

The Council of St Monica Trust

The 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of The Russets on 29 and 31 August 2017. At the last comprehensive inspection of the service in July 2015 no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was rated Good.

The Russets provides accommodation for people who require nursing or personal care. They are registered to provide this regulated activity for up to a maximum of 105 people. Within the service up to 73 people are accommodated in The Russets which provides care and treatment for people living with dementia, this is separated into five houses. Separate accommodation for up to 32 people with general nursing care needs is provided in an area called Sherwood. At the time of our inspection the service was providing nursing and personal care to 102 people over both areas.

A registered manager was in post at the time of our inspection. 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.

Feedback we received across the service around staffing provision varied. This meant people's experiences of the service were not consistently positive. Medicines records had not always been completed. Systems in place to take necessary actions when medicines records had not been completed were not always used. Systems to monitor and review the quality of the service were conducted and associated action plans produced. However, these were not consistently completed in all areas. People's records in relation to medicines, position changes and daily care were not consistently completed.

Safe recruitment processes were in place. Staff were supported through a comprehensive induction and supervision. A training programme enabled staff to be knowledgeable within their role and to encourage continued development of their skills.

People received care and support from staff that were kind and caring. People's privacy and dignity was respected. People's family and friends were involved in their care and received effective communication from the service. Events the service organised supported families and encouraged engagement with the local community.

Care plans were person centred and described people's preferences. People, relatives and staff spoke highly of the activities programme available. People benefited from the design and layout of the service. This promoted people's independence and supported people's needs. Regular checks of the equipment and environment were conducted to ensure people's safety.

People's views were sought through different methods, such as meetings and questionnaires. Actions were taken as a result. The service reflected in strategies used with people and promoted new ideas that may

have a positive benefit to people. A volunteer scheme was in place which supported people with activities and social engagement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this 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 home was not always safe. Feedback around staffing provision was mixed.

Medicine administration was not always accurately recorded.

Risk assessments were in place and guided staff in risk management.

Safe recruitment procedures were conducted.

Is the service effective?

Good ●

The service remained Good.

Staff were supported by effective induction, training and supervision.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their nutrition, hydration and healthcare needs.

Is the service caring?

Good ●

The service remained Good.

People were supported by staff who were kind and caring.

People were supported to remain independent.

People's visitors were welcomed at the service.

Is the service responsive?

Good ●

The service remained Good.

Care records were person centred.

People enjoyed the wide variety of activities available.

The environment was personalised and supported people's needs.

Is the service well-led?

The service was not always well-led.

People's information was not consistently recorded.

Quality monitoring systems and other processes were not being consistently completed or effective action taken as a result.

Communication systems were in place for people, staff and relatives.

The service organised events which engaged and supported people, families and the local community.

Requires Improvement 

The Russets

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 31 August 2017 and was unannounced. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and other information we had received about the home, including notifications. Notifications are information about specific important events the home is legally required to send to us.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with 14 people living at the home, 12 relatives and 15 staff members, this included senior staff, and the registered manager. We also spoke with one health professional. We reviewed ten people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

We received mixed feedback about the provision of staffing at the service. One person said, "Sometimes, not always [enough staff]." Another person said, "Staff are available when I need. They move around a bit so it is often different people." Another person said, "There has been a lot of changes in staff lately, but there always seems to be enough around."

Feedback we received and the observations we made varied between different areas of the service. For example in some parts of the service staff spent time with people and were unrushed. One person said, "[Staff] always give you time." A relative said, "Staff are never rushed, it is always relaxed because there are enough of them." A staff member said, "The main positive to working here is the time you get to spend with the residents." In other parts of the service this was not the case. People told us that staff did not always have time to sit with them. One person said, "[Staff] are so busy." Another person said, "No, never [get time to talk with staff] they are too busy." A staff member said, "We are always understaffed, it is a bit rushed." Staff told us the challenges around staffing impacted on the team morale. We fed this back to the provider.

Staff raised concerns about staffing levels, staffing structures and the use of agency staff. In the general nursing area of the service, Sherwood, staff and people said there was not always enough staff. One person said, "I have to wait in the mornings for staff to get me out of bed." One staff member said, "There is a lot of agency staff and a huge rotation of staff." Two people told us they no longer asked to be taken to the lounge areas as they had to wait too long before a staff member was available to take them back to their rooms. Staff highlighted the staffing structure and the high use of agency nurses at night. Staff said they felt this presented a risk that situations may not be able to be managed safely. Staff told us they did not feel staffing issues were adequately addressed or that they were listened to when they raised concerns about staffing with their managers.

Consistency of staffing impacted on people as they did not always have care delivered by familiar staff members. One person said, "It's all different faces [carers]." One staff member said, "Residents get frustrated as it is always different staff, so staff have to ask them the same questions over and over and this can be annoying for them." Another staff member said, "Staffing numbers are OK but there is not much consistency." One relative commented how they found it difficult when they visited to find the same staff members to talk to about their relative. However, another relative said, "My relative always has lots of continuity, always the same staff around."

The provider had systems in place to monitor and assess staffing levels. This included areas such as monitoring the call bell system data, encouraging feedback from people and out of hours arrangement. The provider acknowledged the staffing situation in terms of turnover of staff, the high use of agency staff and lack of permanent registered nurses. Contributing factors to this had been explored to try and improve applications and retention of staff members. For example the provider had organised transport for staff due to the service's location.

Medicines records were not always accurate. Medicine administration records (MARs) had not always been

signed accurately by a staff member to indicate they had administered people's medicines as prescribed. A random sample of four MARs in one area of the service showed eight missed signatures over the past nine days. There was nothing documented by staff to demonstrate that they had noted the missing signatures or any actions taken to assure themselves that people had received their medicines as prescribed.

Some people were having their medicines administered covertly. This is when medicine is disguised in food or drink. In these instances, there was a clear record of people's capacity to consent to this being assessed as well as a record of how the decision had been reached in their best interest. We saw that the GP and family members had been involved. However, there was no documented evidence of a pharmacist being consulted in the decision to crush medicines, which was stated in the provider's policy. Staff told us they did consult the pharmacist verbally. The registered manager said this would be addressed and be recorded in the future.

Medicines were stored safely and we saw temperature monitoring charts for medicine fridges and clinical rooms. Protocols were in place for medicines people may require in addition to their usual medicine, for example, for pain relief. We observed that people were asked if they were happy to take their medicines and people were not awoken for medicines that were not time specific. When one person refused their medicines, the staff member went back later to try again. They crouched down to the person's level and said, "I've got the tablets for the pain in your knee here." The person then took their medicines.

The registered manager said that more staff were undertaking training to administer medicines so that each person's care and support needs could be met by fewer members of staff each day. One staff member said, "It will be much better when one member of staff can help someone to get washed and dressed, then support them with their breakfast and give them their medicines too. It helps to build relationships and we think the residents will prefer it."

People said they felt safe living at the service. One person said, "Staff are always popping in to check on me, I like that it makes me feel safe." Another person said, "I feel safe here." A relative said, "My relative is safe here. I leave feeling happy that she is well looked after."

Care plans contained risk assessments for areas such as mobility, falls, skin integrity and malnutrition. When risks had been identified, the care plan contained clear guidance for staff on how to reduce the risks. For example, people's mobility aids were listed and when people required aids such as a hoist, the hoist and sling details were included. When people had been assessed as being at risk of skin breakdown the plans detailed any pressure relieving equipment in use and the frequency of how often people should have their positions changed. Air mattresses that we reviewed were set at the correct pressure setting.

Staff were clear on their responsibilities around accidents and incidents. Accidents and incidents were reported showing the nature of the accident or incident and the immediate action taken. Further actions to reduce the risk of future reoccurrence were recorded. This included updates of care records or communication to staff members.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults as part of their induction and refresher training afterwards. Staff said they would report any concerns to a senior member of staff. One staff member said, "I would report to a manager or nurse." We saw records of when concerns had been raised with the local authority.

The service followed appropriate recruitment process before new staff began their employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

We reviewed records which showed that appropriate assessments and checking of the environment and equipment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids and electrical equipment. People and staff reported that maintenance was carried out promptly when any issues were identified. One staff member said, "The equipment we have is brilliant. Always works well and we have lots of equipment available." Fire safety equipment was regularly tested which included the emergency lighting, alarms and extinguishers. Regular practice fire drills had been undertaken. A business continuity plan was in place, which gave directions in unforeseen circumstances such as a water leak or severe weather.

The service was clean and well maintained. One person said, "There are high standards," in relation to the cleanliness of the service. Another person said, "It's spotless, they are always cleaning."

Is the service effective?

Our findings

The service was effective. One person said, "Carers are very competent." A relative said a positive feature was, "The commitment and expertise of staff."

New staff completed a comprehensive induction process which was aligned with the Care Certificate. This included a cooperate induction, mandatory training and a site specific induction. This orientated staff to the local systems and procedures. Staff spoke positively about the induction process. One staff member said the induction was, "Really very very good. It is comprehensive. They do a good job and take the time with you." Another staff member said, "It was a nice start."

We reviewed the staff training records and saw that staff received on-going training in areas such as moving and handling, safeguarding adults, fire safety and first aid. Staff spoke highly of the training their received from the provider. One staff member said, "We get loads and loads of training." There was information displayed in the service about additional non mandatory training that was available to staff. A range of different areas were covered to develop and promote staff skills and learning. The provider facilitated staff members to engage in further recognised qualifications in health and social care. The provider had also considered the learning support staff may require and provided additional support or equipment.

Staff supervision records showed that staff received supervision in line with the provider's policy. Supervision is where staff meet one to one with their line manager to discuss their development. We saw that supervisions discussed areas such as training, development and reflective practice.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA). 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. The registered manager had made appropriate applications and a clear system was maintained to check the progress of applications. Conditions attached to people's authorised DoLS had been met.

Consent to care was sought in line with legislation and guidance. Capacity assessments had been completed where appropriate. Specific best interest decisions had been made. Documented records showed how the decision had been reached and who had been involved, these were regularly reviewed. Staff demonstrated a good knowledge of the MCA in their work practice. We observed staff asking people for their consent prior to supporting them. For example, one member of staff asked a person if they wanted to get up. The person replied, "Not just yet," the staff member said, "That's fine, when would you like me to come back and help you?"

Menus were displayed and we observed staff asking people what they wished to eat for their meal.

Comments about the food at The Russets included, "A good choice of food, "Food is excellent" Staff spoke positively about the traffic light system in place for water jugs, so that it was evident how much a person was drinking and where extra support may be required.

The provider said they encouraged staff to eat with people within The Russets to remind and support people around eating and to create a social atmosphere. However, this was not observed in practice.

People had access to on-going healthcare. Records showed when people had been reviewed by health professionals such as SALT, the nutritionist and the mental health team. A GP was visiting during our inspection and we saw the list that staff had prepared before the GP arrived. This included reasons why staff felt people needed to be reviewed and there were columns for the outcome to be recorded and a check list to confirm relatives had been informed and the electronic record updated. An agency nurse on duty said, "I write on here the details of what the GP has said or done and then I will hand it over to the night nurse to update the care record." A healthcare professional commented, "It all works very well here."

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. One person said, "All staff have a caring and welcoming attitude." One relative said, "The staff are nice."

People were spoken to with kindness and respect by staff members. One relative said, "They [staff] speak and treat her like an adult. Staff are well trained and understand dementia and people's needs." Another relative said, "Staff are affectionate, funny and interactive."

People told us staff maintained their dignity and respected their privacy. This was reflected in people's care records and guidance was included for staff. One person said, "They treat me with care and dignity." Another person said, "Staff knock on the door. When I am washing they keep the door closed." A relative said, "When I am there, the staff ask my wife if I can stay in the room."

We saw people's choices were respected. For example people were offered choices of where they would like to sit for mealtimes and what they wished to do with their time. Staff adapted their approach to people. For example, one person had declined to get dressed. This choice was respected and we observed different staff members offer support again at different times.

People were encouraged to maintain their independence. One relative said, "We like that reasonable risks are taken and freedom is given." One person had spilt a drink on their clothing. We observed staff encourage and support a person to change their own clothing. People had access to the other parts of the service and the garden areas. We observed people choose where they wish to spend their time and to move around the service as they wished. People had ample space to be with others or to be alone.

At a mealtime we observed a staff member sit next to a person. The staff member explained and described the meal to the person. They asked the person what they would like to start with and waited and listened for their response. Another member of staff said to another person, "Oh, don't you look glamorous today." The person smiled and appeared pleased to have received the compliment.

The service had received 30 compliments since January 2017. One compliment said, 'You treated her as an individual and gave her back her dignity. You supported us at a time where we were vulnerable, and showed us love, care and compassion.' Another compliment said, 'I would like to thank-you for all the wonderful care given to [Name of person].'

Family and friends could visit when they wished. There were no restrictions on visitors. Relatives said they were welcomed at any time. A system of access was available to relatives for different areas of the service.

People were encouraged to express their views and opinions about the service and their care and support. One person spoke with the registered manager of sharing new ideas that the service may like to consider introducing. A meeting was arranged to explore this further.

Is the service responsive?

Our findings

The service was responsive. Care plans were person centred and contained clear guidance for staff on how to meet people's needs. Care plans included details about people's lives, their family history, employment and where they lived. For example for one person it described the work they did during the war. Another care plan described a person's children and the business they had set up. This gave staff insight into people's backgrounds and interest and provided topics of conversation. Care plans were regularly reviewed. One relative said, "We have been involved in the care plans and they are adjusted to suit her needs."

People's preferences were described within their care record. These included people's preferred routines and likes and dislikes. For example in one person's plan it had been documented their preferred time to get up, and that they liked a wet shave completed by staff. The guidance also detailed that the person could clean their own teeth but needed staff support to, 'Get things ready for them.' However, one care plan we reviewed documented that the person preferred a bath. They told us this was not occurring, which their documentation supported. We highlighted this to the registered manager along with other incidences where the daily recording of personal care did not match the requirements of people's care plan.

We received positive feedback about the activity provision at the service. There was a varied daily activities programme which includes activities such as musical entertainment, singing, religious services, tea parties, arts and crafts, movement classes, films and gardening. Regular trips out in the minibus to local places of interest enabled people to be involved in their local community. We observed people involved in an activity with staff making pom poms. People enjoyed the conservation and there was lots of laughter. One person said, "We have lots of trips out, they are lovely." Another person said, "The music activity I like, I try and join in." A family fun day had recently been held to be supportive of people visiting with a wider family network and younger people. The day had been well attended and received and staff told us it promoted better relationships between the service and peoples families and friends. People and relatives spoke highly of the clubhouse which was located in the centre of the garden area. One relative said, "The clubhouse is amazing." A new sensory garden was being opened in the grounds and people and family members had been invited to its opening.

The service had not received any complaints in the previous 12 months. The complaints procedure was displayed around the service and was in an accessible format. Relatives said they would be happy to raise any concerns they may have. Comment cards were available around the service where people or relatives could write compliments or concerns they may have.

People's rooms were personalised with furniture, ornaments and pictures. Outside each person's room was a memory box which contained photos of themselves and important events, for example photographs of people's children or wedding day. This supported people to identify their room and created a homely and personal atmosphere. People's room had their name in decorative writing displayed.

The service had thoughtfully considered the needs of the people living at the home and this was reflected in the items around the service, the décor and the communal areas. Throughout the service there were objects

and items that would be recognisable to people and could stimulate people in different activities. For example, pictures of the royal coronation and a toy cat sat in the fireplace. A poem was displayed in different parts of the service about living with dementia and how people could be supported in different ways. People could have a personalised playlist of their favourite music created for them to enjoy.

Regular meetings were held with people and relatives. We reviewed the minutes from these meetings and saw that actions were documented and their progress followed up and reported back to people at the subsequent meeting. This included actions around wi-fi connection, the garden project and photo boards. The provider encouraged open questions from people and it was documented how discussions had been held. For example about the recruitment of staff and feedback about the memorial event held. One relative said, "They act on what is said, they write with a follow up."

Is the service well-led?

Our findings

The service was not always well-led. A system was in place for staff to check the MARs had been signed and take necessary action if required. In some areas of the service we viewed that when gaps had been identified this procedure was followed and there was a clear record of action taken by staff to confirm if the medicines had actually been administered. Missing signatures had been reported as incidents and investigated. However, in other areas of the service this process was not being routinely completed. This meant there was nothing documented by staff to demonstrate they had noted the missing signatures or any actions taken to assure that people had received their medicines as prescribed.

The system in place for recording when prescribed creams and lotions had been applied was not consistently ensuring good practice was followed. Within The Russets, staff recorded in the electronic record when they applied creams, but in the Sherwood area of the service staff had a chart to sign. However, the charts we looked at had not been completed in full. For example, the instructions on the chart for one person was for a lotion to be used as a soap substitute during personal care, but the chart had not been signed daily. There were 14 days during August 2017 when the chart had not been signed. On another person's chart there were 16 gaps where staff had not signed during August 2017, again for a lotion that was to be used as a soap substitute.

Systems were in place to monitor and review the quality of the service. This included audits of infection control, falls and care records. We saw internal medicine audits had been carried out monthly in some areas of the service and that the issues regarding the omissions on MARs had been identified from January 2017. In some houses we saw that clear actions plans had been devised from the findings of the audit to address the issue. However, in other houses this was not the case and either medicine audits or action plans had not been completed. This meant a clear overview for some areas of the service were not available. Recent audits in different areas of the service prior to July 2017 showed that these signing omissions were still occurring. The registered manager had taken actions which included liaising with nursing agencies and communicating with staff. In one area of the service areas identified in care plan audits as requiring actions were not always completed. We were told by the registered manager that this had been recognised prior to our inspection and measures were being taken to address these issues.

We reviewed records in relation to position changes. We found that position change charts had not always been signed by staff as frequently as the care plan guidance stated. For example, one person needed to have their position changed two hourly, but the charts did not show that this had happened. This meant people were at risk of not having their positions changed regularly because monitoring charts did not reflect care plan guidance. Two members of staff said, "Position changes do happen, unless we're really short staffed, but we should always document when it doesn't happen."

We reviewed three incidents which had been reported to the local safeguarding authority but had not been notified to the Care Quality Commission which is a legal requirement. It had not been documented clearly why the decision not to notify the Care Quality Commission had been taken.

All the above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, staff and relatives spoke positively about how the service was managed. One staff member said, "The registered manager is supportive and always around. I can raise anything." Regular team meetings were arranged. Clear information was communicated to staff around training, activities and staffing. Staff and agency staff commented that the handover system provided good information about people and that they had the information they required for their shift. However, staff commented that communication around decisions made within the service could be improved.

Relatives said they were kept well informed. One relative said, "Communication is effective." Relatives told us how they were telephoned if needed. For example, when someone returned from hospital. Family and friends said they were notified and informed of upcoming events and meetings.

Family and friends spoke of the support and involvement of the service. One relative said, "They look after you as a family." The service had facilitated a memorial balloon release to commemorate those people who had recently passed away. The comments from families showed how important this had been to them. The provider facilitated a volunteer service, volunteers provided additional activities and support and befriending to people. One volunteer commented about the value of the service and how it contributed to people's happiness and well-being.

The service displayed a booklet detailing the values of the organisation. The provider encouraged the introduction and reflection of new ideas and strategies that may benefit people. For example, changes to meal service and the way annual surveys were conducted. An open day was held in May 2017 where the service was open to families, the local community and people who lived in other services within the organisation.

The provider had undertaken an opinion survey of staff members in June 2017. A document explained what had changed since the last survey in 2016. The results had been collated into a visual graph format of the different questions asked. The document explained how individual services results would be given to the registered manager to take actions forward.

A regular newsletter was produced. This showed recent and forthcoming activities that people and staff had been involved in. It welcomed new staff members and residents and gave information about changes within the service. A recent newsletter showed how staff members had been nominated in a regional care awards event.

A staff recognition award scheme was in place across the organisation. Anyone could nominate staff or teams for these awards. A team leader told us that their team had received an award and it was positive for staff to be recognised for their good work. The service had staff champions in key areas of care and support, such as moving and handling and end of life care. Staff champions provided leadership and promoted good practice throughout the service.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

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
Treatment of disease, disorder or injury	Regulation 17 (1)(2)(a)(b)(c) The provider had not ensured that people's records were accurately maintained. Quality monitoring systems had not been consistently completed or actioned.