

National Society For Epilepsy(The) Russell House

Inspection report

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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

The inspection took place on the 9 and 10 May 2017. It was an unannounced inspection of the service which meant the provider did not know we were coming.

We previously inspected the service on the 1 and 2 March 2016. At that inspection the provider was in breach of one regulation and received an overall requires improvement rating. This inspection was a comprehensive inspection to review the overall rating. We found the requirement made at the previous inspection had been met.

Russell house is a care home which provides accommodation and personal care for up to twenty people with epilepsy, learning and/or physical disabilities. The home had been purpose built and is made up of four units. Each unit accommodates five people. There are two units on the ground floor and two units on the first floor with lift access available to the first floor. At the time of our inspection there were eighteen people living in the home.

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

People and relatives were happy with the care provided. They described the permanent staff as caring and supportive of their family members. They felt staff had the skills and understanding to care for people. However, relatives were concerned about the staff vacancy levels and they felt this led to inconsistent care for their family members.

We found the home provided caring and responsive care to people. Improvements were necessary to ensure the service was safe, effective and well-led.

Aspects of the service were being audited. However regular effective auditing was not taking place to enable the provider to address issues in a timely manner. Records were not suitably maintained in that some records were incomplete, not signed and dated.

People were consented with on their day to day care but the principles of the Mental Capacity Act 2005 was not understood and followed. A recommendation has been made to address this.

Systems were in place to promote communication and ensure staff were aware of people's needs. Staff did not routinely sign to indicate they had read the relevant records to promote safe care therefore it was not clear how staff ensured they were up to date on recent changes in people's support needs. Risks to people were identified. However a staff member was not aware of the risks associated with people's care which meant those risks were not safely managed. A recommendation has been made for the provider to have a

system in place to satisfy themselves that staff are up to date on people's care needs and associated risks.

Systems were in place to promote safe medicine practices. However one person's allergies to medicines were not highlighted and known by one member of staff spoken with during the inspection. This was highlighted to the manager who immediately took action.

The home had a number of staff vacancies. Bank and agency staff were used to cover the vacancies to maintain the required staffing levels. Agency staff were in use in all units which lead to pressure on permanent staff and people being supported by staff they didn't know. The provider was trying to recruit into the vacancies and new staff had been appointed to address the inconsistency in care. A recommendation has been made for the provider to ensure rotas are managed effectively to ensure deployment of staff provides consistent care to people.

Staff were suitably recruited, inducted and trained. The frequency of the training had changed which meant updates in some training were overdue for staff across all four units and this was being addressed. Staff felt supported and the registered manager recognised formal supervision of staff was not taking place as regularly as required. This was being addressed and some group supervisions had taken place to provide support to staff. .

People had care plans in place which outlined the care and support required. Relatives were able to contribute to reviews of their family members care. Staff were kind, caring and responsive to people. People's health and nutritional needs were met. They had good access to activities.

Systems were in place to manage complaints and to enable families to give feedback on the running of the service.

Relatives described the registered manager as "Absolutely brilliant, approachable, transparent and confident in what she does". The registered manager recognised the challenges of the service and the work still to do in improving the service.

The provider was in breach of one Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were not routinely supported by regular staff which led to inconsistent care for people.

People had risk assessments in place to manage identified risks. Some staff we spoke to were unaware of some of the risks people presented with.

Systems were in place to promote safe medicine administration and action was taken to ensure staff were aware of medicines people were allergic to.

People were supported by staff who were suitably recruited.

Is the service effective?

Requires Improvement 

The service was not always effective

People were supported to make decisions about their day to day care. However the principles of the Mental Capacity Act 2005 were not followed.

People were supported by staff who were inducted into roles, trained and felt supported. Systems in place to promote effective communication were not always adhered to, to promote effective care for people.

People were provided with a varied and nutritious diet.

People had access to health professionals to promote their health and well-being.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind, caring and

engaging.

People's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were assessed prior to coming into the home and care plans were in place to support staff to meet their needs.

People had access to a varied activity programme.

People were provided with information on how to raise a concern or a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Records were not suitably maintained, accurate and fit for purpose.

The provider had systems in place to monitor the service, however all areas of practice were not being audited in line with the organisation's guidance to ensure the service was being run effectively.

People were supported by a registered manager who was aware of their responsibilities for reporting incidences to the Commission.

Russell House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.'

The inspection took place on the 9 and 10 May 2017. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. The inspection was carried out by two inspectors

At our previous inspection on the 1 and 2 March 2016 the service was in breach of one regulation. The service was rated requires improvement. This inspection was a comprehensive inspection to review the rating and progress made.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports and other information we held about the home. After the inspection we contacted health care professionals to get their feedback on the care provided.

Some people who used the service were unable to communicate verbally with us. 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.

During the inspection we walked around the home to review the environment people lived in. We spoke with six people who used the service, the registered manager, deputy manager and ten staff. We spoke with two relatives during the inspection and spoke with two relatives by telephone after the inspection. We got written feedback from three relatives. We looked at a number of records relating to individuals care and the running of the home. These included eight care plans, medicine records for eight people, shift planners, four staff recruitment files and nine staff supervision records. We asked the provider to send further documents after the inspection. The provider sent documents to us which we used as additional evidence.

Is the service safe?

Our findings

People told us they felt safe. Relatives told us they believed their family members were safe. A relative commented "[Family member] receives very good and safe care, with various items of equipment added as staff become clearer about his needs". However, some relatives expressed concerns around the turnover of staff and use of bank and agency staff which they felt led to inconsistent care for people. Another relative told us that the use of agency staff could affect their family member as they had communication difficulties and agency staff may not understand them.

At the inspection in March 2016 we made a recommendation that the provider ensured the required staffing levels were consistently maintained in each unit. As a result of that inspection the staffing levels on one unit increased from three to four staff in the morning and this was maintained.

People were not always supported by regular staff which sometimes led to inconsistent care for people. At this inspection we found there was still a high number of staff vacancies and turnover of staff. 13.5 full time equivalent (FTE) staff had left the service in the past year. New staff had been recruited but the home still had 10 full time care staff vacancies. The provider was continuing to recruit into the vacancies. Bank and agency staff were being used to cover the vacancies.

A staff member told us they thought there was enough staff to meet people's needs. They told us "Everyone gets the one to one they need." On both days of the inspection bank and agency staff were working across the four units. Due to the use of bank and agency staff there was not a staff member on each unit trained to administer medicine. As a result medicine trained staff from other units had to assist on both days of the inspection.

The home had a number of people who required one to one observations and support during the course of the day and some people required one to one supervision at night. On one unit four people had one to one support for the day and the other person had one to one support for part of the day. One person required two staff for community activities. Staff were also responsible for medicine administration, cooking meals and transporting people for appointments or activities such as college. On both days of the inspection five staff were on duty on that unit. The allocation sheet showed the team leader was managing the shift, administering medicines, cooking the lunch as well as assisting with moving and handling and one to one care for one person for part of the shift.

The permanent staff told us they felt under pressure when working with bank and agency staff as all the responsibilities of the shift fell on them. Team leaders had administration tasks as part of their role but told us whilst their administration responsibilities had increased the time available to do the tasks had reduced. At the previous inspection team leaders had two administration days per week but were now only allocated one which they felt made their job impossible. This was fed back to the nominated individual who agreed to look into increasing the administration time provided to team leaders. A relative raised concerns that there was no management presence at the weekends. The provider had recently addressed this and as a result the on call manager was required to visit locations at the weekend.

It is recommended the provider ensures staff are suitably rostered and deployed to provide a good balance and mix of regular and agency staff across all shifts.

Senior staff were responsible for ordering, receiving and disposal of medicines. Medicines were stored appropriately and temperatures were maintained of the cupboards in which medicines were kept to ensure a safe temperature was maintained. Staff we spoke with who administered medication were knowledgeable about the drugs they gave. They also communicated with people during the process and encouraged people to take medicines which would help meet their health needs.

A relative told us the service was safe "Yes, to a certain degree. There have been little incidents in the past." The relative explained there had been two occasions in the past eight or nine months "when tablets have been missed" including an occasion when the person had been on a day trip. Another relative told us "They probably should take his tablets with him." A safeguarding alert was made in respect of that incident and processes improved to prevent reoccurrence.

A requirement was made at the previous inspection in March 2016 that the provider reviewed their medicine policy to ensure guidance was provided to staff in all area of medicine management and that medicine records accurately reflect people's allergies to medicines. A medicine policy and guidance was in place to guide staff. However, one person's care plan indicated they had an allergy to a particular medicine. This was not recorded on the person's medicine administration record. A staff member involved in medicine administration was not aware of the allergy. This was immediately addressed and added to the medicine administration record.

People's care plan outlined the support they required with their medicines. One person had their medicines administered covertly. These meant medicines were administered in a disguised format without the knowledge or consent of the person receiving them. Records were maintained which showed the rationale for this, how it was to be given and the people involved in the decision. We looked at a sample of medicine administration records. We found no gaps in administration of the records viewed. A twice daily stock check of medicine was carried out to pick up gaps in administration of medicines in a timely manner.

At the previous inspection in March 2016 we made a recommendation that the provider improves its recruitment practices to ensure safe recruitment processes were followed. At this inspection we found the service followed safe recruitment practices. Staff files contained an application form, medical questionnaire and evidence of an interview and written assessment. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) and appropriate references were obtained. This was to make sure staff were suitable to work with the people they supported.

People were supported to take risks. Care plans included a series of individual health needs risks such as risks associated with percutaneous endoscopic gastrostomy (PEG) feeding. This is a tube passed through the abdominal wall to provide nutrition. Generic risk assessments were in place for people in relation to risks such as epilepsy, bathing, behaviours, eating and drinking, mobility and going out. Management plans were in place to manage the risks to safeguard people. These were kept under review and updated in response to changes in individuals.

One staff member we spoke with was unaware of risks the people they were supporting presented with. We observed them supporting a person with their meal which was not in line with guidance in the person's care plan and had the potential to put the person at risk of choking. The staff member regularly assisted a person on trips out and the lack of knowledge of their risks had the potential to put the person at risk of injury to themselves or others. The registered manager was informed of the gaps in the staff members knowledge of

people for them to address with the staff member concerned.

Systems were in place to record and respond appropriately to accidents and incidents. We reviewed the provider's record of accidents and incidents for two units for the month prior to our inspection. Given the epilepsy related needs of people living at the service, instances of falls were expected. We saw that four incidents had been recorded, involving two people. Suitable action had been taken for example 'checked for injuries and reassured'. Staff were aware of their responsibilities for dealing with accident and incidents. Body charts were included in people's files. Changes were noted and dated on body charts. However there was no indication on the body charts viewed that the cause of an injury was established or linked to an accident, incident or seizure. There was no evidence action was taken either to establish the cause or prevent further injury. The registered manager told us they were aware body charts were not being used as intended. We saw it had been picked up in the providers monitoring visit and the registered manager told us this was being addressed with staff.

People benefited from a service where staff understood their safeguarding responsibilities. We observed people felt safe at the home, particularly with familiar carers. Staff were trained and had a good awareness of their responsibilities to report poor practice to safeguard people. Posters and information on safeguarding was displayed in offices and communal areas of the home to reinforce staff practice. A staff member we spoke with did not recognise the term 'whistleblowing' but showed an understanding of this concept. They told us they would report concerns to "First my team leader, then I tell my manager straight away".

People were kept safe from the risk of emergencies in the home. Environmental risk assessments were in place. These were up to date and reviewed. They outlined risks to people, staff and visitors such as risks associated with driving the company vehicle, moving and handling, medication administration, cooking and cleaning. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire.

Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. Fire drills took place. The fire equipment, lift, gas safety, electrical appliances and fixed lighting were regularly serviced. A contingency plan was in place. This provided guidance for staff on what to do in the event of an emergency at the home.

The home had a cleaner who was responsible for cleaning communal areas of the home. A cleaning schedule was in place which outlined tasks to be done. These were signed off when completed. Staff were responsible for assisting people with cleaning their bedrooms. Systems were in place to report and act on maintenance issues in a timely manner. A refurbishment plan was in place and areas of the home had been decorated such as individual's bedrooms. Each of the units were homely, welcoming and personalised to suit individuals living there. A relative told us from their experience there was a delay in repairs and redecoration in the unit their family member lived in. This was fed back to the manager to follow up on.

Is the service effective?

Our findings

People felt involved in their care. We observed staff sought consent and explained care to people. Staff we spoke with showed a good understanding of consent. A staff member told us that, if a person declined personal care, they would "never force" and would "then, after ten or fifteen minutes try again" to assist the person. We also observed staff seeking consent. For example, a staff member asked a person who had chosen to stay in bed "Shall I put the light on?"

A professional involved with the home commented "Staff take time to discuss each of the residents with me, and involve the residents in decision making wherever possible, rather than just answering for them".

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 were supported to make decisions on their day to day care. Best interest meetings took place but not always at the point when a decision on treatment was required. We saw one person had an MCA assessment completed in April 2017 for a flu jab that would not be required to be given till October 2017. Another person's MCA form was contradictory in that it indicated the person was able to make decision on their care but the conclusion was that they were unable to consent on their care. MCA assessments and the outcome of best interest meetings were not routinely dated and signed either by people involved in the decision.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A register was maintained of DoLS applications that had been made, approved and when they expired.

Staff had been trained in MCA and DoLS. Some staff had a good understanding of the MCA 2005 and DoLS and how they related to the people they supported. Other staff were less knowledgeable despite being trained. One staff member commented "Ask the team leader as they deal with that". Other staff told us "The Act is to protect the resident" and it related to "dementia people".

It is recommended the provider ensures staff understand and work to the principles of the Mental Capacity Act 2005.

Relatives felt permanent staff had the right skills and attributes to do their job but felt the agency staff did not have the specialist training to support people. A relative told us that "Full time staff are definitely well-prepared" for their roles. Relatives commented "Full-time staff are wonderful carers". "Full-time carers are more experienced than bank or agency staff. "There seems to be an increase in staff training which I think is

giving staff more confidence and better equip them for their role, which is in turn helping them to be more relaxed, which can only benefit the residents".

New staff told us they had been inducted into their role and had received training to do their job. They confirmed they worked alongside other experienced staff in getting to know how to support people. They told us they felt suitably skilled for the role. A staff member told us they had spent their first week of employment in training "In the week I started I did all of the training required". They confirmed this was followed by a two week period of 'shadowing' staff before working more independently from their fourth week.

Completed induction records were in place to show staff were inducted into the home. We were told new staff completed the Care Certificate induction training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. We saw a new staff member had completed an on line Care Certificate induction. This did not involve any observations of their performance and their competencies were not reviewed and signed off. The deputy manager told us the Care Certificate induction training was being rolled out for managers and they were due to go on training to enable them to assess and sign off staff.

All staff had access to training the provider considered mandatory such as epilepsy awareness, fire safety, food hygiene, first aid, health and safety, safeguarding of vulnerable adults, moving and handling, infection control and fire. Alongside this staff had specialist training in managing behaviours that challenged, autism, learning disabilities and mental health. The provider had changed the frequency of their training and whilst a number of staff had been trained, updates in training were now overdue and not yet booked. This was being addressed.

Staff involved in medicine administrations and Percutaneous endoscopic gastrostomy (PEG) feeding were trained, assessed and deemed competent to carry out those tasks. A medication trained carer told us that there was a robust process for training and assessing the competence of staff before they were able to administer medication. They told us they had been observed administering medicines fifteen times, completing a 'medicine round' for five people each time.

Staff told us they felt supported and received supervision although they were not sure of the frequency of it. We looked at a sample of supervision records. We saw staff had recorded supervision sessions but not at the frequency outlined in the providers policy. A team leader had facilitated a group supervision session to enable staff to have the opportunity to get support. New staff completed probationary reviews and existing staff had annual appraisals and review of their performance. We saw annual appraisals were overdue. The registered manager told us they were aware supervisions were not happening in line with the provider's policy and appraisals were overdue for staff. They confirmed this was being addressed and systems were in place to monitor it.

Staff felt they worked well as a team. Systems were in place to promote communication within the team. A communication book was in use to inform staff of important issues. Daily handovers, team meetings and clinical review meetings took place to keep staff updated on people's progress and issues relevant to their role. The minutes suggested meetings were not at the frequency required by the organisation. Staff were required by the organisation to sign to indicate they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and the communication book. We saw this was not routinely happening. In the file of the newest person admitted to the home a signature sheet was not in place which would suggest no staff had read the person's care plan, although staff working with them

supported them appropriately. In other people's files only some of the staff team on those units had signed to say they had read and understood people's needs and we noted not all staff were aware of people's risks.

It is recommended the provider needs to have a system in place to satisfy themselves that staff regularly update themselves with people's care needs and risk assessments.

People's care plans outlined the support they required with their health needs. Relatives felt people had access to relevant health professionals and were informed if their family member was unwell or was involved in an accident. Relatives confirmed people had the required equipment to keep their family member safe. One relative told us that the home was slow to respond to a request for equipment for their family member and they had to intervene to make it happen. This was fed back to the manager to address.

People had access to a GP, Consultant Neurologist, dentist, optician and other health professionals such as a dietician, physiotherapist, speech and language therapist and occupational therapist. Records were maintained of appointments with health professionals and the outcome of the visit. The therapy department staff provided pictorial guidance for staff on supporting people with their meals and mobility which was incorporated into care plans.

A professional involved with the home told us the manager seemed to be quick to ask for advice and to advocate for a resident with regards to the most appropriate feeding regimen to suit the person's needs.

Each person had a hospital passport in place. These included key information on people in the event of them requiring admission to hospital. On one unit these were stored electronically. We were told they would be printed off when required to ensure they were up to date. On other units they were available on the shelf. Staff told us this was to ensure they were easily accessible. This was fed back to the registered manager for them to consider if all units should work in the same way to ensure all staff know how to access information on people.

People told us they were happy with the meals provided. Relatives felt people were provided with nutritious home cooked meals. People's care plans outlined the support they required with their meal and risks for individuals around meals and nutrition. Some people had thickeners in their drinks. Guidance was in place on how this was to be prepared. Staff were aware of the drinks consistency that people needed and how much thickener should be added to achieve this.

One person had a Percutaneous endoscopic gastrostomy (PEG) in place. A detailed 'PEG feeding regimen' was designed by the dietician and followed by staff. The person had gained weight. A dietician and speech and language therapist were still involved in reviewing the person and making changes to the regime in response to the person's progress.

Each unit had a four week menu and pictorial menus were available to enable people to make choices. Records were maintained of the meals eaten. People's weight was monitored and recorded to enable changes to be addressed. A relative told us their family member had gained weight which impacted on their mobility. They confirmed staff were monitoring it and encouraging their family member to make healthy food choices.

We observed lunch being prepared and served. Staff took responsibility for cooking and the meals provided were appealing and nutritious. Drinks were offered regularly and people were offered support with meals where required. Fresh fruit was available for people to enjoy.

Is the service caring?

Our findings

People and relatives were happy with the care provided. Relatives commented "I'm very happy with [family members] care. He always looks immaculate. "Staff are wonderful.... very, very kind". "The staff we know are always very caring and appear fond of all the residents". "If [family members name] is worried the staff go to great lengths to find out why and to reassure him". Another relative told us they found staff caring as their family member was uncommunicative but staff had observed and worked out their family member's preferences. A third relative commented "Staff show great dedication and care as it is not always an easy task supporting [family member] in the community as their behaviour is so unpredictable and he is so vulnerable".

A professional involved with the home described staff as polite, caring, respectful and interested in each resident as an individual. Staff spoke positively about people. They commented "When it comes to care, this place is very good. Our residents are very well taken care of." "I do my job by heart." A staff member told us that the regular staff understood people's needs and knew them well. This was evident in the positive relationships they had with people. Staff were aware of people's needs and were sensitive to changes of mood or behaviour.

We observed positive interactions during the inspection. Staff were kind and considerate in their approach to people. They were gentle, supportive, patient, reassuring and encouraged people to be independent as well as allowing them the freedom to get up from their meal if they wished. The atmosphere at the mealtimes was relaxed and unhurried. One staff member tried various approaches to encourage a person to eat their meal and allowed the person to take as much time as they needed to do that.

Staff used appropriate intervention and touch to support people to eat their meals, engage in an activity and attend to their personal hygiene. There was good use of eye contact, appropriate humour and chatting which promoted a homely fun environment for people.

People's bedrooms were personalised. They were decorated to their taste and reflected their interests. People had en-suite bathrooms, with toilet, washbasin and shower. These facilities helped support their privacy and dignity. People told us staff knocked on their bedrooms doors before going in to their bedrooms and or bathrooms. During the inspection we saw staff routinely knocked on people's bedrooms doors prior to entering.

Staff we spoke with told us they would explain care to be given and seek the person's consent. A staff member told us that it was important to "respect the resident". Throughout the inspection staff involved people in their care and promoted their dignity and respect. They gave people the option of wearing protective clothing at meal times and ensured these were removed when the meal was finished.

People's care plans outlined their communication needs. Staff sought to engage with people and responded effectively to their communication. They engaged with people by listening and talking, and by using non-verbal communication such as pictures and objects of reference. People were offered choices in

relation to activities, meals and drinks. Pictorial menus were used to promote people's involvement in making meal choices and pictorial activity programmes were visual and displayed in each unit to remind people what activities were available to them and planned for the day.

The registered manager was the dignity champion for the home. They had a dignity tree at the entrance which outlined what was important to the people living there to promote their dignity. They told us this was still work in progress and was being developed and added to.

Is the service responsive?

Our findings

The service had one person who was admitted to the home and one person who was transferred from another service on site. The person that was admitted was assessed prior to admission to ensure the home could meet their needs. The other person had a short transition to the home. This was because they had already visited the home and the home was familiar to them as they lived at another location on the site.

Some staff felt the admission happened too quickly in that they did not have time to have everything in place prior to the person being admitted. The family confirmed they were happy with the way the admission was organised and that staff were responsive to getting the equipment their family member needed.

Care plans we read contained a 'one page profile' with a photo which outlined 'What's important to me' and 'How best to support me'. Care plans were in place for consent to care, eating and drinking, personal hygiene, toileting, communication, maintaining a safe environment, and mobility. People's care plans included detailed seizure descriptions and protocols for managing those. The seizures were recorded to monitor the frequency, type and response to treatment. Care plans were person centred, detailed and specific. Some care plans made reference to using the intensive interaction technique but did not identify what that meant to ensure staff were consistent in their approach with that person. We were told a new care plan format was being introduced to provide a more streamlined care plan for people.

Care plans were reviewed monthly. One care plan viewed contained a detailed review whilst the others were often brief and repeated the same statement from previous months e.g. 'continue to follow care plan' or 'no change'. We saw a care plan was reviewed and updated in response to a change in a person's need, treatment and care in relation to their fluid intake. However one person's epilepsy protocol had changed but the protocol was not updated in all documents where the protocol was referred to. This was immediately addressed.

There was no written evidence that people who used the service or their relatives were involved in the development of care plans. However relatives indicated they were aware care plans existed and some had input into the development of their family members care plans. People had regular reviews with professionals involved in their care. Relatives were invited to reviews and felt involved in their family members care and treatment even if not actively involved in care plans.

People had a keyworker. A keyworker was a named staff member who worked closely with the person and liaised with their relatives. People knew who their keyworker was. We saw keyworkers had a positive relationship with the people they acted as keyworker too. Relatives were aware who their family member's keyworker was. They were happy with the relationship they had with the keyworker and felt well informed on what their family member was doing.

People had an individual programme of activities which was person centred and took into account their interests and abilities. The programme of activities was developed in a user friendly way and accessible to people. Activities were provided seven days a week. Throughout the inspection people had access to a

range of activities on site and in the community such as the vinyl club, an exercise session, healthy eating group, college and swimming. People were smiling and looking forward to the activities. Another person told us "I'm going to college."

The home had a named activities co-ordinator. They were committed, motivated and had a real connection with the people they supported. They told us it was important to "keep it fresh" and "mix it up" where activities were concerned. They commented "Staff here are absolutely brilliant at supporting activities for people. It's always a nice atmosphere in the house".

Relatives were very positive about the range of activities provided and the enthusiasm of the activity co-ordinator which they felt made it all possible. A relative told us that their family member had opportunities to go on day trips. They commented [family member] went on the London Eye." Another relative told us staff took into account their family members previous interests and made opportunities available to participate in those.

Some relatives raised concerns about the lack of staff willing to drive the minibus which they felt impacted on community access. Another relative raised concerns that their family member did not have the opportunity to go on holiday. This was fed back to the registered manager to address and follow up on.

The home had a complaints procedure in place which was in display at the entrance to the home. Complaints were logged, acknowledged, investigated and responded to. Information was provided to people on how to raise concerns. They were also asked if they had any concerns or complaints at resident meetings. Relatives felt able to raise concerns and issues with staff and the manager. They felt issues or concerns raised were addressed.

A relative told us "I do give compliments but at times I find there is a lack of communication. I raised one thing today". The relative explained they had not been informed of the clinical review with their family member's consultant neurologist scheduled for that day. They had discovered that the appointment was due to happen when they had telephoned the home on the previous day to arrange a visit. They confirmed they had raised it with the registered manager during their visit and she had apologised to them.

Is the service well-led?

Our findings

At the previous inspection the home was in breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009 (Part 4). This was because the provider failed to notify the Commission that the request to the supervisory body for a standard authorisation had been approved. At this inspection records were kept of DoLS requests made, authorised and when CQC were informed.

The registered manager is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The home was proactive in making notifications to us. The registered manager was aware of the duty of candour and their responsibility to act in an open and transparent way in relation to the care and treatment people received.

Records required for regulation were not suitably maintained and fit for purpose. We saw there were gaps in people's one to one records and daily diaries. This meant staff had not recorded if people were getting the one to one supervision and care they required. Care plans, risk assessments and Mental Capacity Assessments 2005 were not dated and signed. MCA assessments were inaccurately completed and contradicted whether people had capacity or not. One person's daily records contained information relating to another person.

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Health and safety audits took place every three months and infection control audits took place monthly. Alongside this accidents, incidents, safeguarding, complaints and training were reported on monthly. Medication audits were taking place but each unit was not being audited regularly to enable them to pick up issues in a timely manner. Some care plan audits had taken place but not regularly. We were told a new care plan audit was being introduced which meant a sample of care plans on each unit would get audited each month. Whilst some aspects of auditing was taking place we found areas that needed improving which would suggest the auditing was not yet fully established and effective in addressing all areas of practice.

The provider carried out quarterly monitoring visits. We were provided with a report for the visit during February 2017. There was a series of visits in February 2017 which looked at practices in line with the Commissions domains and ratings. The report showed the provider had identified areas for improvement. The actions were added to the homes continuous improvement plan. Some actions were still outstanding and required completion.

The provider was in breach of Regulation 17 of the Health and Social Care Act Regulations 2014. This was because records were not dated, accurate and complete. Quality auditing systems were not fully established and actions from audits completed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Monthly resident meetings took place. Records were available to confirm this. The meeting minutes were provided in a user friendly way and indicated people were supported to be

involved. Relatives had opportunities to feedback their views about the home and quality of the service their family member received. They were invited to and included in people's reviews and relative meetings took place quarterly. Relatives who did not attend the meetings were sent the minutes and felt informed. Relatives were not surveyed but they were emailed quarterly for feedback as part of the providers monitoring of the service. Staff surveys were sent out in November 2016. The results had been not yet analysed and acted on in a timely manner.

A relative told us "Quarterly meetings for parents/relatives of residents in Russell House take place where any issues are freely discussed. The House Manager, Deputy Manager, Admin Assistant and activity coordinator are usually present". They commented "We feel able to discuss any matters that arise and that we are listened to".

The home had a registered manager, deputy manager and each unit had a team leader and a team of support staff. A relative commented "We have great faith and confidence in the team leader and feel they are a very reliable and strong team leader". People and their relatives felt the home was well managed. A relative told us the home had an open door policy and in their experience the manager and deputy manager were very approachable either on an ad hoc basis, by email or by phone. Another relative told us they believed the home was well- led and this was evidenced by how well organised everything appeared when they visited. Relatives raised dissatisfaction with the lack of an on-site nursing service to support care staff which they felt put additional stress on their family members and staff. The provider was already dealing with this concern.

Relatives described the registered manager as "Absolutely brilliant, friendly, approachable, transparent and confident in what she does." Some relatives had not noticed changes that had occurred in the service due to the change of manager. Other relatives were positive about the changes in the service. One relative commented "The stability in having a permanent house manager is comforting especially as she is a caring approachable person". Another relative described the manager as supportive of the staff team and given staff a new professionalism and confidence in their ability to do their difficult job. They commented "The manager had brought stability to the team. She has an open management style and there is a more upbeat atmosphere on the unit. The manager gives the impression that she has an interest in Russell House and has ideas that she wants to pursue".

Some staff felt the home was well managed. They described the registered manager as accessible, approachable, kind and caring. Staff told us there was an open door policy and they could approach the manager and or deputy manager with issues at any time. A staff member commented "My manager and deputy manager are both very nice and they have allocated my shifts to fit in with my family commitments. Another staff member commented "The manager is approachable and has an "open door".

Some staff felt they were not always listened to and that the registered manager was slow in responding to issues. They gave examples around an admission to the home and a discharge of a person from hospital which they felt had happened too quickly. This was fed back to the registered manager to explore further with staff.

The registered manager and deputy manager seemed to work well together. The deputy manager had a visible presence on all of the units and provided day to day support and guidance to staff. The registered manager was clear of their role. They told us they felt supported. They felt they had limited opportunity to be on the floor supporting the staff due to the demands of the job. They were aware aspects of the service needed to improve such as supervisions of staff and auditing. They told us the biggest challenge was having the time available to do all aspects of their role. They confirmed they were aware of the key priorities for the

service which was to improve communication and establish a stable staff team.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>This was because records were not accurate and complete. Quality auditing systems were not fully established and actions from audits completed.</p>