. For example, one staff member said, "[I've] not long had supervision with [the registered manager]. It went really well. [She] observed my practice and we talked about it afterwards. It was really helpful."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes to good practice and legislative requirements. For example, the supplying pharmacy supplied monthly updates on any changes in national medicines guidance that staff needed to be aware of. As described elsewhere in this report, infection control procedures in the home were also regularly reviewed and updated in line with the local authority's requirements. Looking ahead, the registered manager said she was considering joining the local care providers' association as she thought this would be a further source of helpful information and advice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of

obtaining consent before providing care or support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Describing their approach in this area, one staff member said, "[We have] to make sure that we are not taking away people's liberty. We need to be aware of their rights [and not] take away their decisions."

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). At the time of our inspection the provider had been granted DoLS authorisations for three people living in the care home and was waiting for a further four applications to be assessed by the local authority.

Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. At our last inspection we identified shortfalls in the use of these processes and told the provider that improvement was required. On this inspection, we were pleased to find that any best interests decisions that had been made now reflected the requirements of the MCA. For example, one person living in the care home had lost the ability to provide consent to certain aspects of the care provided to them by staff. The registered manager had decided that it was in the person's best interests for them to continue to receive this support and had documented her decision correctly in the person's care plan. Although we were satisfied that that people's rights under the MCA were properly protected, we found some inconsistencies in the provider's understanding of the role of people who held a Lasting Power of Attorney (LPA) for someone who used the service. To consolidate their knowledge, the registered manager told us she would obtain further training for herself and her senior team.

People told us the food provided in the care home was of good quality. For example, one person's relative said, "The food is well-balanced and tasty. The best meal is fish and chips on a Friday. They are to die for." People normally had a choice of cereal or toast for breakfast although the chef told she was able to provide other options such as egg on toast if requested. Although no one raised any concerns about the lack of a full cooked breakfast as a menu option, we raised the issues with the registered manager who told us she would give it further consideration. At lunchtime, people had a choice of two main course options, although the cook told us she was always happy to make an alternative if requested. For example, on the first day of our inspection the lunchtime options were beef casserole and chicken. The chef said, "I [will] go round and ask everyone what they want. Nine out of ten will want the beef casserole. But [name] might like a bit of fish." The daily menu was on display in the home and the chef also had access to a photographic menu to make it easier for people living with dementia to communicate their food choices to her.

Kitchen staff in the care home understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, the chef told us, "[The registered manager] told me [today] that [name] would love corned beef hash. I said, 'OK. Leave it with me'. We will do it one day next week." Kitchen staff also had a good understanding of people's nutritional requirements, including people who needed their food to be cut up into small pieces to reduce the risk of choking and people with allergies. For example, one person was unable to eat bananas due to their high potassium level.

Staff in the homecare service assisted people to prepare food and drink whenever this was required. Discussing her staff team's approach in this area, the assistant manager for the homecare service told us, "Each client varies. We usually do microwave hot meals [but can also prepare] salads, sandwiches and toast. You don't just get something out of the fridge. You show alternatives and ask, 'What would you like?'."

Clients of the homecare service also had the option of ordering a two course cooked lunch prepared in the care home kitchen, delivered and served by the homecare staff as part of their care call.

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. Describing the support they provided to one person who used the homecare service, one member of staff said, "We take her to GP appointments and to the dentist."

Staff from the various departments within the service also worked well together to ensure the delivery of effective care and support. For example, describing her relationship with the housekeeper, one member of the care team in the care home told us, "The cleaning lady is brilliant. If we spill something and haven't got time to clean it up, she will sort it." Similarly, on the first day of our inspection the assistant manager for the care home said, "We support each other. For instance, every morning myself and [the registered manager] go into the [chef] and [ask her if she needs] any support. [We] asked a girl to go in the kitchen today to support [the chef] lay trays as the dishwasher was being repaired and this had put her behind." The close working relationship between the various strands of the service was also beneficial in providing people with options when their needs changed. For example, one relative told us, "[Name] started off with day care provided [in the care home] by Russell Green. When I could not cope at one stage he came in for respite. Now this is his home. It was not traumatic for [name] as he knew everybody." Another person's relative said, "My father recently moved in [to the care home]. He used to use the homecare care service over the last 10 years. It's like a big family."

Since our last inspection, the new owner had made improvements to the physical environment and equipment in the care home, to make it more suitable for people's needs. For example, a new wet room had been installed to give people the option of either a shower or a bath. A new dining table had been purchased which gave people greater choice in where to eat their meals. The layout of one of the lounges had been altered to make it less institutional and to create a separate area for people who wished to read or chat without being distracted by the television. Commenting positively on this initiative, one relative told us, "The lounge used to look like a doctor's waiting room. Chairs to the back of the wall in a circle. Now it looks like two living rooms. Chairs all rearranged. A quiet area and a TV area. Just like home." A vintage record player had also been obtained for this lounge. This was an item that would have been a reminder of bygone days for many of the people living in the home. Special sensory lights had been installed above the bed of someone who was being cared for in bed, to provide them with a source of stimulation. The new provider had also given thought to the needs of people living with dementia. For example, with the proceeds of a recent coffee morning, special clocks had been purchased to help people keep track of the day, date and season.

Good

Is the service caring?

Our findings

People told us that they were happy using the service and that staff were caring and kind. For example one person who lived in the care home said, "They are so gentle." A person who used the homecare service told us, "They are so pleasant. Very, very nice. All of them." A relative said, "The staff are brilliant."

Describing her personal philosophy of care, the registered manager told us, "I tell all the staff [that] you must have full respect [for the people who use the service]. You treat them with a duty of care." The assistant manager for the care home added, "We treat everyone equally [and] give attention to people's individual needs." This commitment to supporting people in a person-centred way was clearly understood by staff in all parts of the service. For example, discussing the support they provided to a person who lived in the care home, one member of the care staff team told us, "[I] put soft music on when I am providing personal care [in the morning] and faster music once personal care is done. I talked to [name] and found out what she liked." Describing her approach to helping people celebrate their birthday, the chef said, "When we have a birthday I will make a cake [and] a little buffet. If I know they like chocolate I will make a chocolate cake." On the first day of our inspection we observed the registered manager interacting with someone who lived in the care home and who was being cared for in bed. Aware that the person was very fond of After Eight mints, the registered manager broke one up and placed it gently on the person's tongue. Although the person was unable to speak, her face lit up with pleasure.

The caring, attentive approach of staff was clearly appreciated by the people who used the service. For example, one person who lived in the care home told us, "Sometimes [the staff] seem to be able to read my mind." Similarly, a person who used the homecare service commented, "They always say, 'If there is anything [else] you want us to do you must just ask'. They are very kind and thoughtful." Another person who used the homecare service said, "They spoil me!"

Staff also understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, discussing the contribution staff played in the rehabilitation of one person who used the homecare service, their relative told us, "Since Mum started using the service [her mobility] has improved. That bit of encouragement has helped." Describing their approach in this area, one member of staff said, "When [people] are able we encourage them to do as much for themselves [as possible]. For instance, when people are getting dressed we don't take away their independence by just rush[ing] in and starting doing buttons. [And] we don't take over when washing up dishes. We just provide a little help."

The staff team also supported people in ways that helped maintain their privacy and dignity. For example, staff in the care home knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. Confirming the approach of staff in this area, one person who used the homecare service told us, "They are far more protective of my modesty than I would be myself!" The relative of someone who lived in the care home said, "The staff always knock on the door. They are very respectful and courteous." The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were

password protected. Reflecting feedback from our inspector, the registered manager took immediate action to remove the daily communication log and other records from a desk in one of the corridors of the care home, to ensure people's personal information could not be viewed by people passing in the corridor. The provider had provided staff with guidance to ensure they did not disclose confidential information in their use of social media platforms.

Information on local lay advocacy services was included in the information booklet provided to people when they first started using the service. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The registered manager told us no one using the service currently had the support of a lay advocate but that he would not hesitate to help someone secure one, should this be necessary in the future.

Good

Is the service responsive?

Our findings

If someone was interested in using either the care home or homecare aspects of the service, the registered manager or one of the assistant managers normally visited them personally to carry out an initial assessment to make sure the provider could meet the person's needs. Talking of the importance of managing new admissions to the care home carefully, the registered manager told us, "[Following the] assessment we have a chat [within the senior team] and decide if we can cater for them. If we can't meet [the person's] needs we have to turn them down. [We have to] think about [our existing] clientele. It's unfair to bring someone in who would [for example] go into other people's rooms." Similarly, describing her approach, the assistant manager for the homecare service said, "With any [new] enquiry I will know straightway [if we have capacity to meet the person's requirements]. I will always be up front from the start [if we can't meet] their preferred times. I wouldn't take on anyone if I didn't have enough [staff] coverage."

If it was agreed that a person would start using the service, an admission or start date was agreed with the person and their family. Outlining her approach to managing new admissions to the care home, the registered manager told us, "I would [always] be here for a meet and greet. Even if it was a weekend admission. Before I leave the staff [on shift] would have [an initial] sheet [with the person's priority needs]. Within two or three days we have a full care plan." Describing her approach, the assistant manager for the homecare service said, "If I take on new client I do the first few calls myself [and] build up [the] care plan. I don't send any carer to a new client without [them] being introduced [by me]. I think that's really important. Some companies say, 'It's this client. That address. Get on with it'. I don't believe in that at all." Talking with appreciation of the provider's approach in this area, the relative of one person who used the homecare service said, "[The assistant manager for the homecare service] has a small staff [and] introduced them personally herself to Mum. [There were] no strangers coming into the house as [the assistant manager] had introduced them properly."

We reviewed people's care plans and saw that they were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person who used the homecare service had specified that they wished staff to pick up their medicines and dressings from the pharmacy, in addition to their daily care calls. The plan of someone who lived in the care home stated that they liked, "Traditional meat, veg and potatoes; thick cut marmalade and a strong cup of tea." Staff told us that they found the care plans helpful, particularly when somebody first moved into the home. For example, one member of staff said, "We need to know about the person. Their medication. Food [preferences]. What their care needs are. We have guidance … even if they are only coming in for respite." Senior staff reviewed each person's plan on a monthly basis to make sure it remained up to date. In addition, senior staff organised regular 'care review' meetings in consultation with people and their relatives, if they wished this level of involvement. Talking positively of the provider's approach to reviewing their care plan, one person who used the homecare service told us, "There is a book [in] which they record everything. The [assistant manager for the homecare service] comes down and discusses things [with me]."

Staff clearly understood people's individual needs and preferences and reflected this in their practice. For example, talking about a person they supported, one member of staff said, "[He] is keen on Brylcreem.

[When I am helping him to get up in the morning] I put it in his hand so he can still smell it and touch it." The registered manager told us that one of the garden bird feeders had been repositioned recently so that someone who spent most of their time in their bedroom was able to enjoy a view of the birds outside their window. This responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Commenting on the provider's approach to end of life care, one staff member told us, "We always give extra care to the person and talk to the family. We are there for the families as well. [For people living in the care home] we offer the option of staying overnight [and] provide food and drink. There is no charge." Following the recent death of their loved one, a relative had written to the registered manager to say, "I would like to thank all of the team at Russell Green for their care, kindness and respect to my late father. I greatly appreciate that, over the years, I have had their continuous support. Not only for Dad but always towards me. Wonderful carers. Many, many thanks."

Since our last inspection, the new owner had created a part-time activities coordinator role to take the lead in facilitating the provision of mental and physical stimulation for people living in the care home. Talking enthusiastically of their new role, the activities coordinator told us, "I do a couple of hours every day on activities [and] on Wednesdays I have all morning until 2pm for planning as well as delivering. I have put an [activities] plan in each lounge for the residents to know what is going on. And one near the handover board so staff know as well." We reviewed the activities programme for October 2017 and saw that the activities coordinator had facilitated a range of different sessions including a beetle drive, bark rubbing, puzzles and skittles. In addition to these internally organised activities, there were events hosted by external entertainers and others, including a weekly exercise session led by a visiting professional. On the first day of our inspection we saw the activities coordinator helping some people to make poppies for the home's upcoming Remembrance Day service. This activity was clearly enjoyed and valued by the participants, many of whom had family connections to the military and strong memories of wartime. Commenting on a recent 'brass cleaning' session, the registered manager told us, "We got some old brasses [and cleaned them] with Brasso. It brings back memories [for many people]."

The new activities coordinator told us that she had recently read a book 'Still the music plays - stories of people with dementia' and, reflecting this reading, was committed to identifying new and innovative ways of providing stimulation to people living with dementia. Describing one recent initiative, she said, "I've started doing family trees [and putting them on the noticeboard]. Rotating it, one at a time. I got permission from residents and families. They have all been really supportive. We [will use] the information to make the life histories [in people's care plans even more [detailed]." Talking positively of this exercise, one relative told us, "I think it's a marvellous idea as it involves all the family." Describing some of her one-to-one interactions with people who were living with dementia, the activities coordinator told us, "One chap. He's got dementia quite bad [and] when he gets agitated I give him bird boxes to build. He [just] wants a job to do. One lady used to be an engineer. I brought in wires and a battery and she enjoyed putting it together and taking it apart. It's about adapting what you do [to meet people's needs]."

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. For example, the relative of one person who used the homecare service said, "I've got their number. There have been no issues [but] I wouldn't balk at ringing [if there were]." The registered manager told us that formal complaints were very rare as she spent time with people and their relatives and was often able to resolve issues informally. Describing her approach in this area the registered manager said, "I like to have a nice rapport [and encourage] people to come and talk to [me] if they have a problem. One relative yesterday said the radiator was a bit hot in [their] dad's room. The maintenance man came out today [and] sorted it before it became an issue."

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they how highly they thought of the service. For example, one person who used the homecare service said, "I am very happy. I can't complain at all. I get the newspaper and read about some of the other [care services]. [But this one is] excellent." Another person's relative commented, "I would recommend it. [They] made it easy at a difficult time. That's all you can ask."

People also told us of the positive difference they felt the new owner had made to the service. Reflecting on their experience of visiting the care home before and after the change of ownership, one person's relative told us, "Care standards have not dropped but the general atmosphere is better. More calming." Another relative said, "The staff are more relaxed. It is just like an extended family." In confirmation of this feedback, the registered manager told us, "The change of ownership has benefitted the home. It's all changed. It's wonderful. [For example] we were never allowed to do fundraising for the home. [The previous owners] wouldn't let us. On 30 October we had our [first] coffee money and raised £204.20. I have never seen so many people here before. We have purchased two fish tanks and some [special] clocks." Commenting positively on this event, one relative said, "Their first event was very busy and everyone talked to [each other]. There was a lovely community feel. They are doing an afternoon tea at the beginning of December."

On our last inspection of the service we identified some concerns about the relationship between the then owners and the registered manager. This meant the registered manager lacked some of the necessary knowledge and authority to manage the service effectively. On this inspection, reflecting the very positive feedback about the approach of the new owners, the registered manager told us she now felt much more comfortable in her role. Describing her relationship with the new owner she said, "I feel more empowered as the registered manager than I ever did before. [Previously] I was never allowed to do anything. I didn't [even] know where the button was to switch the computer on. [Now] nothing is ever done [by the new owner] without consulting [me]. He involves you and listens to you." Echoing these comments, another member of staff told us, "[Things] have only changed for the better. There wasn't a member of staff who didn't feel restricted. [It was] quite suffocating. Now I feel you can experiment [and] expand your thoughts. I just feel it's better." The new owner and his family visited regularly, spending time with people who used the service and staff. Describing the owner, one staff member said, "[He] is supportive and approachable."

The registered manager and her senior team were well known to everyone connected with the service. For example, one person who used the homecare service told us, "[The assistant manager for the homecare service] is very, very nice. She will ring me up and say, 'I'm bringing a new [carer] to meet you'. All the ones that are in charge are very good and understanding." The registered manager told us she worked hard to maintain her visibility and throughout our inspection we saw her circulating in the communal areas of the care home, talking to people and their visitors and providing additional hands on support where required. Describing her leadership style, the registered manager said, "I am a supportive person. The girls can come and talk to me. The same goes for relatives and families. One lady rings her bell if I haven't been up to see her by 8.30am!" This approach had clearly won her the loyalty and respect of her staff team, one of whom told us, "[The registered manager] is fantastic. She is supportive. I am not afraid to ask her anything. [When I worked in another service] I had fear and trepidation when going to the manager's office. [This service] has a

nice homely feel. I love my job. I never leave on time!"

Staff worked together in a well-coordinated and mutually supportive way. For example, one staff member told us, "It's not like any other [service] I've worked in. It's just such a nice place to work. I feel valued by my employer. Not just a number." Talking warmly of another change introduced by the new owner, the registered manager said, "[Previously] we didn't go out socially [as a team]. [But] last year [we all] went to Branston Hall. All paid for by the owner. It's happening again this year." Team meetings, communication logs and shift handover sessions were used by the provider to facilitate effective internal communication. Talking about the recent introduction of staff meetings specifically for the homecare team, the assistant manager for the homecare service told us, "All [the staff] came back and said it was a positive meeting. We could concentrate on homecare things." Systems were also in place to ensure effective external communication with people's relatives and professionals involved in their care. For example, following the change of ownership, the provider had organised an open meeting for people and their relatives. We reviewed the notes of this meeting and saw that it had been well-attended with a wide ranging discussion of a number of issues.

The provider was committed to the ongoing improvement and development of the service and, as described elsewhere in this report, had addressed the shortfalls identified at our last inspection. To assist in this process of continuous improvement, the provider conducted an annual survey of people, their relatives and visiting professionals to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were very high. For example, one person had written, "Couldn't wish for anything better. First class!" Nevertheless, despite the generally very positive feedback, the registered manager told us she had reviewed the survey returns carefully to identify any areas for improvement. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one family had written to the registered manager to say, "We would like to thank you all so very much for the great care and kindness shown to [name] during her short stay with you. You not only made her very welcome but also all the family and friends that went to visit. You said treat it like home and that's what it felt like. Endless offers of refreshment, TLC, nothing too much trouble. We would certainly recommend [you] to anyone else."

The provider maintained a comprehensive suite of audits to monitor the quality of the care provided, including regular care plan reviews and equipment, infection control and medication audits. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the home.