

## The Council of St Monica Trust

# The Russets

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Russets is a residential care home that was providing personal and nursing care to 87 people aged 65 and over at the time of the inspection. The service is registered to support up to 105 people.

The Russets has six houses. One house (Sherwood) offering nursing care. Then there are five other houses; Ashmead, Bramley, Crispin, Discovery and Encore for older people living with dementia. Currently, Bramley unit is being used to help facilitate discharges from the local Community hospital to help manage beds during the COVID 19 pandemic.

The premises are purpose built to offer care to older people who may have dementia and/or a physical disability. All accommodation is single storey, with ensuite bathrooms with access to a central secure garden.

### People's experience of using this service and what we found

People, relatives, staff and visiting professionals reported positively on standards of care provided at the home. People said, "The staff are very helpful," and "They are really looking after me well." Relatives said people were well cared, they praised staff for their patience and caring. Relatives said, "[Person) has been very happy here," "They cope with [person] well." Others said, "I can think of no better place. Excellent staff and care at all times, day and night." Visiting professionals said staff knew people well and care was personalised. One professional said, "Staff are welcoming, they are open regarding care, and receptive to advice."

People received their medicines safely and on time. Improvements in medicines systems, staff training and increased monitoring of medicines showed steps had been taken to learn lessons and reduce risks of errors.

Staff supported people to keep safe through awareness of health and safety. Regular servicing and maintenance was carried out with regular improvements to the environment, such as decoration and improved lighting.

People's care was more personalised. Staff knew people well and cared for each person as an individual. One relative said, "The care given and the entertainment provided is second to none." Care plans and risk assessments had improved and were more detailed, personalised and up to date about people's care needs and preferences.

People received care from regular staff they had got to know and trust. There were enough staff to safely care for people at a time and pace that suited them.

Staff had a good understanding of signs of abuse and felt confident any safeguarding concerns reported were listened to and responded to.

We were assured the service were following safe infection prevention and control procedures to keep people safe. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

Staff reported confidence in the leadership of the registered manager. Staff felt better supported and reported improved communication, team working and staff morale. Where mistakes were made, staff were supported to learn lessons and improve practice through further training and support.

The providers quality assurance and monitoring systems were used effectively to make continuous improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires improvement. (Report published December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the rating has improved to Good.

#### Why we inspected

This was a focused inspection to check whether improvements had been made since we last visited. We reviewed the Safe, Responsive and Well-led domains only. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Caring and Effective key questions were not looked at on this occasion.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our safe findings below.

# The Russets

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

#### Inspection team

The inspection team comprised of four inspectors including a pharmacy inspector and an assistant inspector. An Expert by Experience contacted relatives by telephone for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Russets is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID 19 pandemic. Three inspectors and an assistant inspector visited the service on 11 December 2020 and a pharmacy inspector visited on 14 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sent an inspection poster with our contact details to ask for feedback which the registered manager circulated to relatives and staff. We requested an updated action plan, some key policies and information about ongoing monitoring of safety and quality, such as audit findings. We used all this information to plan our inspection.

During the inspection

We visited and spent time with people in all six units. We spoke with five people who were able to tell us about their experiences of living at the home. We observed people being cared for in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at 10 people's care records and at 23 people's medicine records. We received feedback from 22 relatives about their experience of the care provided.

We spoke with the registered manager, nominated individual and with the clinical governance lead. We spoke with 20 members of staff including nurses, house leads, care and housekeeping staff and a member of the facilities team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at five staff files in relation to recruitment and at monitoring information about staff training. We reviewed a range of quality monitoring records, such as audits, regular checks as well as at servicing and maintenance records. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home. We received a response from eight of them.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection people were at increased risk because care and treatment was not always provided in a safe way by ensuring all risks were assessed, medicines management was not safe and equipment was not safe to use. This was a breach of regulation 12, Safe care and treatment the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Improvements in medicines management had been made. There were suitable arrangements for ordering and receiving medicines and people received their prescribed medicines safely and on time. One relative said, "[Person] is on a lot of medication. Staff do it very well and always persuade them to take it."
- Staff that administered medicines were trained and had their competency assessed. Medicines administration records (MARs) showed medicines were given as prescribed. Records of administration of prescribed creams had improved.
- Protocols were available to guide staff on when to administer 'when required' medicines. Where people had medicines disguised in food or drink, documentation showed people's mental capacity had been assessed and the decision taken in their best interest. This included involvement of healthcare professionals and family members.
- Medicines audits were completed regularly with actions taken to investigate and address issues identified. Monthly reviews identified themes, so further steps were taken to prevent recurrence of similar errors.

### Assessing risk, safety monitoring and management

- People look relaxed with staff and relatives were confident people were safely cared for. One person said, "They are helping me feel safe, well cared for and supported." Relatives said; "The safety of the residents is always a priority. The staff do everything to induce a sense of freedom" and "I think [person] is safe now, they keep an eye on them."
- People's risk assessments had improved and gave up to date information about how to manage and minimise risks. For example, related to falls and skin damage. Staff knew people well, about their care needs and how to minimise risks for individuals. For example, how to minimise the risk of a person getting skin damage.
- Where people experienced behaviours that challenged due to their dementia, staff had undertaken relevant training on how to manage these risks in a positive way. For example, by distracting the person and engaging them in an activity they enjoyed. Behaviour support plans provided detailed guidance for staff about best ways to support each person. GP's and relevant mental health professionals were regularly consulted for advice.

- People were kept safe from avoidable hazards around the home. For example, cleaning chemicals were securely stored away, fire safety checks were carried out regularly and hot water temperatures were monitored. There was an ongoing programme of repairs, maintenance and regular servicing of appliances and equipment.

#### Staffing and recruitment

- There were enough suitably skilled staff to keep people safe and meet their needs. At lunchtime we saw people received support they needed to eat and drink at a pace suited for each individual. The atmosphere around the home was calm and organised. Staff reported positively on staffing levels. Relatives commented; "Plenty of staff about," "I'd say there's enough staff, it's pretty much always the same staff. I know them quite well."
- The service used a dependency tool to calculate staffing levels required, based on an assessment of people's individual needs. Staffing levels were regularly reviewed and changed as needed. For example, monthly reviews showed several people living in one unit were up regularly at night, at a time when staff were busy helping people in their rooms. So, arrangements were made for a night nurse to be based in that unit during those periods. This meant people had the appropriate support and supervision to stay safe.
- Rotas were done in advance and showed recommended safe staffing levels were provided. Where staff were absent due to sickness or leave, rota gaps were covered by staff working additional hours or by using agency staff who regularly worked at the home. A member of agency staff said, "Staff are fantastic, they are so helpful. I am kept informed."
- Staff were safely recruited. All staff pre-employment checks had been carried out to check the suitability of candidates before they started working with people.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm with safe systems and processes.
- Staff had received safeguarding training. They knew how to recognise signs of possible abuse and how to report concerns and were confident they were followed up.
- Where concerns about suspected abuse were raised, the registered manager reported them to the local authority safeguarding team and the Care Quality Commission (CQC). They worked in partnership with other agencies to develop protection plans to minimise the risks of abuse.

#### Learning lessons when things go wrong

- Staff completed accident/incident forms, which were monitored by senior staff and the registered manager. This was to ensure all necessary actions had been taken to further reduce risk and ensured any themes or trends could be identified with further preventative action taken.
- For example, following a review of falls, house leads reviewed the circumstances of each fall to identify ways to minimise risk of further falls. This included, checking the person had good fitting footwear and making sure staff left items people needed near at hand.
- A dedicated physiotherapy service helped reduce falls by helping people improve their strength and balance and teaching people techniques to help them get safely in and out of their bed or chair. Where monitoring identified people who fell more frequently, staff referred people to their GP and the community falls team, for further advice.

#### How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date and in line with current guidance in relation to COVID 19.
- We were assured that the provider was making sure infection outbreaks can be effectively managed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated Requires improvement. This meant people's needs were not always met. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received personalised care from staff who knew them well and responded to their individual needs. Relatives commented; "Staff treat [person] like family, friends," "[Person] is treated with love and respect. I feel welcomed." Professionals said; "Care is person centred, staff know the small details that matter to each person, their likes, dislikes, how to approach them."
- When people first moved to the home, staff worked with people and families to get as much detail as possible about them, their families and life history. Individual scrap books captured precious photographs and memories for each person. These helped staff engage with people and talk about things that were important to them.
- Each person had a key worker and efforts were made to match people and staff with similar interests. For example, a shared love of football or a member of staff who spoke the same language as a person, so they could converse. One staff said, "I just love this job, you can make people feel better, a bit happier."
- Care plans had improved and provided staff with personalised and detailed information about each person's preferences, their care and treatment needs, what they could do independently and areas they needed staff support with. They were regularly reviewed, evaluated and updated as people's needs changed. Electronic care records alerted staff to any changes such as reduced food and drink intake or weight loss, so prompted further action.
- People rooms were personalised and memory boxes, drawings and name plates helped those living with dementia find their room independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives commented positively on the impact of activities and stimulation for people. Comments included; "I've been impressed with the activities. Every month I get the programme," "The activities team know every single resident and their preferred music and interests." Other relatives said, "Great stimulation, they have brought [person] back from being in a bad way," "[Person] was given opportunities to go out in the garden, enjoy her food again and take part in activities."
- Prior to COVID 19 pandemic people had moved freely between the houses, socialised and enjoyed lots of group activities and outings. Necessary restrictions were introduced because of the pandemic to keep people safe, which meant they had to remain within their own house. However, people had a safe and beautifully designed garden they could access for fresh air and exercise.
- People were supported to keep in touch with loved ones. During lockdown staff supported people to telephone and use video calling to keep in touch and participate in celebrating birthdays and other family

occasions. One relative said, "We did our own Zoom meeting with [person's] sister in the first COVID 19 lockdown. Staff used to help [person] with the phone to talk to us."

- When restrictions eased staff supported relatives to visit safely. They used planned visiting times to limit numbers. Two dedicated temporary rooms for visiting were constructed within a central meeting/activity room. In the garden, a heated temporary building with a Perspex partition enabled people to see families, whilst remaining safe.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about support people needed with sight or hearing impairments. Also, about ways staff could communicate information effectively. For example, one person's care plan instructed staff to, 'Speak slowly, use short clear sentences. Give the person time to speak. Use visual clues to aid understanding.'
- Information was provided in ways that that helped people to understand. For example, menus were available in bigger font, talking books helped people with visual impairments. A talking clock reminded a person when it was time for lunch, which helped reduced their anxiety.

#### Improving care quality in response to complaints or concerns

- People knew how to raise a concern or complaint if they were unhappy about anything. The registered manager and both deputies were visible around the home, so people, relatives and staff could raise concerns with them.
- The provider had complaint policies and procedures. We followed up a concern that was raised with us about a relative not being consulted and involved in a decision regarding a person's care. We found it had been thoroughly investigated with apologies offered and actions taken to improve.

#### End of life care and support

- People were supported to receive high quality, dignified end of life care. Staff made sure people were kept comfortable and pain free. Where people were nearing the end of their lives, staff made sure close families were able to spend more time with people. Relatives said, "I can go every day because [person] hasn't got long to go," "Staff consulted us on end of life decisions."
- End of life care plans recorded important decisions about whether or not the person wanted life-prolonging treatments or admission to hospital if their health deteriorated. However, some people's end of life care plans captured more personalised information about people's wishes, than others. The registered manager had identified this through care record audits. They were working with staff, people and relatives to sensitively talk with people and families to ensure people's wishes were known and respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection, quality monitoring systems had not sufficiently mitigated risks relating to people's health, welfare and safety. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- People, relatives, staff, commissioners and external professionals expressed confidence in the leadership at the home and said it was well run. People said; "They do an excellent job here," "The staff are very helpful," "They all have kind attitudes and they make you feel part of things." Relatives said; "The care [person] receives is phenomenal, I have no issues with this at all and is clearly the best. Overall I am delighted that my loved one lives there."
- The registered manager had been in post for just over a year. We found leadership and oversight of the service had improved. Staff reported confidence in the leadership of the registered manager and their two deputies. They felt well supported and reported improved communication, team working and staff morale. Comments included; "We have really pulled together as a team," "Everybody cares here, all staff are very involved with the clients. They go the extra mile nothing is too much trouble." Professionals said, "[Registered manager] is exceptional, readily available, visible," "Staff are welcoming, very professional, open regarding care and receptive to advice."
- Since the last inspection, house leads had been introduced in each house. They provided day to day leadership for unit staff and freed up nursing staff to focus on clinical care. A relative said, "They have introduced a super senior to each house and that has improved things a lot." Staff were positive about the introduction of house leads. Staff comments included, "Its promoted ownership and provided good development opportunities."
- Quality assurance and monitoring systems had continued to improve and become embedded. Representatives from each house met daily with registered manager to monitor, identify and address any emerging risks.
- Regular audits, safety checks and monitoring of accidents, incidents, concerns or complaints were undertaken. Any learning or areas for improvement were incorporated into an improvement plan, that was monitored and updated regularly.
- The provider had a quality lead and a quality assurance team that provided external support, undertook audits, offered support and monitored monthly data such as accidents, incidents, and complaints. Senior

managers visited the service regularly to speak with people, relatives and staff and carried out additional checks and 'mock inspections'. Findings were fed back to back to the chief executive and St Monica's Trust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive person centred culture based on an agreed set of values. This included building communities where everyone can contribute and where people felt valued, included and respected.
- The registered manager and their deputies set high expectations about standards of care and led by example. Staff were valued and appreciated for their contribution. For example, people, relatives and other staff recognised and celebrated good practice through a staff award scheme. Each staff member had recently been given a commemorative badge to thank staff for their efforts during the COVID 19 pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where mistakes were made, the registered manager was open and honest with people and families and took action to make improvements. For example, related to a medicines error, one relative said, "They told me straight away and contacted the doctor." Another relative said, "Once [person] fell and they rang us straight away".
- Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures. This included reflection, further training and supervision and where necessary, more formal performance management.
- The registered manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to the COVID 19 pandemic regular relatives/resident's meetings were held. To improve consultation and make meetings more local, the registered manager had initiated "Meet the team" house meetings. These gave people/families opportunities to meet and get to know house staff where their relative lived and to discuss more local issues such as activities and food choices. It was hoped to resume these, as soon as it was safe to do so.
- A regular provider newsletter from the St Monica Trust and a Facebook page kept families in touch with what was happening during the pandemic.
- People and families were consulted and involved in day to day decisions about the running of the home. This included contact during visits, by phone, email and during video calls. However, three of 22 relatives we spoke with identified communication with the management and staff from individual houses as an area for further improvement. One said, "There has been little contact with management during this pandemic, none personal, all by notices."
- The registered manager had already identified the need for improved communication from the complaints log and was taking steps to improve. They were working with house leads to establish weekly/fortnightly calls to family members/ legal representatives, to further improve communication and consultation about each person.
- Staff attended daily handover house meetings, so they had up to date information about each person's care. Any important updates, for example about new guidance, changes or training opportunities were made available via the computer to staff when they logged in.

Continuous learning and improving care; Working in partnership with others

- Staff training and supervision was monitored monthly to make sure all staff were up to date and received individual support. A development programme was underway to support house staff undertaking line manager responsibilities.
- Staff were promoting and developing community links to increase social stimulation and help people maintain existing relationships and meet new people were somewhat curtailed by the pandemic. For example, children's visits from local schools and creches. Also, gardening activities held at the home by members of the community including, a local gardener
- People benefitted because staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed. One professional wrote, 'The home was well managed with huge importance placed on client safety during the COVID-19 pandemic. They are forward thinking, innovative and get things done.'