

Laurel Residential Homes Limited

Russell Hill Lodge

Inspection report

39 Russell Hill Road
Purley
Surrey
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Tel: 02086683212

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 26 February 2018 and was unannounced. When we last inspected the service in December 2016 the provider was meeting the regulations we looked at and we rated the service Good overall and in all five key questions.

Russell Hill Lodge provides rehabilitative care and support for up to 14 adults living with mild to moderate mental health needs. There were nine people living at the service when we inspected it.

Russell Hill 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 had a registered manager. 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.

Our inspection of the home's environment identified the need for redecoration and refurbishment in a number of different areas of the home because of the potential for infection and the potential risk to people and to their mental well-being. The provider carried out their own audit of the premises in December 2017. This identified the need for significant refurbishment of the home and a plan to carry out appropriate works designed to address these needs was implemented. At the time of this inspection work had already started on the refurbishment and development works. A number of improvements were noted. The registered manager and the regional manager told us the plan is to complete the works over the year.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were enough staff on duty to meet people's needs. Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

The risks to people's safety and wellbeing were assessed and regularly reviewed together with the people concerned. The process of rehabilitative care and support assisted people to maximise their potential to become independent and to manage their own safety. There were processes in place for the recording and investigation of incidents and accidents.

People were supported with the safe administration of their medicines and there were regular audits undertaken by the provider to monitor the processes in place and to ensure people remained safe.

People were supported by staff who were sufficiently trained and supervised. The provider liaised with other

services to share ideas and good practice.

The provider ensured people's nutritional needs were met. Where people were able, they planned their meals, shopped for ingredients and cooked their own food with the support of staff.

People's healthcare needs were met and staff supported them to attend medical appointments.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

People were encouraged and supported by staff to become more independent by developing the necessary skills and knowledge. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this.

People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The provider monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans. Health and social care professionals told us the provider liaised well with them about people's care and support.

Staff respected people's privacy and treated them with respect and dignity.

People told us they were able to contribute to the assessment and care planning process of their care through a number of different ways that they found useful. This included Care Programme Approach (multi-disciplinary agency) meetings, key worker meetings and house therapy meetings.

We saw evidence that care plans reflected what people had said they would like and how they would like their care to be delivered. Care plans included details of people's social activities and of their engagement with the community. All care plans we inspected had been reviewed monthly to the date of this inspection.

People knew how to make a complaint or how to raise a concern if they needed to do so. The registered manager told us they reviewed all complaints to check if there were any trends emerging. None had been identified at the time of this inspection.

Staff said the new registered manager was doing a good job. They told us she was supportive and they felt able to raise any concerns they had with her. Staff said they were included in discussions about the service and they felt involved in service progression and development.

The results from the satisfaction survey just sent out in February 2018 were positive in all areas that questions were asked. They showed that people were satisfied with the support provided by staff and the services more generally in the home

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 as the poor state of repair to areas of the building and environment posed a risk to people of infection. The premises were in need of refurbishment and redecoration.

Staff knew how to safeguard people from abuse because they recognised the signs of abuse and they knew the policies and procedures the provider had put in place to safeguard people.

The provider operated safe recruitment procedures. They had an effective system in place to ensure that there were enough staff deployed in the home to meet people's needs.

People's medicines were stored and administered safely to make sure people received the medicines they needed.

Requires Improvement ●

Is the service effective?

The service remains rated as 'good'.

Good ●

Is the service caring?

The service remains rated as 'good'.

Good ●

Is the service responsive?

The service remains rated as 'good'.

Good ●

Is the service well-led?

The service remains rated as 'good'.

Good ●

Russell Hill 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 checked 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 26 February 2018 and was unannounced. The inspection was conducted by a single inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the Provider Information Return (PIR). This 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 used this information to plan the inspection.

During the inspection we spoke with four people who used the service, two members of staff and the registered manager. We looked at three people's care records and three staff files which included staff recruitment, staff training and supervision. After the inspection we spoke with two relatives of people and three health and social care professionals.

Is the service safe?

Our findings

People told us they felt safe living at Russell Hill Lodge and trusted the staff who supported them. One person told us, "I am safe here. The staff are good to us." Another person said, "I love it here, it's better than anywhere else I have been. Staff treat me with dignity and they respect me, it's good." People told us they were treated well by staff and they said staff were respectful of their wishes and preferences.

People told us some parts of the building could do with a refresh. One person said, "I like it here but it needs some work on it (the building)." Another person said, "It could do with a lick of paint, it'd be more cheerful." Our inspection of the premises demonstrated a building much in need of re-decoration and refurbishment. Many areas of the home's decoration and other facilities were tired and worn. Examples of this were seen by us in the laundry room, the kitchen, in corridors, halls and landings, the first floor bathroom and in some bedrooms where wallpaper was seen to be peeling. The potential for infection arising especially in the laundry room and in the kitchen was seen as considerable given the state of repair in these areas of the building.

We raised this with the registered manager and with the regional director who both acknowledged the need for redecoration and refurbishment. They told us they identified this in December 2017 through their own audit processes. A programme of renovation was implemented for general refurbishment of the home over the next 12 months including all the areas of concern we noted. We saw evidence of this plan and also of several areas of the home that were already refurbished as part of the plan. Examples of this were two bedrooms, completely refurbished to a good standard; people's bedroom doors repainted and some external doors and windows replaced. It is a recommendation to continue this work to achieve completion within the given timescales. We will monitor progress of the work at our next inspection or sooner if we receive concerns that the work is not progressing as planned.

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to describe to us what constituted abuse and the action they would take to protect people if they had a concern about a person. Staff told us they would speak with the registered manager and were confident any concerns they had about a person's safety would be dealt with quickly. Staff were able to give us examples of how they helped to protect people and keep them safe. The registered manager was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments were developed with them in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. Areas of support were detailed within risk assessments, including daily routines, activities, exercise, socialisation, mobility and personal health. The home's environment was checked for safety also through a risk assessment. Both these measures helped protect people and staff from identified risks in the home and helped to ensure staff were working and caring for people in a safe environment. Our discussions with staff demonstrated they took seriously their responsibility for ensuring the home environment stayed safe.

The registered manager told us that since taking up the post in 2017 she had set about reviewing and revising all the home's records both for people using the service, staff and other records. This process was still underway at the time of the inspection. We inspected the revised records including people's care files and staff files as well as other of the home's records and we saw they were well maintained, filed logically and securely as well as easy to access. This helped staff to support people safely.

We saw the provider had policies in place for staff whistleblowing, how to make complaints and for reporting incidents and accidents. Staff told us they were required to read these policies and work within them. From the discussions we had with staff we saw they were familiar with these policies and procedures and knew what to do to ensure they were carried out as required.

People were supported by sufficient numbers of staff. They told us there were enough staff deployed to meet their needs. Rotas showed the staff numbers each day were in line with the numbers of staff the registered manager told us were necessary. The registered manager varied the numbers of staff on shift according to the activities planned for each day to ensure there were enough staff to support people. On the day of our inspection we observed there were sufficient staff to support people in the service as well as to support people with their various activities in the community, including attending college, carrying out voluntary work and attending health appointments.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider took appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People told us they received their medicines as required and as prescribed. The registered manager told us the aim of this was to enable people to manage their own medicines effectively. They explained the process in place was designed to assist people to achieve this goal, an important step towards their independence.

Our checks demonstrated medicines administration records (MAR) were completed appropriately and there were no gaps in staff signatures. There was a policy and procedure in place for the management of medicines and staff were aware of these. The registered manager undertook medicines audits and we saw evidence these were thorough. The registered manager told us they planned to carry out annual competency assessments for staff. This will help to ensure where people are assisted with their medicines by staff this is done safely and appropriately.

Risks to people relating to infection control were managed. Planned improvements will be necessary to ensure the premises are safe and clean. People told us they shared the responsibility of ensuring the premises were clean and took part in a cleaning schedule. We saw there was a range of audits that the provider used to check the cleanliness of the premises.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The registered manager told us they reviewed the records to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

Is the service effective?

Our findings

We saw that people's needs were assessed and the assessments considered people's physical, mental and social needs in line with national guidance such as the Department of Health guidance on care and support planning. People's pre-admission assessments formed the basis of their initial care plans. Our inspection of people's care records evidenced comprehensive assessment and care plan information was provided for each person by the referring multi-disciplinary mental health teams.

This information formed part of the initial placement process for people moving to this home. We saw that it helped to ensure the provider had all the relevant information needed to plan an appropriate level of care and support for the people using this service. On going support was also provided by the community mental health teams together with regular reviews of the effectiveness of the care and support people received at this home.

People told us they thought staff were well trained. One person said, "The staff here help us how we need help. They do a lot for us and I think the staff are well trained." Another person said, "Yes they have been a great help to me actually." A health care professional told us, "My client has only recently been placed there but the staff seem to be good, they liaise with us and keep us informed about [the person's] progress." Another social care professional said, "There is a good joint working relationship and the staff keep us well informed of any issues or concerns."

Staff were skilled and experienced to provide care and support to enable people to have a good quality of life. All new staff completed an induction programme. Staff confirmed that during their induction they read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager who reviewed their progress and offered support.

Training was provided during induction and then on an on going basis. Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, the safe administration of medicines as well as moving and handling. It is a recommendation that more specific training appropriate to the needs of people living at Russell Hill Lodge be included in the staff training programme. Examples of this could include: rehabilitation and resettlement for people with mental health issues, mental health awareness, working with behaviours that challenge and understanding the needs of people with schizophrenia. The registered manager acknowledged this and told us they would draw up a new training schedule for staff to include new training topics appropriate for staff working at Russell Hill Lodge.

Staff received support to understand their roles and responsibilities through monthly supervision. The registered manager told us annual appraisals were planned for each member of staff this year. Supervision consisted of individual one to one sessions and staff meetings. Staff said they were fully supported to undertake their roles and records confirmed this.

Health and social care professionals told us they had regular meetings with people as part of their support

network. Discussion focussed on supporting people with their mental health and with their physical health. Staff were aware of any long term health conditions people had and what support they required. We saw evidence of this in people's care files.

The registered manager told us people living at Russell Hill Lodge as well as being supported by staff were also supported by community mental health teams. Staff from these teams supported people to maintain good health and have appropriate access to healthcare services. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care plans. We could see people had regular appointments with health care professionals such as their consultant psychiatrist, community psychiatric nurses and GPs. This information was recorded in their health care plans. People's care records included a record of all the medical appointments they attended. This evidenced people had regular check-ups and were able to see professionals as they needed to do so.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of when to apply for a DoLS authorisation to ensure any restrictions were lawful and in the person's best interest. None of the people living at Russell Hill Lodge at the time of this inspection lacked capacity to consent to any elements of their care. Staff and people were aware of any other restrictions in place under the Mental Health Act 1983.

People continued to receive the support they required with shopping and preparing healthy meals as a part of their rehabilitation programme. Whilst people were able to eat what they liked, staff provided people with information about how to achieve a balanced and nutritious diet that met their individual needs.

Is the service caring?

Our findings

People were positive about the care and support they received at Russell Hill Lodge and said that staff treated them with kindness, consideration and respected their human rights. One person told us, "I am happy here, I have no complaints I get on with everyone." Another person said, "Staff always knock on the door to see if it is ok to come in." While we were inspecting the premises we saw staff interacting with people, respecting their decisions. One person was not so positive about things and told us they wanted to live independently. The registered manager explained that they were aware of this and were discussing options with them and the relevant professionals. We saw evidence of this in the care records we looked at.

Each person's care record we inspected had a detailed profile of the person that included appropriate information about the person. This enabled staff to develop a better picture of the people they were working with and assist people to feel they mattered and the service cared about them.

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. One member of staff said, "I strongly believe we should treat people the way we would like to be treated. It's about being kind and understanding, and making sure the residents are comfortable", Another member of staff said, "We support people to help them become more independent, like with cooking. It's all about making a difference for people and supporting them with a caring attitude."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people if they required anything in particular with regards to their faith and cultural beliefs. We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's identified needs.

People told us they had regular monthly sessions with their key worker where they were able to discuss their care and support plans as well as what activities they wanted and where they would like to go on holiday. Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate verbally and staff involved them in house meetings and individual discussions.

We saw documented evidence of this on people's care files and this was confirmed by staff and the registered manager. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people to assist them with their rehabilitation programme.

The registered manager told us there was an advocacy service people could use if needed and information was available to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

Is the service responsive?

Our findings

People said they were able to contribute to their needs and risk assessments and to their care plans. In the care plans we inspected this was evidenced by people signing off the paper work to indicate their involvement and agreement with what had been written down.

Staff said people were central to the care planning process and were fully involved. One member of staff said, "We work with people here so they are central to the care they get. Without the involvement of people in agreeing their care and support plan, their rehabilitation would not be successful." Another member of staff said, "Sometimes it is difficult to fully engage people in planning their care but usually this gets easier."

The registered manager told us they were reviewing and revising each person's care file and we saw evidence that the review was well underway. The revised care files we inspected were well organised and information was clear and easy to access. The registered manager told us they were focussed on further developing the rehabilitation elements of people's care planning. The aim was to improve the ability of people to move on through the service towards more independent living.

People were supported to maintain and build their independent living skills and people shared a goal to live more independently after their two year programme ended. People were encouraged to seek work experience, paid employment or training. We saw staff used people's care plans to provide people with choice in their care in a person-centred way. People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations.

People told us they were invited to attend their reviews and had regular meetings with their keyworkers where their care was discussed. We saw from the documentation we inspected that regular Care Programme Approach reviews were held where people's care was discussed with them and the health and social care teams that supported people in hospital and in the community. People told us this all helped them to be actively involved in their care programme. People told us they felt they were listened to and were enabled to make decisions about their care appropriately.

The complaints process was displayed in the main hall so people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further. The registered manager told us they reviewed all complaints that were made to check if there were any trends emerging. None had been identified at this inspection.

End of life care is not provided for people living at Russell Hill Lodge given that people receive care and support specifically focussed on rehabilitating them back into the community. If this was needed arrangements would have to be made for the person to move to a more suitable nursing service.

Is the service well-led?

Our findings

People, health and social care professionals and staff said the new registered manager had made a big difference to the home and the running of it since they came into post last year. The regional manager and the registered manager had identified areas of service that needed improving and had drawn up an action plan to address them. Discussions with both managers evidenced identified areas in need of development and we saw evidence that work had started in a number of areas such as with the review of people's care files and improvements already made to the environment.

Staff told us the registered manager was supportive and they felt able to raise any concerns they had with them. Staff said there was a considerable turnover of staff in the last few months of last year. This was unsettling for the staff who remained and for people who used the service. They said that there was now more stability within the staff team and they felt a good team spirit was developing given the new members of staff who had joined in the last few months. They said they felt well supported by their colleagues. Staff said the registered manager included them in discussions about the service and they felt involved in service progression and development.

A member of staff told us there were regular staff team meetings held monthly. We looked at the minutes from the last three meetings held before this inspection and we saw there were a range of discussion topics some of which were to do with practical household matters such as maintenance issues. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

The registered manager told us they asked people who used the service, their relatives and staff for their opinions and they were asked to complete a satisfaction survey in February this year. The feedback received to date was positive in all areas where questions were asked. They showed people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk. The registered manager told us they would draw together the results and ensure they were analysed so that an action plan could be drawn up where necessary.

Staff completed regular medicine audits (weekly and monthly) and we saw evidence of this that indicated assurance the audits were robust enough to identify medicines concerns. Boots, the pharmacist used by the home to supply medicines had conducted a comprehensive medicines audit in November 2017, the results of which we saw were positive.

The registered manager ensured that statutory notifications were sent as required by their registration with the Care Quality Commission (CQC). They were clear about what constituted a reportable incident and how to do so.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).