

Portsmouth City Council

Russets

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 6 March 2018 and was unannounced. At our last inspection on 1 November 2016 we found three breaches of legal requirements. These were breaches of Regulation 12 because risk assessments regarding the environment had not always been completed, medicines were not stored safely and the environment did not promote good infection prevention and control; Regulation 16 because complaints were not effectively managed; Regulation 17 because there was a lack of robust and regular auditing. The provider was required to send us an action plan telling us what they would do to meet the requirements of the law. They sent this to us and we found at this inspection improvements had been made.

Russets is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Russets provides full time residential care to up to seven people and respite care to up to 11 people, 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.

A registered manager was in post. A registered manager is a person who has registered with CQC 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. The registered manager was due to leave employment at Russets and the provider had recruited a new manager to take over this role. This person was due to start before the current registered manager left in order to ensure a comprehensive handover.

The registered persons had not always notified CQC of significant events that had occurred in the service. There were systems in place to monitor quality and safety of the service provided, however, these were not always effective and did not identify concerns with records and incident analysis that we had.

People, relatives and staff were positive about the registered manager who was described as open, approachable and easy to talk to. Staff were committed to meeting the needs of people and providing a service people wanted. People and their families were encouraged to provide feedback on the service through meetings and an annual survey. They were also supported to raise complaints should they wish to.

Improvements had been made to the assessment and management of risk. Environment risks had been assessed and measures taken to reduce these. Risks associated with people's care and support were well known by staff. The management of medicines had improved and was safe. Infection control measures had improved and Russets was clean and tidy throughout. There were enough safely recruited staff deployed to meet people's needs. People were protected from the risk of abuse because staff understood how to identify and report it.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with others to ensure decisions made in people's best interests were reached, although improvements to the documenting of this was needed and we made a recommendation about this. People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people.

Prior to people moving into the home, assessments were undertaken to ensure the service could meet the person's needs. People told us that staff knew them well and this was apparent throughout our discussion with staff about people. Care plans were in place, which reflected individual preferences and support needs. Activities were delivered based on individual needs at the time of the inspection.

Staff received training and support that enabled them to meet the needs of the people they supported and deliver effective care. Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services. Where people required support to eat their meals this was provided in a manner which enabled them to eat at the pace they wanted and not feel rushed. They were supported to ensure they received adequate nutrition and hydration. The environment had been adapted to meet the diverse needs of people through use of furnishings and equipment.

People and their relatives provided positive feedback about staff. Observations reflected people were comfortable and relaxed in staff's company. People were cared for with kindness and compassion. Their privacy and dignity was respected and they were encouraged to be involved in making decisions about their care. Information about people was stored confidentially.

In line with CQC's enforcement policy, the overall rating for a service cannot be better than requires improvement if there is a breach of regulations. We found one breach of the Care Quality Commission (Registration) Regulations 2009 and 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 the full version 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?

Good 

The service was safe.

Improvements had been made to the assessment and management of risk. Environmental risks had been assessed and measures taken to reduce these. Risks associated with people's care.

The management of medicines had improved and was safe.

Infection control measures had improved and Russets was clean and tidy throughout.

There were enough safely recruited staff deployed to meet people's needs.

People were protected from the risk of abuse because staff understood how to identify and report it.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests but did not clearly record how this was applied.

Prior to using the service people's needs were assessed. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

The environment met the diverse needs of people.

Is the service caring?

Good 

The Service was caring.

People and their relatives provided positive feedback about staff.

Observations reflected people were comfortable and relaxed in staff's company. People were cared for with kindness and compassion.

People's privacy and dignity was respected and they were encouraged to be involved in making decisions about their care.

Information about people was stored confidentially.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was person centred and met their needs. Staff were knowledgeable about people's support needs, interests and preferences. Activities were based on individual choices.

Improvements had been made to the management of complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Notifications of significant incidents had not always been sent to CQC.

The registered manager had implemented a number of audits but these did not always identify concerns with records. The provider did not audit the service although they had made plans to do this.

People, relatives and staff were positive about the registered manager who was described as open, approachable and easy to talk to. Staff were committed to meeting the needs of people and providing a service people wanted. People and their families were encouraged to provide feedback on the service and this was acted on.

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.

The inspection took place on 5 and 6 March 2018 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us about what areas we would focus on as part of our inspection. We also reviewed the previous inspection report and the provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements. This had been completed just after our last inspection.

During the inspection we spoke to two people and three relatives. We spoke to four staff, the registered manager and senior manager. In addition we spoke with two visiting health and social care professionals. 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 who used the service and the personnel files for seven staff members. We also looked at a range of records relating to how the service was managed. These included training records, complaints, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People told us they were happy at Russets and relatives told us they felt their loved one's were safe. Visiting professionals told us they felt the service was safe, that staff knew people's needs well and there were sufficient staff to meet people's needs. One professional told us the records regarding people's care and support had improved.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments regarding the environment had not always been completed, medicines were not stored safely and the environment did not promote good infection prevention and control. The registered manager sent us an action plan telling us what action they had taken to address these concerns. This had improved at this inspection and was no longer a breach. Although some records regarding the risks for people needed to be updated, staff knew these risks and managed them well.

We had been concerned at our last inspection because risk assessments associated with the environment were not in place and some items which posed risks were accessible to everyone. At this inspection risk assessments were in place and some actions had been taken to reduce risks, including fitting a key pad lock to restrict access to an unused kitchen within the respite area of the home and ensuring COSHH (Chemicals substances which could be hazardous to health) items were stored securely. We found no concerns regarding the safety of the environment or equipment. Regular health and safety and maintenance checks took place and action was taken when needed. Equipment such as hoists and lifts were serviced and maintained.

Individualised risk assessments were in place where a risk had been identified for people. For example, where there were risks associated with a health condition such as epilepsy clear risks assessments were in place. Those people who had been identified as at risk of choking had risk assessments which included preventative measures. Where there were risks associated with people's mobility these had been identified and plans developed to reduce the risks. Where people displayed behaviours which placed them and others at risk, this was identified and plans were in place to reduce the risks. The registered manager was working with an external team to further develop these support strategies for people. Elements of the environment had been adapted to ensure safety where this was needed. For example, one person who mobilised by crawling and could be prone to bruises was supported in an environment which soft flooring and furnishings which meant their mobility was unrestricted and they could be safe. Staff demonstrated good knowledge of people and any risks associated with their care. They could describe clearly actions they took to reduce risks for people.

Staff and the registered manager's knowledge of people was comprehensive and they were identifying patterns or concerns for individuals regarding incidents that may occur. On these occasions they were working jointly with other professionals on plans to manage these risks in the short and long term.

At the last inspection we found that medicines were not stored safely. The room which stored medicines was not kept locked, the keys had been left unattended and the main fridge was being used to store

medicines. All staff had been made aware by the registered manager that this was not acceptable practice and we did not observe this during our inspection. All rooms which stored medicines were kept locked. A separate medicines fridge was in place and senior staff held the keys with them at all times. The temperature of medicines storage was checked when this was stored in a fridge but we noted the medicines room temperatures were not checked. This could mean that medicines were stored in environments which impacted on their effectiveness. We discussed this with a senior member of staff who said they would ensure this took place from now on.

People had their medicines administered in a safe manner and as prescribed. Staff were trained and competent to manage people's medicines. Staff were knowledgeable of those people who were prescribed medicines on an as required basis (PRN); staff knew what this medicine was and how to identify when a person may need this. They explained they did this through understanding and recognising body language and facial expressions as well as monitoring, such as bowel movements. Healthcare professionals were involved in reviewing people's medicines to ensure these remained appropriate for their needs.

At the last inspection we observed a number of concerns regarding the environment which could pose infection control risks. Some of these included a washbowl being stored in a toilet bowl; a drinking bottle being stored on the top of the toilet; commode lids stored under the bath and when these were moved there was dust and dirt; the laundry was disorganised and sinks contained cleaning products and a mop bucket and therefore could not be used for hand washing. At this inspection we did not find these concerns. The registered manager showed us how the laundry had been organised; mops were stored appropriately and colour coded and we did not find any other items stored in a way which did not promote good infection control. Staff were seen to use Personal Protective Equipment (PPE) where this was needed and 33 of 40 staff had received training to ensure they had knowledge of infection control procedures. The registered manager was arranging further training for those staff who had yet to complete this.

There were enough staff deployed to meet people's needs. Staffing levels varied according to the dependency of the number of people accessing respite and people's individually agreed packages of care. People were happy with the amount of staff who were available to support them. Staff told us staffing levels were satisfactory but it was difficult to get agency staff at times to cover short term sickness. Throughout the inspection observations reflected that staff responded promptly when people needed their support.

Safe recruitment processes were in place. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. We saw where staff had identified potential safeguarding concerns these had been reported to the local authority safeguarding and investigated. Any action that needed to be taken as a result was considered and carried out by the registered manager.

Is the service effective?

Our findings

People and their relatives told us the staff knew them well. One relative said "the staff know what they're doing, [person's name] is so happy here and always keen to come back".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Only three out of 40 staff had completed training in the MCA and a further seven staff were due to attend this. However those staff spoken to were able to tell us how they always worked on the basis people could make their own decisions. They gave us examples of how they supported people to make decisions as much as possible, including what they wanted to do, wear, eat and drink. For example, one person expressed that they did not want to attend a particular activity and although staff gently encouraged this person, they respected their decision. Throughout the day we observed staff seeking consent from people before they entered their rooms or provided any specific care. They said if they felt a person did not have the capacity to understand a decision they were making they would discuss this with the registered manager and other professionals would be involved.

We saw some practices in place that the registered manager told us had been implement in people's best interests including the use of audio monitoring systems to monitor people for seizures overnight. The registered manager discussed how prior to implementing the use of these they had discussed with others, including families and health and social care professionals to ensure these were in people's best interests. Relatives and other professionals confirmed they were part of any best interests process but they had not recorded these best interests discussions. However we found that although records stated if a person had capacity regarding a decision, the records did not confirm that the two stage test had been applied. In addition, whilst DoLS had been applied for there was no record of mental capacity assessments prior to the application in order to determine that a person lacked mental capacity in relation to making a decision about living in the home. The registered manager said these had been done but not recorded.

We recommend the registered person seek guidance from a reputable source about how to ensure clear and accurate recording around the MCA.

The registered manager told us that before anyone used the service, they were provided with information

about their needs as part of the referral. The person and their family were encouraged to visit the service as many times as they needed to. Throughout this process staff and the registered manager were gathering information about the person in order to support the development of their care plans and risk assessments. Relatives confirmed they were fully involved in this process. One said "I'm always kept involved and always told of any incidents and what action they [the service] have taken". One member of staff took a lead role in transition and supported the information gathering process.

Equality, diversity and human right issues were acknowledged and supported. For example, where a person preferred to be supported by a staff member of a specific gender this was accommodated. The registered manager told us if a person expressed a particular need in relation to their sexuality, religion or culture these needs would be supported and inform the development of a person's care plan. We saw where a person had expressed an interest in developing a relationship staff had made referrals for the person to receive some sexual education.

New staff completed an induction when they first started which consisted of a local introduction to the service as well as the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they felt the training they received supported them in their roles and enabled them to work effectively with people. The registered manager held a record of all staff training and we saw that the provider offered training in a variety of subjects including safeguarding, fire safety training, and moving and handling training. In addition specific training was provided in relation to diabetes, autism awareness and positive behaviour support. Staff told us the training they received helped them in their roles and in understanding the support needs of people who used the service.

Staff told us they received supervision and records seen confirmed this. The registered manager used a standard agenda to ensure the senior staff were sharing the information the registered manager needed to monitor the service and provide them with the support and guidance they needed. Appraisals with staff had commenced. Although all staff were receiving supervision, the registered manager told us they expected the frequency of supervisions to increase and we saw this had been raised with supervisors. Staff told us they felt well supported and could discuss any issues or concerns with the Registered Manager at any time.

Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Handovers took place between shifts and a diary and communication book was used each day to share messages. This ensured that where a person needed something, such as a health professional appointment, this was booked and staff were aware of when they were visiting so they could ensure staff availability.

At our last inspection we recommended the service considered suitable training for all staff members in relation to food hygiene and safety. We saw this had been done and staff had received this training. We observed no concerns regarding food safety. People said they were happy with the food they received and that they received a choice. People were supported to eat, drink and to maintain a healthy balanced diet. Staff supported people to choose their meals and snacks were available throughout the day. People's care plans reflected their dietary needs and specific requirements. Where needed input from Speech and Language Therapists (SALT) had been obtained to ensure people's safety when eating and drinking. People's care plans provided guidance for staff to follow as to type of foods and textures that had been recommended by SALT. The registered manager told us that this information, including information about people's likes and dislikes had been shared with the kitchen staff who prepared people's meals.

People were supported to maintain good health and had access to external healthcare support as necessary

and records reflected this. Staff were very knowledgeable about individuals specific needs and able to recognise any slight change in these. People and their relatives were confident that they would be supported to contact a GP or other health care professional for them. Records showed that other professionals such as chiropodists, dentists and the community team for learning disabilities were involved to ensure people received the care they needed.

People's diverse needs were met by the adaptation, design and decoration of premises. The home and outside areas were fully accessible to people. Communal areas were bright and welcoming. Bedrooms in the two flats were personalised and reflected people's interests and things that were important to them. Bedrooms within the respite service all differed and were welcoming but allowed those that were using them to bring in their own items to personalise the rooms. Equipment within the home supported the wide range of people's needs. A sensory bath had been fitted and other areas within the home had been made into sensory areas. Ceiling hoists were in place as well as other moving and handling equipment. Shower beds were available for those not able to stand or use shower chairs.

Is the service caring?

Our findings

People and relatives spoke positively about staff. One person told us "I like all of them [staff]". A relative said about staff "They're brilliant", "They're extremely caring". Another told us "They [staff] bend over backwards for [person], they're brilliant", "[Person] has a good relationship with them [staff]", "[Person] is so happy here and always keen to come back". A visiting professional told us the staff were "excellent and service users [people] are put at the heart of everything they do".

Observations reflected people were comfortable and relaxed in staff's company. Staff spoke with people with kindness and warmth and engaged positively throughout our visit, laughing and joking with them. We heard good natured banter between people and staff showing they knew people well. People were clearly relaxed and comfortable in the company of staff. We found the atmosphere in the service was warm and friendly.

People used a variety of means to communicate including gestures, pictures, objects of references and Makaton (a form of sign language). Staff were skilled in knowing and understanding a person's communication. Staff responded promptly to their requests for support. When people showed signs of distress this was quickly recognised by staff and appropriate support was provided. Staff received training in positive behaviour support which supported them to recognise that any behaviour was a form of communication and enabled them to work proactively with people. One person's relative told us how their loved one's behaviours had significantly reduced because of the service and the way staff worked with them.

People were encouraged to express their views, to make their own choices and maintain their independence. Staff and the registered manager were able to give example's, of how people had been involved in picking decorations for the home, choosing holidays and other events to go to, choosing equipment that would support their mobility, building relationships and working towards employment. The registered manager and senior manager told us an area they intended to change was the preparation of meals. At the time of our inspection meals were prepared and cooked in another of the provider's services, meaning that people's development of these skills was limited. The senior manager told us how they planned to change this and open the kitchen to aid further independence in menu preparation, shopping and cooking skills for people.

The service ensured that people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was 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. Throughout the service information was displayed in a variety of formats including photographs.

The service ensured people's right to privacy and dignity was respected. Care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. Care records identified who people wanted information shared with. Information about people was stored confidentially

and only those who needed access to these records had this.

Is the service responsive?

Our findings

People and their relatives felt staff had a good knowledge of the needs of those they supported. One relative told us how with the staff's support their loved one's confidence had grown and their speech had developed. They said "we can't wish for a better place". Visiting professionals also told us the staff had an "excellent" knowledge of the people who used and lived at Russets and responded promptly and appropriately to any change in needs.

At our last inspection in November 2016 we found there was no system in place within the service to identify, receive, record, handle and respond to any complaints that may be made. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we required the provider to send us an action plan telling us what they would be doing to address this. We received the action plan within the required timescale and at this inspection found improvements had been made and this was no longer a breach.

The registered manager kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. The registered manager had simplified the reporting process and implemented smaller, pictorial forms to aid people in using these. People had used these to express concerns and we saw action had been taken to resolve these, including making changes to people's care plans where specific requests had been made.

At the last inspection we recommended the service considers current best practice guidance on meeting the end of life wishes of people who use the service. No one in the service was receiving end of life care. The registered manager had begun working on guidance for staff about how to work with people to consider what they may want at the end of their life. These discussions had not yet taken place with people but the registered manager was clear they would ensure the involvement of relevant others and the community learning disability team if this was needed.

Care plans were person-centred and reflected peoples' individual needs. There was a multi-disciplinary team of professionals who contributed to the planning and reviewing of people's care. Care plans informed staff about people's needs and preferences. Care plans included information about people's communication and how staff could assist people to make decisions about their care. Records and feedback demonstrated peoples' changing needs were promptly identified and kept under review. For example, at the time our inspection one person was distressed over a physical health concern. Staff took immediate action to contact other health professionals and ensure the person's concerns were reviewed by the appropriate professional.

Most people who lived at or used Russets attended a day service. Outside of this activities were individualised and based on what people wanted to do. One person told us about a trip to a theatre and

staff told us how one person had recently attended a tribute band act. People told us they had plenty to do.

Is the service well-led?

Our findings

Registered persons are required to notify CQC of significant events that occur in the service. This includes any allegations of abuse, incidents reported to the police and serious injuries. Notifications help CQC to monitor services and plan our inspection activity. The records held in the service identified one serious incident, two incidents reported to the police and one allegation of abuse had occurred between July 2017 and October 2017 that we had not received any notification of.

The failure to notify CQC of these significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the last inspection in November 2016 we found there was a lack of regular and effective auditing of the service to ensure people received safe and effective care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager sent us an action plan telling us what they would do to resolve this.

Since the last inspection the registered manager had implemented a number of auditing systems including: monthly registered manager medicines audits, infection control audits, health and safety audits and a general manager's audit. The general manager's audit tool enabled the registered manager to monitor the service and take action where this was needed. This audit looked at a sample of care plans and risk assessments and identified where actions were needed; however as this was only conducted bi monthly and was a sample of records, we identified areas within care records that were not accurate and up to date that had not been identified by staff in the service. For example, health questionnaires had not been completed during recruitment of new staff. The registered manager told us this had been an oversight on their behalf as the provider had passed this to registered managers to complete but they had not realised this. The audits didn't identify this. We identified a lack of records to evidence mental capacity assessments had been completed in line with the code of practice. Although relatives and other professionals described actions which demonstrated staff applied this, the records did not reflect it was taking place. We also found that although care plans were up to date, the associated risk assessments did not always reflect the care plan. For example, for one person we found that whilst their care plans reflected their dietary support needs, their risk assessment was out of date. Staff were aware of the persons needs and they demonstrated an in depth knowledge of the people they supported as such the impact of inaccurate records was low.

A system was in place to record incidents and accidents although this was kept with all other records such as GP contact, family contact and was therefore difficult to work through. The registered manager confirmed there was no system to formally analyse these and identify any trends or patterns in the service. Because staff and the registered manager knew people so well, they were able to identify any increase in incidents and we saw action was taken. It is important to undertake this analysis to ensure that any reoccurring themes are identified and action is taken across the service to make improvements and not only at an individual level. However, the registered manager was leaving employment five weeks after our inspection meaning the person taking over did not know people and therefore a system and process for the analysis of incidents and accidents would be more important to ensure any concerns could be promptly identified and acted upon to ensure improvements were made to benefit people.

Quality assurance meetings had been implemented. These involved the registered manager, people's relatives, social work and community nursing staff. These meetings discussed a variety of subjects including any safeguarding's, medical or health concerns, risks, care planning, outcomes for people, training and staff supervisions and audit outcomes. We saw areas discussed where work had been undertaken to make improvements in the service. For example, care plan days had been held with staff to aid them in writing care plans which were reflective of people. This meeting also discussed the need to audit and collate findings to help staff reflect on this. However, we found there was no audit and although care plans were person centred, care records regarding risks were not always consistent.

The registered manager confirmed that the provider did not carry out any audits in the service. As such the concerns we found regarding risk assessment and MCA records, and not reporting to CQC had not been identified at by the provider. A lack of identification of such issues means that no action would be planned or taken to make improvements to these areas. The registered manager told us that the provider had recently purchased a quality assurance system to aid them but this had not yet been implemented. They also said the provider was introducing 'mock inspections' but that these had not yet taken place at Russets.

A lack of structured and effective systems to assess the health, safety and quality of the service and to drive improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was consistently described in a positive manner by staff, people and relatives. They were described as open, easily accessible, welcoming and easy to talk to. One member of staff said, "[registered manager] is a great manager. [The registered manager] does [their] best to share learning and communicate changes". A second member of staff said they felt very supported and that the registered manager was "easy to approach and I am very confident [they] listen to us and would take action to deal with any concerns". A visiting professional told us they felt the service had improved and that reporting to external professionals was better than before. They said they were "very confident in the service and [the registered manager]".

The registered manager described the ethos of the service which they told us was to provide person centred care which enabled people to live as they wanted. During the inspection staff demonstrated this ethos and worked hard to enable people to make choices about their lives. People were continually asked what they wanted and offered choices throughout their stay.

There was a staffing structure which provided clear lines of responsibility and ensured people's care was overseen by an allocated member of staff. Staff understood their roles and responsibilities within the home and strived to ensure they delivered a service that people wanted and that met their needs. They said they felt the service was person centred and visiting professionals told us people were always at the forefront of what they did. Staff felt they were engaged and listened to. They said they were able to make suggestions and encouraged to provide feedback. Staff meetings took place regularly and demonstrated staff involvement.

People were engaged and involved. They said they were confident they would be listened to and changes made to the service that they wanted. The registered manager told us how they held meetings with people's loved one's to discuss the service, seek feedback and update on any changes taking place. We saw the last meeting held asked for relatives views on how the service could seek people's feedback and in better way. Relatives were satisfied with a survey but suggestions were made about the times of meetings held to encourage engagement. This had been taken forward as an action by the registered manager. The last survey of people's feedback for the period of July to December 2017 demonstrated that people were happy

with the service provided. Where people had identified changes they wanted to see these had been done. For example, new pillows, mattresses' and fans had been purchased.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>CQC had not been notified of significant events that occurred in the service. The failure to notify CQC of these significant events was a breach of Regulation 18(1)(2)(a)(e)(f) of the Care Quality Commission (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>A lack of structured and effective systems to assess the health, safety and quality of the service and to drive improvement was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>