

Portsmouth City Council

Russets

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Russets provides full time residential care for up to seven people and respite care for up to 11 people with learning disabilities, in one adapted building. There are two flats within the building, one accommodates four people and the other accommodates three people. The rest of the building provides support to those people receiving respite care. Respite care is short term.

Russets had not previously been fully developed and designed in line with the values that underpin the Registering the Right Support guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Further work was needed to fully meet these values.

People's experience of using this service

Governance systems had been improved but shortfalls in the service remained. This meant the quality assurance systems were not fully effective in identifying concerns in the service and driving the necessary improvements in a timely way. At times there was a lack of clear and accurate records regarding people's medicines, mental capacity, support and any potential risks to them.

The management team were in the process of improving the service, however, more time was needed to fully embed improvements and changes in culture. They understood their regulatory responsibility and were working hard to provide an effective service to people.

Feedback about the management team demonstrated they listened and took any feedback as an opportunity to make improvements for people. Staff felt the management team were open, approachable and supportive.

Improvements were needed to the management of risk associated with people's conditions.

Medicines were managed safely, and the service was clean and well maintained. There were enough staff to meet people's needs and the provider was actively working to deploy more staff for the service.

Assessments had taken place for people at the beginning of their stay, but re-assessments did not always take place when people returned for respite. This meant staff may not have up to date information about people. Following the inspection, the registered manager told us they had improved this process.

People were supported to access health professionals to ensure they lived healthy lives and had good health outcomes.

People were supported by kind and caring staff and people were treated with dignity and respect.

There was limited evidence that people were involved in meaningful activity in the service which may develop their life skills. We have made a recommendation about this. Improvements were being made to ensure people received personalised care.

People were supported by staff who felt valued and listened to and who felt the training opportunities available to them were good.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations relating to the governance and records in the service. Details of the action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (Report published 26 May 2018)

Why we inspected: This was a planned inspection based on our last rating. At the last inspection the provider was rated as Requires Improvement.

Follow up: The service has breached legal requirements and have been rated Requires Improvement for the last three consecutive inspections. Because of this, we will request a clear action plan from the registered person on how they intend to achieve good by our next inspection. We may decide to meet with the provider following receipt of this plan. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Russets

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and a pharmacist inspector carried out this inspection.

Service and service type

Russets is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection seven people were living there and nine people were using the respite service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We inspected Russets on 25 April and 7 May 2019. The inspection was unannounced.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the provider information return. This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person and two relatives. We spoke with the registered manager, the service manager, the nominated individual and six members of staff. We requested feedback from health

and social care professionals and we received four responses. Due to the nature of people's disabilities we were not always able to communicate with them, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We looked at the care records for six people, the medicine records for 10 people, four staff recruitment records; staff supervision and training records and records relating to the quality and management of the service.

Is the service safe?

Our findings

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The management of risks associated with people's conditions needed to be improved. Some people were at increased risk of malnutrition, dehydration and skin breakdown but these risks had not been assessed using nationally recognised tools. Although we found the lack of risk assessment had not negatively impacted upon people at the time of our inspection, we were concerned that people could be at increased risk of harm. We discussed our concerns with the registered manager who told us of their plans to introduce these assessments for people.
- Where people did have risk assessments in place, these were not always sufficiently detailed. For example, one person had epilepsy and would need staff to use equipment if they experienced a seizure. The guidance in the risk assessment did not include where to find the equipment, the purpose of the equipment or how to use it. Staff we spoke with had a good knowledge of what to do if this person had a seizure, this reduced the likelihood of harm. However, new or agency staff may not know this information and would need detailed risk assessments in place to manage an incident of this kind. The registered manager had already identified that risk assessments needed improving and had plans in place to do so.
- Other people had risk assessments in place that were detailed and provided comprehensive information to staff regarding how these risks could be reduced. However, we were informed by a health professional that on two separate, recent occasions, staff had not followed this guidance and provided food to people that increased their risk of choking. We discussed our concerns with the registered manager who was in the process of implementing measures to reduce the likelihood of this happening again. This included the use of coloured trays, the labelling of food and introducing personalised placemats so information about people's dietary needs were more accessible for staff. During the inspection we saw that staff followed the guidance detailed in people's risk assessments and people were provided with the appropriate diet.
- Where people displayed behaviours which placed them and others at risk, this was identified, and plans were in place to reduce the risks.
- The building was not owned by the provider and as such they were not responsible for the maintenance of the property. However, environmental risks were assessed and monitored regularly. Any concerns found were raised to the landlord quickly.
- In the event of a fire, people had a personal emergency evacuation plan (PEEP) in place to guide staff on how to assist people safely.

Staffing and recruitment

- The service was going through a significant change with staffing. There had been a high level of staff absence and agency staff were being used. Some staff told us they felt the staffing levels were not always sufficient although commented this did not compromise care. Another member of staff told us, "Staff were saying we were short staffed, but it was more about the use of agency and those staff not having the same skills as us."
- Staff told us this was an area that was improving. One member of staff said, "We have had a lot of staff

changes and absences, but we are getting there now." And another said, "We put in a request to recruit more staff and they [registered manager] have, so it's better now."

- To address these concerns, extra staff had recently been deployed from the providers other services and the nominated individual told us there had been a reduction in the use of agency. They had planned to continue with this until the use of agency staff was no longer needed.
- A system to assess the number of staff needed to meet people's individual needs had been implemented and the registered manager described how they were flexible with staffing levels according to the dependency of the number of people accessing respite and people's individually agreed packages of care.
- Throughout our inspection our observations reflected that staff responded to people's requests for support promptly.
- Procedures were in place to check people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained, and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.

Using medicines safely

- Prior to the inspection, we had received information that the management of medicines was not consistently safe. The provider had obtained specialist advice to address the issues and changes had been made because of this. These included: improving the medicine policy and procedure, storage arrangements, staff training and audits. We found that the management of medicines was safe although improvements were still needed with medicine records.
- Not all people had protocols in place to guide staff when administering 'as required' (PRN) medicines. As a result, people may receive as required medicines inappropriately or not receive them when they were needed. The registered manager had already identified this concern and had begun to include appropriate PRN protocols for each person who was prescribed as required medicine.
- People received their medicines as prescribed and medicine administration records (MAR) were completed accurately.
- Medicines were ordered, stored and disposed of safely and the stock levels of medicines were appropriate. People's medicines were stored in their own rooms. This meant people were supported with their medicines in a person-centred way and gave people as much control as possible over this area of their lives.
- Staff supported people to take their medicines with ease and patience. Staff ensured the person had a drink of their choice to hand and stayed with the person whilst they supported them to take their medicine.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.
- The nominated individual and service manager told us they had oversight of all accidents and incidents in the service and monitored for any trends or patterns.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Staff told us that any concerns raised with the registered manager would be addressed.
- Records of investigations into concerns were maintained and relevant agencies were informed as appropriate.

Preventing and controlling infection

- People were protected by the systems in place for prevention and control of infection.
- Staff had received training on infection control and we observed they wore personal protective equipment when appropriate.
- The environment was clean and free from bad odours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they used the service. However, we found that when people returned for a respite stay, a recorded up to date assessment of their needs had not always taken place. This meant staff may not have up to date information about people if their needs had changed. Following the inspection, the registered manager informed us that a new system had been implemented which meant up to date knowledge was received about people before they returned for respite.
- Nationally recognised assessment tools were not used for all areas of care. This has been reported on in the Safe domain of the report. However, the service had implemented new best practice guidance with regards to diet descriptors as recommended by the International Dysphagia Diet Standardisation Initiative (IDDSI). Staff had been supported to follow this and had received training.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. The authorisation 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 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection in March 2018, records relating to consent and capacity needed improvement. At this inspection, we found they still needed improvement. People's care plans did not contain a record that they or their legal representative had consented to their care. Mental capacity assessments were not in place to determine people's level of capacity and there were also no examples of best interest decision making on behalf of people who lacked capacity to make specific decisions. The registered manager had identified that records relating to mental capacity needed improving and work had begun to address this. Despite the lack of records, a social care professional had stated in an email to the service manager, 'I have no concerns that reflects a disregard of the Act. We have been working with your team around care plans and we will

continue with these collaborations.'

- At the last inspection in March 2018, most staff had not received training regarding the MCA. At this inspection, we found staff had received training and had a good understanding of the MCA. We observed that staff consistently sought people's consent and offered choice to people when it was appropriate.
- Applications for DoLS had been submitted to the relevant authorities and staff knew who had a DoLS in place and what these meant.

Staff support: induction, training, skills and experience

- Staff had mostly received sufficient training to ensure they had the skills and knowledge to support people effectively and staff told us they had access to a range of training which equipped them for their role. One member of staff said, "My training is very good."
- Some staff felt that agency staff did not always share their knowledge and skills and did not always understand the individual needs of the people who lived and stayed at Russets. The registered manager was taking action about this. They had changed the staffing structure in the service and ensured as far as possible that agency staff worked alongside staff who were familiar with people. Additionally, staff were in the process of being deployed from the providers other services who had received the same comprehensive training as existing staff.
- Staff were supported through regular supervision. Staff told us this was useful, and they could additionally gain support from the management team at any time in between this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services to maintain and improve their health. Records demonstrated that people had been supported to access healthcare professionals such as GPs, nurses, consultants and speech and language therapists (SALTs).
- Staff mainly worked in partnership with health and social care professionals and most felt there had been an improvement with joint working to improve outcomes for people.
- Staff, relatives and health professionals told us that communication across the service could be improved. Concerns had been identified with the sharing of information. The registered manager had put some measures in place to address this such as enhanced and recorded handovers. A new system was also introduced called a 'meeter and greeter' where a staff member would be responsible for the smooth transfer of people coming and going from respite. However, following feedback, it was evident that these systems needed time to embed to be fully effective.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy, balanced diet, based on their individual dietary needs.
- We observed lunch in one of the flats on the second day of inspection. Some people ate in the kitchen, others in the lounge area and some in their room. The atmosphere was pleasant and relaxed. Where people required additional support with eating and drinking, staff provided this support effectively.
- People were offered a choice of meals when the meal options were served. For example, one person was provided a visual choice of two main courses and selected the meal they wanted. However, it was not evident that people at Russets were able to influence what was on the menu, this was because meals were prepared and delivered from the providers neighbouring service.
- Although people were able to take part in making their packed lunches and snacks, people were not able to be involved in meal preparation due to meals being delivered. Plans were in place for meal preparation to take place at Russets and the registered manager told us that people would then be involved in this aspect of their lives.

Adapting service, design, decoration to meet people's needs

- People were cared for in an environment which aimed to meet their needs. There was a choice of communal areas where people were able to socialise. People benefited from the use of sensory areas and had access to the garden.
- Communal areas were homely in people's flats; however, this was lacking in the respite area and decoration and items for stimulation were limited. Signs for staff were on the wall which detracted from the idea that it was people's home. The registered manager was working to improve the environment for people and had included people in these decisions.
- Areas of the home had recently been redecorated and people had been involved in this project. People could personalise their rooms as they wished, and we saw people's rooms reflected their individual preferences.
- Russets had the responsibility of ensuring the equipment in the service was well maintained and records demonstrated that equipment was serviced regularly. Equipment within the home supported the wide range of people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that staff cared for people in a kind and caring way. One relative told us, "Staff are friendly, they seem to love the kids." And another relative told us, "The staff are caring and understanding." Health professionals also told us that people were supported by staff that cared.
- People were comfortable and happy in the company of staff and staff treated people with compassion and kindness. We observed a lot of laughter and banter between staff and people. One person displayed an enthusiasm for being involved in the running of the service and was pleased when their opinions were listened to. This made the person feel valued.
- Staff placed value on the relationships they formed with people. For example, one staff member told us, "The best thing about my job are the clients, I love it, they make me happy, I like to see when you can make a difference, one of the biggest achievements is seeing people shine."
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. Staff had received training in equality and diversity and were able to tell us how they respected people's individual differences. An example was provided to us of where an incident of discriminatory practice was not tolerated.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time. We viewed a 'participation file', on the front of this it stated, 'At Russets we encourage you to be as involved as possible with all decisions about your life, dreams and goals'. We saw examples of how people had been involved in making decisions about their care and the running of the service.
- The registered manager told us that historically, family views had taken priority over the people who used the service, particularly for those who used the respite service. This was currently being worked on so a good balance between people's wishes and family expectations could be achieved.
- The service was working within the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information about people's communication needs was in care plans and we observed staff engaging with people throughout the inspection using people's preferred communication method. For example, the registered manager communicated with one person using Makaton.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of building trusting relationships with people and treating people with

dignity and respect. They were able to describe how they had used these principles in their practice to support people to achieve positive outcomes.

- Staff respected people's privacy and knocked on their doors before entering. People's private, confidential information was stored securely, and handovers took place confidentially

- People's independence was promoted in some areas. For example, the registered manager told us that one person expressed a wish to be able to make their own sandwich. Measures had been put in place to support the person with this. However, there was little evidence that people were supported to develop their living skills in other areas such as household chores. This has been further reported on in the Responsive section of the report.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was making improvements to ensure people were provided with personalised care that met their needs and preferences. This work included; increased staff training, further development of care plans, developing a stable staff team and increased activities.
- Each person had a care plan in place. These contained information about people's needs and health conditions. We found that care plans did not always contain detailed information for staff to support people in a way they may prefer. For example, information was lacking about people's life history and did not fully explore people's preferred arrangements for personal care. Further work was taking place to make the care plans more detailed and person-centred.
- Despite the lack of detailed and person-centred information in people's care plans we observed examples where staff demonstrated they knew people well. For example, one staff member initiated an activity that a person clearly enjoyed, and a further staff member helped a person choose a meal based on their dietary preferences. When staff unfamiliar with people began work we saw that detailed information was passed on by staff who knew people well. This ensured people were supported in a way that met their needs and preferences.
- Long term staff were knowledgeable about people's needs and preferences. One member of staff told us, "We are very good at being person-centred and are mindful of the preferences for each individual." However, new and agency staff were working in the service and did not have the same level of knowledge about people. Relatives feedback reflected this. One relative told us, "There have been quite a few staff changes ... I'm not sure if staff have got to know [Name] yet."
- Some efforts had been made in terms of supporting people to consider their goals, but further work was needed to fully explore people's interests, future aspirations and improve their experiences. There was limited evidence that people were involved in meaningful activity in the service which may develop their life skills.

We recommend that the provider seeks reputable guidance to support people to maximise their skills to their full potential.

- People took part in their preferred activities and staff supported them to do so. These included; attending a day centre, going to football matches, playing the drums, games and puzzles. It was evident that people enjoyed this.
- Staff told us, "Activities have got so much better." and "We're now working on giving personalised care, we have music and movie nights ... it depends who is in, we work it around what they like."
- Good practice guidance advises sensory stimulation for those living with a learning disability can promote quality of life. Staff confirmed that people were supported to engage with sensory stimulation.

Improving care quality in response to complaints or concerns

- A system was in place for people and their representatives to raise concerns and make complaints. The complaints procedure was displayed in the home for people in an accessible picture format.
- Complaints were adequately investigated, and appropriate action had been taken in response to these.
- There was not an effective system in place to analyse and learn from complaints. The registered manager had plans in place to introduce a log of complaints, so themes and patterns could be identified.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The registered manager told us they would support people at the end of their lives if necessary. The registered manager was trained in delivering end of life care and told us they would arrange additional training for staff and seek support from external health care professionals to manage this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- At our last inspection in March 2018, we identified a lack of structured and effective systems to assess the health, safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we continued to identify concerns with the quality assurance processes.

- The provider had strengthened and extended their quality assurance processes which included a provider audit. However, although numerous improvements had been made and were in the process of being made, we were concerned that a number of shortfalls remained. Shortfalls that had been identified by the provider and registered manager had not always been quickly resolved. These included the management of risk and maintaining accurate and detailed records about people. Care plan audits had not been undertaken for people who lived in the service and as such, person-centred information was not always available to staff.

- Not all concerns identified during the inspection were included on the providers action plan. For example, the re-assessment of people returning for respite care. This meant these areas of concern had not been actioned at the time of our inspection.

- The action plan that was in place detailed the improvements that had been made and some of the areas that still needed improving. However, this plan did not demonstrate that consideration had been given to prioritising areas that may present more risk for people.

We identified numerous concerns with records. These included records regarding the MCA 2005, risk assessments, care plans and medicines. We have reported on this in more detail in the Safe, Effective and Responsive domains of the report.

The failure to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager had been successful in improving other areas of service provision. For example, an improved system of ensuring medicines were managed safely had been implemented, staff training had been increased and systems to improve communication had been developed. Further progress was still needed to fully embed and sustain these improvements.

- The registered manager and service manager demonstrated an enthusiasm to ensure the necessary improvements were made to ensure the service provided safe, high-quality care. Most health and social care professionals told us that they were seeing improvement in service delivery and the standard of care provided for people. One professional stated, 'There is now management in place that is leading and

addressing the long-standing issues ... I can see real efforts in this area and it's moving in the right direction.'

- The provider had made the decision to cease new admissions until the required improvement could be made. The registered manager told us this was because they wanted to "get things right" for the people currently using the service.
- The management structure in the service had recently changed. The registered manager told us this was working well, and they felt more supported with the addition of a deputy manager and new service manager. The registered manager demonstrated a good understanding of their role and responsibilities.
- Staff were clear about their roles and their knowledge was being enhanced about understanding quality performance and regulatory requirements. Records demonstrated that these areas had begun to be discussed during staff meetings, supervision and reflective practice. Robust action had been taken when staff had not adhered to good practice. The registered manager had planned to introduce champion roles for staff, so staff would have extra responsibility in certain areas such as infection control, nutrition and autism.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Management and all staff expressed an ethos for providing good, quality care for people, that was based around their needs and preferences. The registered manager told us they had been working hard to change the culture in the service to ensure people received high-quality and person-centred care. They told us, "The culture needed changing, it's been rocky but we're coming out the other side, I can now see a difference."
- Feedback from staff consistently reflected a positive change in culture and in management approaches. One member of staff told us, "A lot has changed since [registered manager] and [service manager] have come in, everyone was feeling the stresses and strains, things are better now, and staff have a more positive attitude." Another said, "Things are definitely changing. I love the changes, they were needed, it's a much better place now. ... I can go to [registered manager] with anything and she will listen."
- Health professionals also told us that the culture in the service was improving. One health professional told us, 'Sometimes it felt as if the focus was more on what worked for the staff team rather than its guests. This was something we had been trying to address with them, but change was limited ... When [registered manager] took over we began to see new life being breathed into the unit ... we are seeing evidence of the improvements required being embedded in the service.'
- The registered manager and service manager were taking the time to be visible and open at the service and led by example. We observed they knew people at Russets well. One member of staff told us, "She [registered manager] is excellent with the clients, really lovely and will always help if needed."
- The registered manager understood their responsibilities under the duty of candour. They described how they had an open and honest approach when things went wrong and used incidents to improve practice. One member of staff told us, "If there's been a safeguarding issue, [registered manager] discusses the concerns and what went wrong with us, we do reflective practice which helps us to improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Systems were in place for gathering people's views of the service and those of people acting on their behalf. People with different communication needs were communicated to in their preferred communication style. Regular meetings were held, and surveys had been undertaken. Feedback was acted on to make improvements for people and the service displayed a board entitled 'You said, we did', this was used to publish comments from people, together with action staff had taken in response. For example, one person had suggested easier communication for people and as a result communication switches had been purchased.
- Regular staff meetings took place and staff told us they were able to give feedback about the running of the service. A 'You said, we did' board was displayed in the staff room, so staff could see what action had been

taken in response to their feedback.

- The provider engaged with external health and social care professionals when needed. Joint working was improving so people received good outcomes.
- The provider worked with an improvement team from the local authority and a pharmacy to complete audits and improve the service.
- People attended other services such as day centres which had a positive impact on people. Plans were in place to extend this and involve other services.

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 17 HSCA RA Regulations 2014 Good governance A failure to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2)(a)(f) The failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (2)(c) |