

# National Society For Epilepsy(The Russell House

## Inspection report

Chesham Lane  
Chalfont St Peter  
Gerrards Cross  
Buckinghamshire  
SL9 0RJ  
Tel: 01494 601374  
Website: [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Date of inspection visit: 10 September 2015  
Date of publication: 06/10/2015

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 and 25 June 2015. We found breaches of a number of regulations of the Health and Social Care Act 2008. This resulted in the Commission serving two warning notices on the provider. These warning notices were in relation to staffing and safe care and treatment. The timescale for meeting the warning notices was the 20 August 2015.

The provider sent us an action plan which indicated action had been taken to address the breaches of regulations outlined in the warning notices. We undertook a focused inspection on the 10 September 2015 to check that they were meeting the legal requirements which the warning notices related to. This report only covers our findings in relation to these breaches of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Russell House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We will follow up the other breaches referred to in that report at a later stage.

Russell House is a care home which provides accommodation and personal care for up to twenty people with learning disabilities/physical disabilities and epilepsy. At the time of our inspection there were seventeen people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the service had an interim manager in post to support them in addressing the issues from the previous inspection.

At this focused inspection on the 10 September 2015, we found the required improvements had been made. Safe care and treatment was provided. People's care plans had been updated to provide clear details on the support people required, risks were identified and managed and fluid and food charts were maintained and well completed. Staff were clear of people's needs, risks and their role in supporting people.

Systems were in place to ensure knives and hazardous materials were kept locked. This was consistently maintained throughout the inspection. Water temperature checks were maintained and high temperatures acted on. Hot water temperatures in the kitchens were above the safe level. A recommendation was made for the provider to consider if this posed any risks to people. The home was free from odours and staff were clear who was responsible for infection control and how infections were managed to prevent cross infection.

# Summary of findings

Safe staffing levels were maintained. Systems were in place to ensure one to one observations of people was consistently maintained. Staff were clear of their roles and responsibilities and they appeared confident, motivated and happy in their roles. They felt much more supported and were positive about the changes in the service which benefitted people.

The provider had introduced morning meetings and daily audits. This meant any issues in relation to staffing levels and changes in people's needs were immediately picked up and addressed. We saw the interim manager and deputies had a visible presence on the units and covered shortages in the rota. This provided staff with support whilst enabling the provider to satisfy themselves that people were getting safe care.

# 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?**

The service was not always safe.

Staffing levels had increased and sufficient staff were provided to meet people's needs.

Risks to people were identified and managed. The provider need to consider whether people are at risk of accessing the kitchen unsupervised and being placed at risk from hot water temperatures.

Safe practices were promoted, monitored and management had a visible presence in the home to provide support and guidance to staff.

**Requires improvement**



# Russell House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a focused inspection to check whether the provider had made improvements as a result of warning notices which were served following our comprehensive inspection on the 24 and 25 June 2015.

We undertook a focused inspection of Russell House on the 10 September 2015. The inspection was unannounced. This meant the service did not know we would be visiting.

We inspected the service against one of the five questions we ask about services: is the service safe. This was because the service was not meeting legal requirements in relation to that question and this was the area the warning notices were served against.

The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they had taken to meet the legal requirements which the warning notices referred to.

During the inspection we spoke with eight staff and the interim manager. One relative contacted us after the inspection and we spoke to two people living at the home. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We walked around the home to assess the improvements made to the environment. We looked at eight people's care records, staffing rotas, shift planners, policies and audits.

# Is the service safe?

## Our findings

At the previous inspection on the 24 and 25 June 2015 we found there were not sufficient numbers of staff employed. The home had a high number of staff vacancies and shifts cancelled at short notice were not covered. This meant one to one observations for people who required it was not consistently maintained, people could not go out when they wanted to and staff were rushed and doing more than one task at a time. We served a warning notice in respect of a breach of Regulation 18(1) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 20 August 2015.

The provider had reviewed the staffing levels and had increased the staffing levels to ensure people got the required care. As a result we saw more staff was provided on units to meet people's individual needs. The home still had a high number of vacancies but was actively recruiting into them. They had a recruitment plan in place to support that which included offering permanent contracts to bank workers, job fair and use of social media. We saw bank and agency staff were used to cover the gaps in the rotas to ensure the required staffing levels were maintained. The interim manager and deputies regularly visited each unit. The provider had introduced a morning meeting with management to enable the management team to get an update on what was happening on each unit. They also carried out daily audits which enabled them to pick up gaps in rotas for that day and the following day. We saw copies of completed daily audits. They were comprehensive and detailed. Any actions from the previous day were carried over to the next day to ensure it was actioned. Staff told us if gaps in the rotas were not filled the interim manager and deputies assisted, covered the shift and made themselves available and accessible to staff. This ensured safe staffing levels were maintained.

We saw people on one to one observations had a designated member of staff allocated to provide the observation. This enabled people on one to one care to go for walks as and when they wanted which helped reduce their frustrations. Records were maintained of the observations which evidenced this support was provided. We saw people were provided with this level of support throughout the inspection.

Staff were responsible for cooking the meals. We observed lunch on two units. We saw sufficient staff were available to cook the meal and support people. We saw staff were not rushed and were only responsible for one task at a time. We saw people who used the service were relaxed and were able to access staff when they needed them which meant people appeared less agitated and frustrated.

The provider was in the process of training more support staff as shift leaders to ensure there was sufficient numbers of suitably trained staff available to manage shifts. Staff told us they were happy with the changes made as a result of the previous inspection. They confirmed the staffing levels had increased and were maintained. This enabled them to meet people's needs in a relaxed and more person centred way. They also commented that people who used the service seemed happier as they were able to get staff support when they needed it. Staff told us they felt supported, happy in their roles and that management were more accessible and available. There was a positive, relaxed and happy atmosphere in the home.

These findings evidenced the warning notice in respect of Regulation 18(1) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014 was met.

At the previous inspection on the 24 and 25 June 2015 we found safe care and treatment was not provided. This was because risks to people were not properly managed. We served a warning notice in respect of the breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 20 August 2015.

We saw people's care plan had been updated to reflect all of their needs. They were detailed and specific as to the level of support required. There was guidance in place also for how people were to be supported during one to one observations and clear protocols on the management of seizures. Risk assessments were in place which addressed risks to people in relation to specific risks to them such as pressure sores, fluid restrictions, constipation, use of a Percutaneous Endoscopic gastronomy (PEG) feed, challenging behaviours, choking, use of helmets and splints and moving and handling.

Care plans and risk assessments were dated and signed. They included a staff signature list which indicated staff had read and understood people's needs and risks. Staff

## Is the service safe?

were able to tell us what risks people presented and how the risks were managed. They were knowledgeable as to the level of support people required to enable them to meet their needs safely. We saw staff supported people in a positive, encouraging way and in line with their care plan.

We saw people who were required to wear helmets and splints when mobilising did so. Their care plan and risk assessments outlined when they were not worn. People told us they were happy with their care and one person was excited about their forthcoming holiday. A relative contacted us after the inspection and confirmed they were happy with their relative's care. They felt confident staff were knowledgeable and skilled to meet people's specialist needs.

People's care plans and risk assessments outlined if a person required to have their food and fluid monitored and why. We saw food and fluid charts were well completed. Staff were clear of their responsibilities and the importance of doing this. The food and fluid charts were monitored daily by the interim manager and deputies and action was taken to address any gaps.

We saw guidance had been provided for staff on what to do if a person had an accident resulting in a head injury. Staff had signed to say they understood this. Staff indicated they were clear of their responsibilities in relation to accidents and incidents. We saw body charts were completed when marks or bruising was noted on people and reported to the interim manager or deputy. We saw one occasion where unexplained bruising had not been brought to the attention of the management team in a timely manner. The bruising was subsequently noted on a body chart at a later date and then reported to the management team who acted appropriately.

We saw medication was administered as prescribed. Medication audits took place which picked up gaps in administration. We noted there had been an increase in medication errors reported. The interim manager was aware of this and appropriate action was taken in response to each medication error. We observed a staff member being assessed to administer medication. We heard the assessor address some minor issues with the staff member to further improve their practice.

The home had no new admissions or respite admissions since the previous inspection. The interim manager told us all new admissions to the home, including people coming in for respite care for the first time would be fully assessed. We saw the next of kin of people coming in for subsequent respite admissions were contacted prior to admission. This was to establish if their needs, medication and risks had changed. The outcome of the discussion was recorded and evidenced if changes were required to care plans and risk assessments.

We walked around the home. We saw cupboards containing hazardous materials and drawers containing knives were locked and secure. Guidance was in place for staff to remind them of the importance of keeping such items secure. Staff had signed to confirm their awareness of this practice. During discussion with staff they confirmed they were aware of their responsibilities to ensure they check and promote this during each shift.

We saw weekly clinical review meetings took place. Each person was reviewed and discussed. Changes in people's needs were identified and actions agreed including changes to care plans and risk assessments.

The home had nominated infection control leads. Their photo and role was displayed at the entrance to the home. Most staff were clear who the infection control leads were and were aware of their own responsibility to prevent cross infection. The home was clean and free from odour.

We saw water temperature checks were taking place and action taken to address if the water temperature was too hot. We saw water temperatures in the kitchen and laundry room exceeded safe water temperature levels. The laundry room was kept locked. The kitchens were accessible to people. Staff told us people only use the kitchen under staff supervision.

**It is recommended the provider considers if people using the service access the kitchen unsupervised and does the hot water temperature in the kitchen pose any risks to them.**

These findings evidenced the warning notice in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.