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

Summary of findings

Overall summary

This inspection took place on the 4 July 2018 and was unannounced. Russell Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to five adults with learning disabilities or on the autistic spectrum. Five people were using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the previous inspection of this service in July 2016 we rated them as Good overall. We found one breach of regulations because staff had not received training about the Mental Capacity Act 2005 and rated the Effective question as Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of Effective to at least good. During this inspection we found this issue had been addressed.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Checks had been carried out to help ensure the premises was safe. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe way.

Systems were in place to assess people's needs before they started using the service to determine if those needs could be met. Staff received on-going training and supervision to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. We saw staff interacting with people in a caring manner. Steps had been taken to promote people's right to confidentiality and to support needs relating to equality and diversity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint. People were supported to engage in various social and leisure activities.

Staff and people spoke positively about the senior staff at the service. Systems were in place to monitor the quality and safety of support provided. Some of these included seeking the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Is the service effective?

Good

The service was effective. Systems were in place for assessing people's needs before the provision of care.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and people told us they enjoyed the food.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 July 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious or important matters the provider had sent us. We used information the provider sent us in the Provider Information Return. 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three people who used the service and one visiting relative. We spoke with three members of staff; the registered manager and two care assistants. We reviewed the care records of two people including their care plans and risk assessments and looked at the medicine records for all five people. We checked four sets of staff recruitment, training and supervision records. Policies and procedures were sampled and we reviewed minutes of both staff and service user meetings. We examined the quality assurance and monitoring processes that were in use.

Good

Is the service safe?

Our findings

Systems were in place to help protect people from the risk of abuse. Safeguarding and whistle blowing policies had been developed and staff understood their responsibility to repost any allegations of abuse. One member of staff told us, "The first thing I would do is go to the manager. If it is my manager I will have to whistle blow and go to you (CQC)."

Where the service held money on behalf of people records and receipts were kept of financial transactions to help reduce the risk of abuse. The registered manager told us there had not been any safeguarding allegations since our previous inspection.

Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments were personalised around the risks individuals faced and covered moving and handling, finances, medicines and accessing the community. Checks were carried out to help keep the premises safe. These included testing fire alarms and emergency lights. In date safety certificates were in place for fire alarms, gas appliances and electrical installations.

People told us there were enough staff to meet their needs and there was always staff available when required. One person said, "Always staff here to help me." We observed staff responded to people in a prompt manner. Robust staff recruitment practices were in place. Records showed the provider carried out various checks on prospective staff, including proof of identification, criminal record checks, employment references and a record of people's past employment history. This meant steps had been taken to help ensure suitable staff were employed.

Medicines were managed safely. They were stored in a locked cabinet and people told us staff gave them their medicines when needed. Medicine records were maintained. These were up to date and accurately completed. Controlled drugs were stored, recorded and administered appropriately. Guidance was in place about when to administer 'as required' medicines to people.

The service had policies on infection control and information was on display around the service about promoting good hygiene practice. Staff wore protective clothing such as gloves and aprons when providing support with person care. The service was visibly clean and free from offensive odours on the day of our inspection. This meant the service had taken steps to reduce the risk of the spread of infection.

Records were maintained of accidents and incidents. The service sought to make improvements if things did not go to plan. For example, when a staff member made an error with medicines they had to re-train in this area to reduce the likelihood of them making a similar error in the future.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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.

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 previous inspection of this service in July 2016 we found they were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not undertaken training about MCA. During this inspection we found this issue had been addressed and staff had undertaken training in this area and demonstrated a good understanding of relevant issues.

Mental capacity assessments had been carried out to determine if people had the capacity to make specific decisions, for example in relation to personal care and taking medicines. People were supported to make decisions and to have as much control over their daily lives as possible. At the time of our inspection no-one using the service was subject to a DoLS authorisation. However, the registered manager told us they had applied for a DoLS authorisation for one person and were waiting for the local authority to make a decision about this. The registered manager was aware of their responsibility to notify the Care Quality Commission of any DoLS authorisations.

The registered manager told us there had not been any new admissions to the service in the past four years. However, they were able to outline the assessment process they would use in the event of a future referral for admission to the service. This included meeting with people and relatives to discuss people's needs and providing people with the opportunity of visiting the service before making any decisions about moving in.

Staff were supported to develop knowledge and skills relevant to their role. Staff undertook an induction training programme on commencing work at the service, although no new staff had been recruited since our last inspection. Staff told us they received regular training. One member of staff said, "We have done administration of medicines, safeguarding, fire safety, moving and handling, infection control and first aid (training)." Records confirmed that staff undertook training.

Records showed staff had an annual appraisal and review of their performance and development needs. In addition, staff had regular one to one supervision with the registered manager. One member of staff said of their supervision, "Every eight weeks (registered manager) calls us upstairs for supervision. We talk about how we are doing our work and they try to help us in the areas we are not doing well." Minutes of supervision meetings showed they included discussions about staff performance, training and issues related to people using the service.

People told us they liked the food. One person said, "I like the food. Fish and chips are my favourite. I ask the lady (staff member) if I can have it." Another person said, "I like eating the food." The same person told us they enjoyed food that was reflective of their ethnicity and this was provided. A relative told us, "Since (person) has been here there has been an improvement. I used to feed him at home but now they can do that (eat independently)."

Staff told us they offered people choices about what they ate. There was a rolling menu and each day two meal choices were available. People were seen to be enjoying their lunch on the day of inspection. The service sought to encourage people to maintain a healthy and well-balanced diet and monthly weight checks were carried out to see if people had gained or lost significant amounts of weight which might be an indicator of a health issue.

People told us the service supported them to make and attend health appointments. One person said, "If I'm feeling poorly I tell the lady (staff member) and they take me to the doctor." Another person said, "I go to the dentist for my teeth. The staff go with me." Records showed people had routine access to health professionals including GP's, opticians, chiropodists and dentists. Hospital Passports were in place for people. These included information about the person for hospital staff in the event that the person was admitted to hospital. They covered people's medical condition, their prescribed medicines, how they indicated if they were in pain, how they communicated and support required with things such as personal care and eating and drinking.

The service was homely in its appearance and the décor was well maintained. Adaptions had been made to help support people with mobility issues, such as hand rails in the bathrooms and toilets. The service was built over two floors, and those people with mobility issues had their bedroom on the ground floor.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and acted in a kind and respectful manner. One person said, "They are friendly to me." Another person said, "I like the staff, they are kind." A relative said, "I think they do it (staff interacting with people) very well. I have never seen them (staff) cross."

We observed people and staff interacted in a friendly way with each other and people were seen to be at ease in the company of staff and approaching staff for whatever reason. Staff were seen to be laughing, joking and chatting with people and people were clearly enjoying this interaction. Care plans included information about people's past life history, including details of where they had lived and their family. This helped staff to get to know people. Staff had all worked at the service for a number of years and had built up good relationships with people.

People told us they were supported to be independent and develop independent living skills. One person told us, "I do the ironing, I am reasonable at it." Care plans also included information about how to promote people's privacy, dignity and independence. Staff understood these issues. One staff member said, "Before you attend to them you have to ask their permission, you have to let them know what you are going to do."

Staff understood the importance of promoting people's confidentiality. Confidential records were stored securely which helped to promote people's privacy. This was further promoted by each person having their own bedrooms. Bathrooms and toilets were fitted with locks that had an emergency override device which helped to promote people's safety in a way that was safe.

People were supported with needs around equality and diversity issues. One person attended a place of worship and food provided reflected people's cultural backgrounds, as did activities that were offered. People were supported to maintain relationships with their families. A visiting relative told us they were made welcome at the service any time the wished to visit. The registered manager told us none of the people using the service at the time of inspection identified as LGBT, but added if they did the service would seek to meet their needs.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person said, "Yeah, I like living here." A relative said, "I think they take care of (relative) very well. They like it here."

Care plans had been developed which set out how to support people in a personalised way, based around the needs of individuals. People had been involved in devising their care plans. They covered areas such as personal hygiene, eating and drinking, finances, emotional wellbeing and leisure activities. Plans were subject to regular review and evaluation which meant they were able to reflect people's needs as they changed over time. Staff told us they were expected to read care plans and were able to demonstrate a good understanding and knowledge of the individual support needs of people.

People were supported to engage in various activities, both in house and in the community. One person said, "I like bowling. We go places all the time." On the day of inspection one person went for a walk and another attended a day service. Other activities provided included bowling, the cinema and meals out.

People were aware of how to make a complaint. One person said, "I would talk to the staff." A relative told us, "I would speak with (registered manager) if anything was wrong. But I have no complaints." The service had a complaints procedure in place. This included timescales for responding to complaints. However, it contained inaccurate details about who people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the policy accordingly. They also said there had not been any complaints received since our previous inspection and we found no evidence to contradict this.

The registered manager told us none of the people using the service at the time of our inspection were in the end of life stages of care. The services had a policy in place covering death and dying. However, care plans did not cover this area. We discussed this with the registered manager who told us they would address this issue and devise end of life care plans for people.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People, relatives and staff all spoke positively about them. One person said, "I like the boss (registered manager), they are nice and friendly." A relative told us, "(Registered manager) is good." A member of staff said, "My manager is really easy to approach, they are friendly. The way they have made the environment it is easy to communicate with each other. The place is like a family." Another member of staff said, "If you have any issues you can talk to the manager. They are very understanding, they know the people inside out." The registered manager was supported in the day to day running of the service by a senior care assistant.

Systems were in place to monitor the safety and quality of the service provided. Staff meetings were held which gave staff the opportunity to have their say about the service. One staff member said, "Every two months we have staff meetings. We discuss how we are doing with the service users, if we have any problems and (registered manager) asks if there is anything else we need to discuss." Residents meetings were also held. Minutes of these showed they included discussions about activities, health and safety, food and the importance of people respecting each other's privacy.

The service carried out a survey to seek the views of relatives and professionals. Completed surveys contained positive feedback. Comments included, "The staff are always friendly", "Lovely welcoming atmosphere where clients are encouraged to express their views and individuality" and "Fantastic care of my (relative)."

Various audits were carried out. These included audits of cleanliness around the premises, maintenance issues, medicine records and care plans. The nominated individual carried out monthly audits which involved speaking with people and staff, checking records and touring the premises. This helped to ensure care was carried out in a safe and appropriate manner.