

Russley Care Homes Limited

Russley Lodge

Inspection report

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8WP

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The Inspection took place on 21 April 2015 and was unannounced. We last inspected the home on 19 September 2014 where we found two breaches of the legal requirement in relation to the storage medicine and the quality of the information kept about people who used the service. At the inspection on 21 April 2015 we found significant improvements had been made in these areas.

Russley Lodge Care Home is registered to accommodate a maximum of 17 older people who require support with personal care.

The home 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.

We spoke with care staff who told us they felt supported and that the registered manager was always available and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed with the registered manager and staff on duty. The atmosphere was calm and we saw staff interacted with people in a very friendly and respectful manner.

Summary of findings

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. Since the last inspection, where improvements had been needed, the home had implemented new care plans. We viewed these care plans and saw immediately that they were much more user friendly and contained information which was person centred and specific to each person, identifying their needs and the level of support required.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We had received some information of concern that there may not be enough staff at tea time. We discussed this with the manager and the provider who said they would reassess how many staff were needed at key times during the day. On the day of the inspection we saw staff were responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended face to face and e-learning training to maintain their skills. They told us they had regular supervisions with the registered manager where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were appropriate recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and caring when supporting people. When we spoke with people who used the service and their relatives we were told they were extremely happy with the care, treatment and support the home provided.

We observed people were encouraged to participate in activities that were meaningful to them and which they enjoyed. Activities were evaluated to ascertain who had enjoyed them and who had not. For those who had not, alternatives were considered.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices.

We found the building met the needs of the people who used the service. For example, the environment was suitable for people who used a walking aid and wheelchair users. There was a ramp outside the building which enabled people who used wheelchairs or walking aids to exit the building. The ramp however needed hand rails to enable people who could walk to use it safely. The provider told us they were looking at the most suitable design to enable people who used wheelchairs to be able to navigate safely and was something which would be done as a priority.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We found an effective quality assurance system operated. The service had been regularly reviewed through a range of internal and external audits. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe.

Staff had received appropriate training in respect of abuse and were clear about the action to take if they suspected any abuse was happening.

Medicines were managed safely and people were supported by enough staff, who knew them well.

The home had robust recruitment procedures in place.

Good



Is the service effective?

The service was effective.

Staff received training which was appropriate to their job role. This was continually being updated which meant staff had the knowledge to effectively meet people's needs.

People's capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). We found care records considered people's capacity to make decisions for themselves which ensured their rights were protected.

People had a choice of food and were provided with a well-balanced diet.

Good



Is the service caring?

The service was caring.

We saw staff were kind, patient and friendly and had developed good relationships with the people they supported.

Staff understood the complex care needs of people they supported which helped people maintain a good level of health.

People's dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends and relatives.

The service allowed staff the time to provide the care people needed and ensured staff rotas were flexible to accommodate people's changing needs.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

We found that the provider was striving to improve the quality of the service being delivered. The staff team were loyal and spoke highly of each other and staff at all levels said they felt supported within their role.

We found there were effective systems in place to monitor and improve the quality of the service.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Russley Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 April 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was carried out by two adult social care inspectors.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. We had asked the provider to complete a Provider Information Record (PIR), which told us key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch and how staff interacted with the people they supported. We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations.

We spoke with six people who used the service and a visiting relative. We also spoke with the registered manager, the provider and five staff including the cook, activities co-ordinator and a cleaner.

Before our inspection we contacted the commissioning team from Manchester City Council for their feedback regarding the service. They told us they had some concerns about the environment, particularly the ramp access to the outside which did not have handrails and so could pose a risk.

Is the service safe?

Our findings

People told us they felt safe. Comments included, “I am safe here, at home I wasn’t, now I have peace of mind, I am very happy”. We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and were easy for staff to find if they needed to refer to them. This meant staff had easy access to guidance on what to do if they had concerns about a person’s well being. We spoke with two members of staff who described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. The staff all told us that they had completed training about safeguarding adults and we saw this in their training records. This meant people who used the service benefitted from staff who knew how to report and respond to suspected abuse. We looked at the provider’s accident and incident records and found that any incidents occurring in the home were appropriately documented. This meant the registered manager was responding appropriately to incidents that occurred in the home and people were protected from harm as appropriate action was taken after accidents and incidents were evaluated.

The home used antecedent, behaviour and consequence (ABC) forms to record incidents. These forms are used to record all aspects of an event which leads an individual to demonstrate behaviour which is deemed as challenging. They record what happened before the behaviour occurred, what behaviour is being demonstrated and what happened after the behaviour. They are an effective tool to identify any triggers which may cause a person to behave in a certain way. We saw examples of the home recording potential triggers for different people and introducing strategies to help support these people through the things they found difficult to cope with. For example for one person this was that they did not like to be in a noisy, busy environment. We observed staff redirecting this person to a quieter area of the home when an activity was taking place in the lounge area. We saw this person responded well to the support they were offered.

We looked at the provider’s recruitment policies and procedures and also the personnel files of four staff who worked in the home. We saw people who wanted to work in the home were required to complete an application form and then people the registered manager felt might be

suitable were selected for interview. This candidate would be invited to the home to meet the people who used the service and the feedback of people living at Russley Lodge would inform part of the interview and the decision making process.

During our inspection we found important information was always checked to make sure those using the service would not be placed at risk from staff that were unsuitable to work with vulnerable people. For example, the staff recruitment procedures we looked at ensured there would be references to verify people’s previous history and satisfactory evidence of their conduct in previous employment. This meant the provider could clearly demonstrate they made robust reference checks to make sure only suitable staff were employed by the service. We also saw people would be subject to a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure they were suitable to work with vulnerable adults. All these measures ensured the provider had robust recruitment procedures in place to protect people who used the service.

At the last inspection on 19 September 2015 we found improvement was needed in relation to medicine management. At the inspection on 21 April 2015 we found these improvements had been made. Medicine was stored safely and only handled by members of staff who had received appropriate training. This included checking stock, signing for the receipt of medicines, overseeing the disposal of any un-needed medicines and administering to people. There were up to date policies and procedures relating to the handling, storage, disposal and administration of medicines. People’s care records contained details of the medicine they were prescribed, any side effects, and how they should be supported in relation to medicine. Where people were prescribed medicines to be taken on an ‘as required’ basis, often known as ‘PRN’ medicine, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other signs that the person may use to display that they might require this medicine. This meant people experiencing pain or discomfort, who were not able to tell staff, were offered appropriate care and treatment as staff knew the signs to look for to indicate what that person needed.

Staffing levels were reviewed both routinely and in response to the changing needs of people using the

Is the service safe?

service. The registered manager told us that staffing levels were regularly assessed and any changes needed to staffing levels would be discussed with the provider. We had received information of concern about this in relation to the possibility of more staff being needed at key times during the day, for example tea time. The registered manager told us this was due to a person who had recently come to live at the home requiring support at 5.00pm, which was also tea time. They told us they were in the process of reviewing how this could be better managed and were considering an extra member of staff during this time which would resolve the situation.

During the inspection we saw staff responded promptly to people's needs. When we spoke with people who used the service, they told us they never had to wait long for assistance. In addition to the registered manager, the staffing rotas showed us that there were two staff in the morning and two in the evening to support the 17 people who used the service.

We found the communal areas of the home and the bedrooms to be clean, pleasant and odour free. However some areas of the home such as the office and staff facilities were not clean and were in need of attention. The home had identified an infection control champion who would take responsibility for ensuring systems were in place to manage and monitor the prevention and control of

infection. We saw this person would be attending training in the next few weeks which meant staff would have a good knowledge about infection control and its associated policies and procedures.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments and evacuation plans were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment.

We found the building met the needs of the people who used the service. For example, the environment was suitable for people who used a walking aid and wheelchair users. There was a ramp outside the building which enabled people who used wheelchairs or walking aids to exit the building. The ramp however needed hand rails to enable people who could walk to use it safely. The provider told us they were looking at the most suitable design to enable people who used wheelchairs to be able to navigate safely and was something which would be done as a priority.

The windows had been fitted with window restrictors to eliminate the risk of people falling out. This was with the exception of one on the landing which the manager said they would address immediately.

Is the service effective?

Our findings

One person who used the service told us, “the staff are really good they talk to me about everything, they know me well.” And “staff talk to me about my needs, what I like and what I don’t like, I am well looked after.”

During our observations we saw that staff communicated affectionately with people. Staff were patient, kind and compassionate and gave people time to make decisions for themselves. For example, during the lunch time meal people were offered beetroot and a pastry to have with their meal and consideration was given to their preferences.

Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. We saw jugs of water and juice was available throughout the day for people to access if they wanted to. Snacks were available throughout the day for people who wanted them.

People’s care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example, care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people’s needs across the day and provided current information about people’s support needs. When we spoke

with the cook, she had excellent knowledge of everyone’s dietary needs. We saw there was a range of good quality fresh food available and where people required a culturally sensitive diet this was accommodated.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices. The registered manager told they had prioritised which people to apply for DoLS based on risk. We saw applications had been made to the local authority and the home was following the correct processes in line with the MCA.

We saw staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves.

Staff received training which was appropriate to their job role. This was continually being updated which meant staff had the knowledge to effectively meet people’s needs. Staff received regular supervision from the registered manager. Records we saw confirmed this.

Is the service caring?

Our findings

People told us they were well cared for. Comments included, “Staff are very gentle with me, I have pain and they are careful with me”. And “staff know me well and are respectful, I feel valuable, not just an old person.” A visiting relative told us “everybody is caring; they care for people as people and not as “a patient”.

We saw staff knew, understood and responded to people’s diverse cultural, gender and spiritual needs in a caring and compassionate way. The home accommodated people from different faiths and cultural backgrounds. One person told us, “I go to church every week, I decide when I get up each morning, and I go to bed when I wish. I am able to choose what to eat and drink and I see my family whenever I want, and they are always made to feel welcome.” Care plans outlined people’s preferences in relation to spirituality and preferred routines which meant people’s choices were considered and respected.

We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We saw and heard staff knocking on people’s doors and wait for a response before entering. Staff were patient and waited for

people to make decisions about how they wanted their care to be organised and closely followed people’s way of communicating. For example, we observed people being supported to eat their lunch time meal. We saw staff engaged with them and conversation was encouraging, respectful and positive. People were supported to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or sat down when talking with people so they were at the same level which demonstrated staff were caring.

The registered manager was aware about how to contact an Independent Mental Capacity Advocate (IMCA). They talked to us about an example of how they had recently used an IMCA to support someone about a decision they needed to make about where they lived. IMCA’s are used to safeguard people who lack capacity, who are unable to make decisions for themselves). We found where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Is the service responsive?

Our findings

We found people received consistent, care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. Comments included, “staff ask me all the time what I want and need, I am able to choose what I do each day, I am very happy.”

At the last inspection on 19 September 2014 we found improvement was needed in relation to the care plans. We found at that time there was little or no information about the person or about their specific care needs. For example one person was described as having a mental health condition but there was nothing outlining what this meant for this person or to direct staff on how to support them. At the inspection on 21 April 2015 we found significant improvements had been made.

We looked at four people’s care records. We found each person’s care, treatment and support was written in a plan that described the interactions staff needed to do to make sure people’s care was provided in the way they wanted. We saw for the person who a mental health condition there was had detailed information about what having this condition meant for the person, how this impacted on them and what staff could do support this person appropriately.

We saw people were involved in developing their support plans. We also saw that other people that mattered to them, where necessary, involved. All of these measures helped people to be in control of their lives and lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service protected people from the risks

of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out activities within the home and organised days out and holidays involving the people who used the service, their families and staff from the home.

The home employed a full time activities coordinator. Without exception, everyone that we spoke with told us how they enjoyed the activities. One person said, “we can do all sorts, we just have to ask and they will try and sort it”. We saw an activities file which contained an overview of the activity, attendees and the level of interaction each person had. We spoke with the activities co-ordinator who explained how important it was to capture this information to ensure the home could respond if an activity was not popular.

We saw the complaints file, which included details of the nature of the complaint, who was making the complaint, who received the complaint and who was investigating it. We saw copies of complaint follow up forms, which included details of the outcome, action plans and any lessons learnt. We saw that the most recent complaint had been appropriately investigated, the complainant had been informed and was happy with the action taken, and the findings had been shared with staff. This meant that comments and complaints were listened to and acted on effectively.

When people used or moved between different services this was properly planned. For example, each person had a personal health profile completed that was unique to them. We saw people were involved in decisions and their preferences and choices were recorded. This contributed to ensuring people maintained continuity of care in the way that people wanted and preferred.

Is the service well-led?

Our findings

We saw that the registered manager worked alongside staff, and provided guidance and support. People, who used the service, and their relatives, told us, “It’s a well-managed home, the manager is approachable and she gets things done”.

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with Care Quality Commission (CQC) to manage the service.

Staff we spoke with told us they were well supported and enjoyed working at the home. We noted staff were enthusiastic and were keen to learn new skills and develop care plans further to ensure they remained person centred.

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a care plan and medication audit every month, an infection control audit every week, a health and safety audit every month and a quarterly safeguarding audit. We saw copies of the most recent audits. All were up to date and included action plans for any identified issues. For example, an audit of medication had identified that the red tabard was not being worn by staff administering medicine. This had been addressed by the registered manager. This demonstrated to us the audit system in place was used effectively to ensure improvements were made.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in

the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the provider was carrying out on going checks to ensure the care provided and the environment people lived in was maintained to a good standard.

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. This was done through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met, such as, department of health, local authorities, including the speech and language therapy team (SALT), tissue viability staff, palliative care teams, medical staff, and psychiatrists. This meant the staff in the home were working with other services to meet people’s needs.

The home had achieved the ‘Dignity in Care’ Award. This award is given to services that can demonstrate consistent, good care, support to people who use services and are committed to the on going training and development of staff.