

Mr Bradley Scott Jones & Mr Russell Scott Jones

Russley Lodge

Inspection report

276 Wilbraham Road
Manchester
Lancashire
M16 8WP

Tel: 01618812989

Date of inspection visit:
13 March 2018
14 March 2018

Date of publication:
16 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 14 March 2018 and was unannounced. This was the first inspection of Russley Lodge since it had been re-registered with the Care Quality Commission in February 2017. The re-registration had taken place as the provider changed the company name. This did not create any changes to the management or the overall registration of the home. The home, under its previous legal entity, was inspected in June 2017.

Russley 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.

Russley Lodge is registered to provide care to up to 17 older people, including people who may be living with dementia. Accommodation is based over two floors and there is a passenger lift between the floors. At the time of our inspection there were 16 people living at the home.

There was a registered manager at Russley Lodge. 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.

At this inspection we found breaches in the regulations for consent, good governance and not notifying the CQC of an incident at the home. The Deprivation of Liberty Safeguards (DoLS) for two people had expired and not been re-applied for and a DoLS application had not been made for one person who was restricted from leaving the home. A formal assessment of people's capacity to consent to their care and support was not completed, although people signed their consent to their care plans when deemed to have capacity.

Care plans and risk assessments were in place. Not all risk assessments had been updated in a timely manner and so were not reflective of people's current needs. Individual daily logs were not kept. A system of audits was in place but these were not completed on a regular planned basis and were not sufficiently robust to identify concerns identified during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were administered as prescribed; however the medicine administration records did not clearly identify when people self-administered their medication or creams and staff had not signed to record they had applied all prescribed creams. We have made a recommendation that guidelines are written as to when 'as required' medicines are to be administered and for the quantity of controlled drugs held at the service to be regularly checked.

We were shown copies of people's life story books which contained details of people's families, previous jobs, hobbies and interests. We have made a recommendation that these are made readily available for care

staff so they have the information to build meaningful relationships with people living at the home. People's person centred care plans and care files contained information about people's likes, dislikes and preferences. Staff knew the people living at the home well.

People said they felt safe living at Russley Lodge and that staff were kind, caring and treated them with dignity and respect. People said they were supported to maintain their independence by completing the tasks they were able to do themselves.

Staff received the training and support they needed to undertake their role. Regular supervisions and team meetings were held.

A safe recruitment system was in place to recruit staff who were suitable to work with vulnerable people. There were sufficient staff on duty to meet people's assessed care and support needs.

People were supported to maintain their health and nutrition. Culturally appropriate food was prepared for those people who wanted it. Visiting health professionals said staff had the information they asked for and followed any guidance they were given. Referrals to health professionals, such as GPs and district nurses were appropriately made.

People's end of life wishes were documented, including whether they wished to remain at Russley Lodge at the end of their lives if possible. People's culture needs were also recorded.

Accidents and incidents were recorded and reviewed by the registered manager to reduce the likelihood of a re-occurrence.

The home was clean throughout and equipment was serviced and maintained as per the regulations and manufacturer's instructions.

An activities co-ordinator arranged activities each afternoon, including arts and crafts or games. People showed the inspector paintings they had completed. Trips out had previously been arranged; however the home's access to a minibus had stopped. During our inspection the registered manager arranged for alternative transport to be available and said they were due to arrange some trips out in the future.

Surveys were carried out for relatives, people living at the home and staff. The results we were shown were positive; however they were not available for the people living at the home or their relatives to review.

Staff, relatives and people living at Russley Lodge said that the registered manager was approachable and always available to talk with. They were able to raise any concerns directly with the registered manager and these were dealt with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were reviewed but we found one person's risk assessments did not reflect their current needs.

Medicines were administered as required. We have made a recommendation with regards to 'as required' medicine guidelines and stock checks for controlled drugs.

There were sufficient staff on duty to meet people's needs and staff were safely recruited.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Three people were at risk of being deprived of their liberty without proper lawful authority as Deprivation of Liberty Safeguards (DoLS) applications had not been made.

Staff received the training and support to meet people's needs.

People's health and nutrition needs were met. Culturally appropriate food was catered for.

Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the staff team. They felt they were supported with kindness, dignity and respect.

Information about people's live history, likes and dislikes had been compiled. We have made a recommendation that the life story books are freely available for the staff team.

Staff knew people's needs well and promoted their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

Person centred care plans and assessments of daily living were in place.

Activities were organised each afternoon which were well liked by people.

Is the service well-led?

The service was not always well-led.

The registered manager completed some audits but these were not done regularly and were not sufficiently robust to identify the issues found at this inspection.

The registered manager was approachable and was available for people, relatives and staff to talk with.

Surveys were completed by people living at the home, relatives and staff. The results were positive.

Requires Improvement ●

Russley 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 13 and 14 March 2018. The first day of inspection was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch board. We did not receive any feedback regarding Russley Lodge. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We made observations of the care and support provided at Russley Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the mealtime experience for people and interaction between people using the service and staff throughout the inspection.

We spoke with five people who used the service, three relatives, the registered manager, a director of the provider, five care staff, chef, housekeeper and activities co-ordinator and a visiting health professional. We looked at the care files of three people living at the service, two staff files and records relating to the management of the home including training records, medicine administration records, quality assurance systems and maintenance records.

Is the service safe?

Our findings

All the people and their relatives we spoke with said they were safe living at Russley Lodge. A relative said, "I'm 100% happy with everything; mum gets really good care."

Staff knew how to recognise and respond to any concerns of abuse taking place. Staff had received training in safeguarding vulnerable adults, were able to describe different signs of potential abuse and how they would record and report any concerns they had. All staff said that the registered manager would act on any issues that were raised with them.

People said that they received their medicines as required. We looked at five people's medicine administration records (MARs). These had been fully completed for prescribed tablets. However one person's prescribed cream had not been signed that it had been applied, whilst the MAR for other people's creams had been signed. We spoke with the person who confirmed that staff applied the cream each day. We discussed this with the registered manager who said they would create a separate cream chart to be located in the person's room so that staff were able to sign they had applied the prescribed cream as soon as they had done so. This meant that the person had received the creams as prescribed but this had not been recorded.

People were prescribed some medicines on an 'as required' (PRN) basis. From our observations and from speaking with people and staff, we saw that all the people currently living at Russley Lodge were able to communicate with staff if they needed their PRN medication. Some people at Russley Lodge were living with dementia and so their ability to communicate their needs for PRN medicines may change. We recommend that best practice guidelines are followed which state that clear guidelines should be in place to advise staff when PRN medication may be required and these should be regularly reviewed to ensure they reflect a person's current communication methods (for example verbal, being prompted by staff or non-verbal communication).

We also saw that some people self-administered part of their medication or applied prescribed creams themselves; however this was not made clear in their care plans or on the MARs. The staff we spoke with were aware of who self-medicated.

We discussed this with the registered manager who said they would ensure clear information was provided as to how people communicated they needed a PRN medicine and who self-administered some of their medication. We will check this is in place at our next inspection.

Controlled drugs were stored in a secure medicines cabinet in the staff office. Controlled drugs are certain medicines that due to their risks of misuse or abuse are subject to more stringent legal requirements in relation to their storage, administration and destruction. We saw the controlled drugs had been signed by two staff when administered or booked in and a running total of the quantity of controlled drugs was noted. We checked the quantities for the one controlled drug prescribed at the time of our inspection and found it was correct. We saw there had not been a stock check for the controlled drug since December 2017. We

recommend that good practice guidelines are followed to complete and record stock checks for controlled drugs.

At the time of our inspection the medicines trolley was kept in the dining room; however it was not securely attached to a wall as per the legal requirements for the storage of medicines. We discussed this with the registered manager who said the trolley had been moved from being stored under the stairs during redecoration and had not been re-secured to the wall following the completion of this work. The trolley was securely attached to the wall under the stairs on the second day of our inspection.

Risk assessments, including for mobility, falls and personal care were incorporated into the person centred plan. These included guidance for staff to follow to mitigate the identified risk. Separate risk assessments were also written where required, for example for the risk of malnutrition, diabetes, smoking and pressure sores. However one assessment for the risk of developing pressure sores using the 'Waterlow' assessment tool had an outcome of 'very high risk' There was no associated plan of care for this assessment to state the support the person required to reduce the risk of developing pressure area sores. We discussed this with the manager who said that the assessment needed to be reviewed. The person had moved to the home in December 2017 and the Waterlow assessment stated that the person was always in bed or a wheelchair. However it had become clear they were able to re-position themselves throughout the day and night, were independent with transfers to and from their wheelchair and used crutches with in the home which meant the risk of developing pressure area sores was reduced. This was noted in the person's person centred care plan but the Waterlow assessment had not been updated to reflect this.

A senior support worker was allocated to review the risk assessments each month. An accountability sheet was used to show this had been completed and the risk assessments were up to date. However this 'Waterlow' assessment had not been updated when the senior member of staff had completed the accountability sheet on the 1 February 2018. The accountability sheet had not yet been completed for March 2018 for this person at the time of our inspection.

We also saw that one person's risk assessment for diabetes stated the district nurses visited the home twice per day to administer their insulin medicines by injection. Staff we spoke with said this no longer happened as the person had been shown how to self-administer their insulin injection by the district nurses and were observed doing so by a staff member. However the risk assessment had not been updated to reflect this change.

All the staff we spoke with knew the person's current needs; even though they were not fully reflected in the risk assessments.

We found the not all risk assessments contained accurate and contemporaneous information which was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 2 (c).

People and their relatives all told us there were sufficient staff on duty. They said they didn't have to wait long for staff when they wanted support. We were told staff promptly responded to the call bells. The rota showed that staff levels were consistent. Our observations showed there were enough staff on duty to meet people's assessed care and wellbeing needs. One person said, "There's enough staff. I use the buzzer if I need to and they come quickly." A relative told us, "There's always enough staff around."

Staff files showed a safe system of recruitment was in place. Checks were made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people.

Two references were obtained before the new staff member started to work at the service. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

Accidents and incidents were recorded and reviewed to reduce the chance of a re-occurrence. Following one incident we saw new garden fencing was installed and a new risk assessment was written to reduce the likelihood of the same incident happening again. This showed the service responded to incidents appropriately.

Records showed that equipment was serviced in line with best practice guidelines and manufacturer's instructions. This included the fire, emergency lighting and water systems. We saw fire drills were completed every six months. An emergency grab sheet was stored near the front door which detailed the support each person would need to evacuate the building in the event of an emergency. A business continuity plan had been written. This included details of contingency plans in case alternative accommodation was needed and contact details for utility providers, lift engineers and heating engineers. Procedures were also detailed in the case there was a high rate of staff absence, for example due to illness.

There was also a check that the radiator surface temperature was not too high and checked that people could not become trapped against a radiator if they fell, as the home did not have radiator covers in place. Health and Safety Executive guidance states that radiator temperatures should not be above 43 degrees Celsius. The registered manager told us the radiators were all set so that they could be comfortably held. This mitigated the risks of people scalding themselves against hot radiators. During the inspection all the radiators we checked were safe to touch and the home was warm throughout.

We found the home to be clean throughout, with no malodours present. Relatives we spoke with said the home was always clean. However we did note that three pedal bins located in different toilets did not work and the bin lid had to be raised by hand. This increased the risk of cross infection. The manager told us a person who had recently moved from the home used to break the bins on a regular basis, was aware they needed to be replaced and had informed the directors of the company. New pedal bins were delivered on the second day of our inspection.

The manager completed a monthly health and safety check of the building, including window restrictors, pressure mattresses and the cleanliness of the home. This meant systems were in place to reduce the environmental risks at the service.

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).

Where people had capacity to make decisions they signed a consent to care form. There was no specific capacity assessment completed to formalise when a person did not have capacity to sign their consent. The registered manager kept a matrix to track the DoLS applications. However two people's DoLS had expired prior to our inspection and re-applications had not been made. Another person was listed as moving out of the service so a DoLS application had not been made. This person had not moved out as expected and had now been assessed as needing to live at Russley Lodge, however a subsequent DoLS application had not been made. This meant three people were at risk of being deprived of their liberty without proper lawful authority. The registered manager completed the re-applications for both people during our inspection. This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with had an awareness of DoLS and understood that some people had restrictions in place, for example not going out on their own. Staff were aware of who was able to leave the home on their own.

Staff received the training and support to meet people's assessed care and well-being needs.

Staff told us, confirmed by training records, they had received training to effectively carry out their role. Staff attended an annual day refresher course which included health and safety, moving and handling and safeguarding vulnerable adults. We saw that 85% of the staff team had achieved a nationally recognised qualification in health and social care. 85% of staff had also completed a course in dementia awareness. We discussed with the registered manager if staff had access to training in mental health as several people living at the home had a diagnosed mental health condition. They said that staff now chose units within their diplomas that appertained to mental health, but there had been no specific mental health training arranged. They told us they would look into potential providers for mental health training.

New staff were now enrolled on a three day course with an external training provider to complete the required training courses before shadowing experienced staff in the home. The three day course covered the requirements of the care certificate. The care certificate is a nationally recognised set of principles that all care staff should follow in their working lives. This meant new staff had the training they needed and the time to get to know the people living at the home and their support needs before being part of the rota and

working independently.

Staff told us they had regular supervisions every two months with the registered manager. Records we saw showed the supervision meeting discussed the staff member's performance, training, the service users and any concerns they may have. Staff also said that the registered manager was visible within the service and they were able to raise any issues they had directly with them without waiting for their next supervision.

All the staff we spoke with said they felt well supported by the registered manager.

Staff were given information about people's needs before they moved to the service. The registered manager completed an initial assessment of a person's health and well-being needs. This was used to ensure the home could meet a person's needs. Staff told us they received a verbal handover of people's needs and read the initial care plans prior to people moving into the home.

A combined daily log for the home was kept. This gave a statement of people supported with their personal care, that medicines had been administered, meals eaten, that drinks and snacks had been offered, recorded any visitors to the home and night time support. The log did not give personalised details of the specific support provided, but was a list of who had received support or for example simply stated "all medicines administered." This meant the log was generalised, brief and was not personalised to the support each person had received. The daily log referred the staff to any additional forms that had been completed, for example an accident form, which were kept in people's care files. The lack of individual records of the care and support provided was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 2 (c).

Staff also had a handover at the start of each shift. The senior carer gave a summary for each person of the support provided and any changes in their health or well-being. This meant the staff were provided with up to date information about any changes in people's care and support needs; although the daily records contained little information about any changes in people's health and well-being.

Relatives told us that the staff team knew their relatives needs well. One said, "Staff know [Name]. They had some falls at home but that hasn't happened since moving here."

Russley Lodge is a residential home. Therefore if people's needs changed over time they may need to move to a nursing home. The registered manager told us they referred people to the local authority social workers for a re-assessment of needs if Russley Lodge were no longer able to meet their needs. They would liaise with the new provider, sharing the current care plans and discussing the person's care and support needs. This meant people were supported to transition to another provider if Russley Lodge could no longer meet their needs.

People were positive about the food at Russley Lodge. People said they had a choice of main meals and there was always an alternative if people wanted something different. One person told us, "I don't like cereals or toast so the chef makes me pilchards and mushrooms for breakfast." The chef had details of people's nutritional requirements, for example three people had diabetes. At the time of our inspection there were no people living at Russley Lodge who required a soft or pureed diet.

The home catered for people's cultural preferences. We were shown typical West Indian foods were bought and prepared for people. The chef said they spoke with the people living at Russley Lodge to find out what they liked and enjoyed to eat. The minutes of residents meetings showed people were asked about the meals they would like.

Where required, people's food and fluid intake was monitored. People were weighed regularly and appropriate referrals made to dieticians or the speech and language team (SALT) made.

Records showed people were supported to access health professionals, for example GP, psychiatrist and district nurses when required. The GP completed a planned visit to the home each week. Any minor issues were recorded in a 'GP book' and brought to the GP's attention during this visit. This meant the GP was able to advise staff on minor issues at an early stage to prevent them becoming urgent. A visiting health professional we spoke with said, "They (the staff) are pro-active, chase things up and follow any guidance given."

Russley Lodge was also involved in a 'care home team' project. This team provides advice and support to residential care homes to reduce the need for hospital admissions. The registered manager could refer people to the team if they became acutely unwell; for example if they were diagnosed with Chronic Obstructive Pulmonary Disease (COPD) or were at the end of their life and wished to stay at the home rather than be admitted to hospital.

The activities co-ordinator had spent time with people making individual signs for their doors. These included a photo of the person or a drawing they had done. At the time of our inspection the majority of the people living at Russley Lodge were not living with dementia. Dementia friendly signs to identify the toilets, bathrooms and dining room were in place. This would help people orientate themselves around the home. Carpets throughout the home were of a plain pattern. Heavily patterned carpets can be disorientating for people living with dementia. People were able to access the back garden of the home via a ramp, garden furniture was available for people's use, weather permitting.

Is the service caring?

Our findings

All the people we spoke with said that the staff were kind and caring. People said, "The staff are all nice; with a caring attitude," and "I like it here very much; I couldn't have found anywhere better. The staff are really friendly; they're lovely." Relatives were also complimentary about the staff team. One told us, "Staff are very friendly and I can ask if I need anything and it's always provided."

We observed positive interactions between people living at Russley Lodge and the staff. The staff members we spoke with knew people well, including their needs, preferences, likes and dislikes. This information was included in people's care plans. Russley Lodge had a calm atmosphere throughout our inspection.

Following the inspection we were sent copies of two examples of life story books. These captured details about people's lives, including their family, where they lived and jobs they had done. This information would help new staff to form meaningful relationships with people living at Russley Lodge. The life story books had been completed by the activities co-ordinator and were not kept with people's care plans. This meant staff may not have access to this information; however the staff we spoke with were able to tell us about people's life history and family.

Staff were able to explain how they maintained people's privacy and dignity when providing care and support, for example by explaining what they were doing and ensuring all doors and curtains were closed.

People were supported to maintain their independence wherever possible. Staff also told us they encouraged people to complete tasks themselves, for example washing themselves and getting dressed. One staff member said, "I talk to people and explain what I'm going to do. I get them involved whenever I can and ask if they want to do things for themselves." People we spoke with confirmed this. One person told us, "I'm fairly independent; I tidy my own room and get my laundry for the staff." We saw that the care plans provided staff with information about the tasks people were able to do for themselves. A relative told us how their relative's mobility had improved as the staff had been encouraging and supporting them to walk more.

Relatives also told us that the staff kept them informed of any changes in their relative's health or wellbeing.

People's care plans included details of people's cultural heritage and beliefs. For example going to church was important for one person. This was documented in their care plan and we saw they attended church regularly with friends. The registered manager told us a local vicar visited the home to talk and pray with those people that wanted to.

As noted in the effective domain of this report culturally appropriate foods were available for people. One person did not want to have caffeine due to their beliefs. Alternative de-caffeinated hot drinks were available for them.

Care files contained information about a person's sexuality, how they liked to dress and if they had a preference for a male or female member of staff. We saw that one person was called by their nickname rather than their given name. This meant the home was working within the guidelines for equality, diversity

and human rights.

People's care plans were securely stored in the staff office, which was kept locked when staff were not there. This meant people's confidentiality was maintained.

People living at Russley Lodge either had capacity to make their own decisions and / or had family involved in discussions about their care. Therefore advocates were not currently required for anyone living at the home at the time of our inspection. Where people lacked capacity independent advocates would be appointed as part of the Deprivation of Liberty Safeguards assessments.

Is the service responsive?

Our findings

People's care files contained a person centred plan (PCP), completed by the registered manager. These were written in a person centred way and, as previously mentioned in this report, included information about people's preferences, what tasks they could complete for themselves and their likes and dislikes. The PCP included information about people's assessed needs, the support they needed and the identified potential risks. For example the PCP had sections for mobility, personal care, night time support, food and drink, daily living and cultural needs. The registered manager told us they reviewed the person centred plans each month; however we saw one plan had not been dated. Other plans we saw were dated to show they were current.

The care files also contained 13 assessment of daily living (ADL) forms. Some of these duplicated information in the PCP; others gave additional information, for example communication and mental well-being and behaviour. This contained a description of any behaviour the person may display and how staff should support them to reduce their anxiety.

The registered manager told us they planned to reduce the number of ADL's so that information was not duplicated.

Each month a senior support staff member reviewed the ADL's, risk assessments and checked the monitoring charts for bathing, weights and malnutrition universal screening tool (MUST) updated them where required and signed an 'accountability sheet' to state they were current. We saw the accountability sheets had been signed each month; however in two care files the bathing charts were not fully completed. We discussed this with the registered manager and support staff who said the people concerned bathed independently, meaning the staff were not involved in supporting them with this task. The bathing charts were in place so the staff were able to prompt them to bathe if they had not done so. A staff member spoke with both people about when they had bathed and completed the bathing charts.

Where people had capacity they had signed a consent form to agree to the care and support plans. Relatives we spoke with said they had read the care plans and were involved in their review. One said, "I've read mum's care plans and we've had review meetings" and another told us, "I'm always talking about [Name's] support (with the registered manager and care staff)."

A one page profile sheet was in each person's care file. This summarised their medical history, current needs and preferences. We saw this information reflected the current PCP and ADL's but the document was not dated to confirm it was current.

One of the ADL's concerned people's wishes at the end of their life. This detailed whether the person wished to stay at Russley Lodge if possible or be admitted to hospital, if the person wanted to be visited by a priest or other religious person and their wishes following their death. 70% of the staff team had completed an end of life training course.

People we spoke with said they were happy with the activities arranged within the home, although they would like to go on trips out. The service employed an activities co-ordinator each afternoon. Records showed a variety of activities were arranged including quizzes, games and bingo. Two people took great delight in showing the inspector paintings and needle felts they had made with support from the activities co-ordinator. One person told us, "[activity co-ordinator name] is very good." We also saw that two people were able to access the local community independently. One person said, "I tell the staff that I'm going out and get a taxi or use the bus."

We discussed the request people had made for trips out with the registered manager. They said the home used to have access to a minibus through a relative of one of the people who used to live at the home, but this was no longer possible. During the inspection the registered manager made contact with a community transport group and said they were able to access a community mini bus for a small fee. We heard the registered manager asking people if they were interested in going to Bury market for the day. They got a positive response. We will check trips have been arranged at our next inspection.

The service had a complaints policy in place. People and their relatives all told us they would talk directly with the registered manager or the staff on duty if they had a concern. Most said they had never had reason to do this but were confident that any concerns would be dealt with. There had not been any formal complaints made to the service since our last inspection.

At the time of our inspection there was no one at high risk of falls which required sensor mats to be used to alert staff if they were getting up. People were able to use their call bells to summon assistance when required. We saw that rise and fall beds and pressure mattresses were in place where assessed as being required.

People's communication needs were recorded in their person centred plans. At the time of our inspection people living at the home were able to communicate verbally. We saw that one person refused to wear their hearing aid. Staff knew this was the case and ensured they positioned themselves close to the person and raised their voice when speaking with them. We observed staff checking the person had understood them and repeating what they had said when required.

Is the service well-led?

Our findings

A registered manager was in place as required by the home's registration with the Care Quality Commission (CQC).

All the people, relatives and staff we spoke with said the registered manager was approachable, would listen to their ideas and concerns and was visible within the service. Staff and relatives told us that with the home being relatively small the registered manager was available to talk with and they didn't have to wait until they had a supervision or to make an appointment. One staff member said, "We're a good team; we've good communication and the residents all know us" and "You can talk to [registered manager] at any time and she'll listen and take action."

We saw regular team meetings had taken place, with discussions held with regard to handovers, tasks to be completed in the home and activities. Meetings had also been held with residents with items discussed including activities people would like to do and the menu.

The registered manager showed us the results of surveys completed by people living at the home and relatives / visitors. This was dated 2016. The results were positive in all areas. Following the inspection the registered manager sent us the results of the resident and visitor survey from 2017; however this hadn't been available at the home at the time of our inspection. The responses were all positive. We were also sent a copy of a completed relative survey form for the 2018 survey which had been completed after our inspection. This meant the service had a system in place to ascertain the views of the people living at the home and their relatives; however the results were not accessible for people living at the home or their relatives.

As stated previously in this report regular resident and staff meetings were held and relatives told us they would talk to the registered manager directly if they had any issues or concerns. Therefore people, relatives and staff were able to raise any concerns or ideas directly with the registered manager on a regular basis.

We looked at the quality assurance systems in place at Russley Lodge. The registered manager showed us a completed audit for medicines dated January 2018; however the issues we identified with a topical cream not being signed for and the medicines trolley not being re-attached to the wall following re-decoration was not captured as the audit had not been undertaken regularly. We also saw an audit of one person's care file dated 8 January 2018. The registered manager told us they went through each care plan every month when reviewing the person centred plans; however this was not recorded.

As noted previously in this report one person's risk assessments for diabetes and pressure area care (using the Waterlow tool) had not been updated to reflect their current needs, one person's creams had not been signed for when they had been applied, controlled drug stocks had not been checked and deprivation of liberty safeguards applications had not been made in a timely manner. This meant that the auditing and monitoring systems in place had not been sufficiently robust to identify these issues.

A health and safety check was completed each month which checked the window restrictors, mattresses,

radiator temperatures and the cleanliness of the home and any repairs that were needed.

The registered manager told us they completed the audits 'sporadically' and did not have a schedule of when each audit was to be completed.

One of the directors of the provider visited the home regularly and was known by the people living at Russley Lodge and the staff team. The director told us they had started completing themed checks on a monthly basis, for example looking at medicines one month, care plans the next, rather than doing a full audit every three months. We saw actions identified following these visits, although the full report of the audit was not available. The actions were reviewed by the registered manager and director and it was noted when they had been completed.

The registered manager showed us an audit they had completed on the staff files to check they contained all the relevant paperwork and checks. However we also saw an action list from the directors' visit in November 2017 which stated, "The staff checklist does not reflect what is in the file – it has been ticked off without checking the file."

We also saw the overall personal emergency evacuation plan (PEEP) kept near the front door in case of emergencies had not been updated to include one person who had moved to the home in December 2017.

This meant that whilst some audits were completed there was not a schedule to ensure they were undertaken on a regular basis. The audits we did see were not always sufficiently robust. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 2 (a).

The provider had recently purchased a set of policies and procedures from a recognised company to replace policies written by the provider. On the first day of our inspection the director was in the process of adapting these policies to reflect the service provided at Russley Lodge. This meant an up to date set of policies was available to guide the staff.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. The CQC had not received any notifications concerning accidents or safeguarding since our last inspection. We checked the records at the service and found that all accidents or falls had been recorded and did not meet the threshold for the CQC being notified. As noted in the safe domain the service had installed a garden fence after one person had climbed over the garden wall. On this occasion the police had been called following the services missing person's procedure. The service had notified the local authority safeguarding team who had visited the home following the incident. We discussed with the registered manager how the CQC should also have been notified about this incident. The registered manager said they thought the local authority shared the information with CQC and said they would ensure CQC were also notified of any incidents in the future. This was a breach of the Care Quality Commission (Registration) Regulations 2009 Regulation 18.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>One incident where a person left the home and the police were called with regard to a missing person had not been notified to the Care Quality Commission.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Two people's DoLS had expired prior to our inspection and re-applications had not been made. A DoLS application had not been made for another person.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Not all risk assessments contained accurate and contemporaneous information. Individual daily logs were not kept - there was a combined daily log for all people living at the home.</p> <p>Reference 17 2 (c).</p> <p>Some audits were completed but there was not a schedule to ensure they were undertaken on a regular basis. The audits we did see were not always sufficiently robust.</p> <p>reference 17 2 (a).</p>

