

Epilepsy Society

Russell House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Russell house is run by the Epilepsy Society. It is a residential care home providing accommodation and personal care to 20 people. At the time of the inspection 20 people were living there.

Russell house accommodates twenty people in four units, each housing five people. Each unit have their own communal facilities such as kitchens, sitting areas and a bathroom. The registered manager's office and administration office is located on the ground floor by the entrance to the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. Twenty people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design of four smaller units.

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

Relatives were happy with the care provided. They had trusting relationships with staff and recognised the improvements and challenges within the service.

Systems were in place to keep people safe. Risks to them were identified and managed. People were supported with their medicines and measures were in place to prevent cross infection. Staff were suitably recruited, and the required staffing levels were maintained. However, there was a lack of consistency in care due to the use of bank and agency staff which the provider was attempting to address through the recruitment of new staff.

People were supported by staff who were suitably inducted, trained and supported. Their health and nutritional needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives confirmed staff were kind and caring. We observed positive engagements between staff and the people they supported. People's privacy, dignity and independence was promoted.

Person centred care was promoted. People's care, support and communication needs were identified and met. They had access to activities. For some people end of life preferences were identified, for others family were consulted with on their wishes. Systems were in place to deal with concerns and complaints.

People were supported by a service that was well managed. Improvements had been made to records management and regular auditing was taking place to promptly address any identified issues. Relatives and staff were positive about the improvements the registered manager had brought to the service. They described the registered manager as "accessible, approachable, personable, generous with their time, open, transparent, good listener, supportive, understanding, flexible and efficient". Staff told us "they felt valued, empowered, motivated and committed to the values of the service".

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

Rating at last inspection and update

The last rating for this service was requires improvement (published September 2018). We imposed a condition on the provider's registration of this service for them to carry out monthly audits and send monthly reports to us about the outcomes of these. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Russell House on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Russell House

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector over three days and a specialist advisor was present on day two of the inspection. Their speciality was learning disabilities.

Service and service type

Russell House 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 unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with fourteen members of staff including the provider, registered manager, four team leaders, one shift leader, four support workers, two agency staff and the activity co-ordinator. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment, two agency staff profiles and nine staff supervision records. A variety of records relating to the management of the service, including policies, procedures, health and safety and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, recruitment verification, peer audits and meeting minutes. We sought feedback from professionals who work with the service. We spoke with one relative by telephone and received written feedback from two relatives.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people.
- Staff were trained in safeguarding procedures. They had access to the organisations and the local authority's safeguarding policies and procedures, Staff were aware of their responsibilities to report poor practice and concerns. A staff member commented "I would inform management of any concerns, safeguarding people is a big issue and I know if something is not right it has to be reported".
- Relatives told us they believed their family members were safe. A relative commented "[Family members name] is safe here. They have saved our life as a family and we will be forever grateful to the team here for the care and support they give [Family members name] and us".

Assessing risk, safety monitoring and management

- Risks to people were identified and measures put in place to mitigate them. People's care plans included a range of risk management plans specific to them such as risks associated with seizures, behaviours that challenged, nutrition, falls, moving and handling and community access. These were kept under review and updated.
- Staff were aware of the risks people presented with and were aware of the intervention required to manage potential risks. A staff member commented "As a team we regularly discuss changes in people. This is to try and establish the trigger for the change and to ensure we have considered any risks associated with the changes in them".
- Systems were in place to promote a safe environment. An up to date environmental risk assessment was in place which outlined the risks to staff and visitors. People had a personal Emergency Evacuation Plan (PEEP) in place and fire drills took place to promote fire safety. Fire and legionella risks assessments were carried out by external contractors. In house health and safety checks took place which included checks of the fire safety equipment, water temperatures, first aid boxes, window restrictors and bed rails. Alongside this equipment such as the gas, electric, fire equipment, lift and moving and handling equipment were serviced.
- A professional involved with the service commented "Staff are very aware of the specific needs of the people they work with and the fact that they at times may put themselves at risk. This makes them extra vigilant and mindful of their safety".

Staffing and recruitment

- The service had a high turnover of staff and had 23 staff vacant positions. They had recruited into five of those vacancies and they were awaiting the completion of the recruitment checks prior to those staff commencing work.
- The required staffing levels per unit was identified and maintained using permanent staff working extra

hours as well regular bank and agency staff. During the inspection we observed staff were available to support and supervise people and one to one staffing was provided for people who required it. One person was provided with two staff when they accessed the community.

- Staff and relatives felt the high staff vacancy rate was not ideal but confirmed the service tried to use regular bank and agency staff to provide continuity of care for people. Relatives commented "We have seen the huge efforts that have gone into the recruitment of more permanent staff and the assurances they have given to ensure all shifts are safe shifts despite many having to be covered by agency staff", "There is not enough permanent staff, but they do well with the staff they have. They are doing their best to get the right staff and that is important", Another relative commented "There is still inconsistency in [family members name] care caused by the continual use of agency staff, who do not have the skills, knowledge and training to interpret their needs. Whilst community access has improved seldom does [family members name] have their community access fully maintained at weekends". The relative confirmed they had ongoing discussions with the registered manager to address this.
- The registered manager told us the organisation had identified strategies for improving recruitment which was on going.
- Systems were in place to ensure staff were suitably recruited. Prior to a new member of staff commencing work, checks were carried out such as medical clearance, obtaining references from previous employers and Disclosure and Barring Service checks (DBS), which is a criminal record check. In the staff files viewed there was no audit trail or file note to indicate outstanding actions in relation to recruitment had been actioned such as chasing references and medical clearance, to show discrepancies in employment histories had been explored and discussions with referee's and registered manager had taken place. The provider sent us the required documentation after the inspection and confirmed recruitment practices would be improved to make access to recruitment files easier and to ensure all actions taken in respect of each recruitment file were logged

Using medicines safely

- Systems were in place to promote safe medicine administration practices. Medicines were suitably stored and at the recommended temperature. Records were maintained of medicines ordered, received, administered and disposed of. Systems were in place to ensure interim prescriptions such as antibiotics were accessed out of hours and commenced when prescribed. A sample of medicine administration records were viewed and showed no gaps in administration.
- People's care plans outlined the level of support people required with their medicines and how they liked to have their medicines administered. Detailed protocols were in place for the use of "As required" medicines including emergency medicines prescribed to be administered following a seizure.
- Stock checks of medicines were maintained to enable discrepancies with medicine administration to be picked up in a timely manner.
- Staff involved in medicine administration were trained and had their competencies assessed to enable them to administer medicine safely. The aim of the service was to increase the numbers of medicine trained staff across the service to ensure each unit had sufficient medicine trained staff. This was on going and scheduled.
- Homely remedies were recorded in a homely remedy book as opposed to an individual medicine administration record, which would enable the service to have a better overview of the frequency of when homely medicines were administered to individuals. The service was due to have a Clinical Commissioning Group (CCG) pharmacy visit and they agreed to explore this practice further with them.

Preventing and controlling infection

- The provider had infection control policies and procedures in place to prevent and control infections. Staff were trained in infection control and were observed during the inspection using disposable protective items,

such as gloves and aprons.

- An infection control audit was completed quarterly which enabled the service to monitor infection control practices.
- Cleaning schedules were in place to promote a clean environment. The team meeting minutes showed regular discussion on improvements required to the level of cleaning and how this was to be addressed. During the inspection the home was generally clean and tidy.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accidents, incidents and inform the registered manager.
- Accidents and incidents on units were discussed at team meetings. This enabled the service to explore and agree actions required. From the team meeting minutes, we saw people who had falls were referred to physiotherapy and for another person bed rails were obtained.
- The number of accidents and incidents were reported to the organisation monthly. This enabled the service to pick up trends and reoccurrences. The registered manager agreed to put a log in place to enable there to be a summary of accident and incidents across the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably inducted, trained and supervised. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were supported by staff who were suitably inducted, trained and supported. New staff completed induction training and worked alongside other more experienced staff in getting to know people. New staff who had no previous qualifications or experience in care had completed the Care Certificate training and had their competencies assessed and signed off. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.
- Permanent and bank staff had access to regular training considered mandatory by the provider such as epilepsy awareness, moving and handling, fire safety, food safety, basic life support and autism awareness. The training records showed that a high percentage of staff had the required training and team meeting minutes showed staff were constantly reminded to complete any outstanding training. Regular agency staff used in the service were trained in epilepsy awareness and safeguarding people. A bank and agency staff member were unable to outline to us what action to take if a person was choking or they collapsed. They confirmed they had received basic first aid training. This was fed back to the registered manager to address.
- Staff told us they had good access to training and felt suitably trained to carry out their role. Staff commented "Training and induction really prepared me for the job, there is lots of support and the training department have been really helpful "and "The [registered manager name] promotes my learning and they are a really important person in my development".
- Staff told us they felt supported. They confirmed they received regular supervision and had probationary reviews and annual appraisals. Staff commented "Yes I have regular supervision but also can go to the manager any time if I had issues that needed addressing". "[Registered managers name] is a good manager, when I was unhappy they listened and supported me". Relatives commented "As an organisation they put a lot of effort into training their staff and I have confidence in the staff which reassures us as family". "The registered manager seems to support their staff well and they seem to be much happier and confident as a

result".

- A supervision matrix was in place which showed when supervisions had taken place. A sample of staff files viewed showed these matched the dates on the supervision matrix.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection we recommended that the provider works to the principles of the Mental Capacity act 2005. The provider had made improvements.

- At this inspection we found staff were trained in MCA and DoLS. They had a good understanding of how it related to the people they supported.
- People had decision specific mental capacity assessments in place and best interest decision meetings were recorded. In two mental capacity assessments and best interest decision records viewed specific detail was not recorded as to how a person took their medicines and how the other person was supported to have a blood test. This was pointed out to the registered manager and addressed during the inspection to ensure the decision agreed was outlined for staff.
- The service had a number of people for whom DoLS applications had been made and people were supported in the least restrictive way. In one person's approved DoLS paperwork it had outlined that their covert medicines were to be reviewed in three months from the date the approval was granted. The registered manager confirmed that a request for review of the covert medicines had been made but had not yet taken place.

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

- A system was in place to ensure people were assessed prior to coming to live at the home.
- The service had no new admissions since the previous inspection. They had an internal transfer from another location on site and had reviewed that person to ensure they could meet their needs.
- A relative told us prior to their family member coming to live at the home everything was put in place to meet their family member's needs.

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

- People's care plans outlined their nutritional needs and support required with meals. Nutritional risks were identified, and measures put in place to mitigate the risks such as monitoring food and fluid intake and referring onto a dietician or speech and language therapist if required.
- Each unit took responsibility for menu planning, shopping and cooking. The menu varied across the units with some units having a four-week rolling menu, whilst another unit's menus were less varied and

alternative choices were not recorded or provided. In one unit the meal that was provided was not what was listed on the menu. It was not clear how this change had come about or if people were consulted on it. Staff on that unit told us the menus were currently under review and being changed. This was fed back to the manager to address.

- People said they liked the meals. Relatives gave mixed feedback on the meals with some describing the meals as "varied, nutritional and good quality" whilst another relative felt there needed to be more healthy options provided and encouraged. They confirmed they had discussed this feedback with the service and they were working together to promote it.

Staff working with other agencies to provide consistent, effective, timely care

- People had a hospital passport in place which outlined key people involved in their care. It provided key information on people in the event of them being admitted to a hospital.

- Relatives felt the service was responsive to changes in individuals and sought medical advice when required. They confirmed they were informed if their family member was unwell and required hospital treatment.

- A professional involved with the service commented "The approach to care at Russell House is being overhauled from the top down. The registered manager is assessing and honing processes for providing and monitoring care. They are reviewing the training needs of staff and filling any identified gaps. The result of this thorough assessment has been effective and appropriate care for the people living there".

Supporting people to live healthier lives, access healthcare services and support

- People's care plans outlined health professionals involved with individuals and the support they required to meet their health care needs.

- People were supported by staff or family members if they wished to attend appointments.

- People had regular reviews of their epilepsy and they had direct access to professionals on site such as a first line nurse, physiotherapist, occupational therapist and speech and language therapist. A relative commented "My [family members name] gets splendid care with quick access to the professionals on site to support the care staff".

- People were supported to see community health professionals such as the GP, dentist, chiropodist and opticians.

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

- The service was purpose built. Each unit was personalised to meet the needs of the people living there. The units were generally bright and welcoming with displays on walls of activities and outings people had been involved in.

- Areas of the home were in need of decorating such as damage caused to walls by wheelchairs and equipment such as cookers and a microwave needed replacing. The registered manager was reactive in addressing these during the inspection and new cookers and a microwave were ordered.

- The organisation had a new staff team in their works department. We saw email communication which showed they were in the process of putting systems in place to ensure each service had an ongoing refurbishment and replacement schedule in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we recommended the provider put systems in place to monitor staff practice, to ensure they worked to best practice in supporting people. The provider had made improvements.

- After the last inspection the service had initially carried out direct observations of staff and continued to carry out daily audits and visual checks of staff on each unit.
- People had positive relationships with staff. We observed people seemed relaxed and were laughing and joking with staff. Staff were kind and caring towards people and used appropriate eye contact and touch when encouraging people with a task such as eating their meal. On one unit an agency staff member had minimal engagement with the people they were supporting. This was fed back to the registered manager to address.
- A person described staff as "Nice and able to have fun with them". Relatives described staff as "Kind, caring, committed, simply wonderful, encouraging and supportive". A relative commented "I have positive relationships with staff and I trust them greatly". "The registered manager seems to have a good influence on staff and has made them aware of respecting and communicating better with families. I find staff much more welcoming now when I visit".
- Professionals involved with the service commented "The staff at Russell House genuinely care for the people that live there. Staff know people well, so they are able to capitalise on their strengths and put measures in place to make up for any deficits in function. They see each person as an individual and try to provide a full life for each one, according to their abilities, preferences and desires". "The service is incredibly caring. Staff work tirelessly to support people and it is obvious that they build up good relationships. People always look clean, well cared for and happy".

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

- People were supported to make day to day decisions and choices such as meals, drinks and activities. During the inspection we saw people were supported to get up when they choose and, on some units, alternative meals and drinks were offered to ensure people had adequate food and fluid intake. Some people chose to engage in activities, whilst others did not, and this was respected.
- Each person had a keyworker and these roles were being developed. A keyworker is a named staff member who supports the person with their care. The keyworkers spent regular one to one time with the person to enable them to be involved in making decisions on their care. Records were maintained of the outcome of the interaction.

- The activity co-ordinator facilitated resident meetings every other month. The minutes viewed showed discussion and feedback on trips out that had taken place, other places of interest that people would like to try and an opportunity to get updates and raise any issues or concerns.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Their care plans outlined how staff promote individual's independence and during the inspection we observed people being encouraged to do tasks for themselves such as eating and drinking.
- People had their own bedrooms which were personalised. Throughout the inspection we observed staff knocked on people's door before they went in.
- People were called by their first name and staff were respectful towards people in their engagement with them.

Is the service responsive?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now 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

At our last inspection we recommended the provider works to best practice in ensuring person centred care plans were in place and that staff refer to communication passports to promote people's involvement in their care. The provider had made improvements.

- People's care plans were person centred, specific and provided clear guidance for staff on how they support people with their personal care, health, medical and social care needs. They reflected people's preferences in relation to their cultural and religious needs.
- People had detailed guidance and protocols in place to manage seizures which ensured staff were able to respond appropriately to them.
- Staff were aware of people's needs and the level of support required. In two people's care plans the review had not picked up that a planned weekly activity was no longer taking place. This was immediately addressed by the registered manager.
- A professional involved with the service commented "I do feel that staff are able to recognise the value and impact of our intervention and as such their responsiveness to therapy input has improved over the past few months".

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.

- The organisation had guidance in place on how they met the Accessible Information Standard.
- People's care plans outlined their communication needs and some people had a communication diary in place which further enhanced and promoted staff's understanding of their needs.
- Menus, activity programmes, resident meeting minutes and guidance was provided in a user friendly and pictorial format to enable people to be able to access and understand those. During the inspection on some units we observed staff using pictures to engage with people.

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

- The service had an activity co ordinator who planned and facilitated individual, group in house and community-based activities. People had a pictorial person-centred weekly activity programme which they were encouraged and supported to participate in.

- The service had appointed a driver. The driver and the activity co ordinator worked well together to promote community activities. Weekly trips such as swimming, playground outings, cinema and bowling took place as well as day trips out to places such as Harry Potter World, Legoland, Chessington World of Adventure, canal trips and the sea side.
- People were able to get involved and access in house and on-site activities such as music sessions, art and crafts, cookery sessions and computer games.
- The activity co ordinator produced quarterly newsletters which outlined the range and variety of activities people had participated in. These included photos of people participating in the activities and these were sent to relatives to keep them updated on their family members involvement.
- Staff and relatives felt access to activities had improved. A staff member commented "[The activity coordinator name] does an amazing job, the range of activities provided are definitely better and having the driver has really helped". A relative acknowledged that activities had improved but told us that for their family member community access was mainly organized by the staff on the unit and its quality varied a lot depending on which members of staff were organising it. They confirmed the registered manager was already aware of this and had taken action.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which reflected best practice on how to respond to concerns and complaints. This was provided in a pictorial format to make it accessible to the people living at the service.
- The registered manager confirmed they had not received any formal complaints since the previous inspection. They had made themselves available and accessible to people, family members and staff and this had enabled issues to be explored and addressed before they escalated to a complaint.
- Relatives told us they knew how to raise concerns and they felt able to approach staff or management if they had any concerns. Relatives commented "I know the process for making a complaint but also know and do go the registered manager if I have any issues. The [registered manager's name] always makes time to listen to me". "I tend to send emails if I have concerns and the registered manager always gets back to me. If they feel something cannot be resolved by email, they invite me in for a chat. We regularly meet up and the registered manager updates me about what is happening in Russell House and I give them feedback about [family members name] care."
- Compliments were shared with staff and displayed at the entrance to the home to promote and encourage good practice among the staff team.

End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Family members were involved in those discussions. Some people's care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. Whilst other care plans indicated family members would make decisions at the time.
- A professional involved with the service commented "I worked very closely with the team in Woodside flat when they were caring for a person who was receiving palliative care. To say they went above and beyond to provide excellent care for that person would be an understatement. The staff were coming in early and staying late to ensure that every need was attended to. Their passing was in a very loving environment, I don't think you could ask for more".

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure the service was audited and records were not suitably maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff we spoke with were clear of their role and responsibilities. A staff member commented "[The registered managers name] has made it very clear what their expectations are. I know what my job entails and feel supported and trained to do what is expected from me".
- Since the previous inspection the provider had introduced monthly audits of care plan records and staff files. Daily audits also took place which audited people's daily records, daily staffing levels and enabled the registered manager to have an overview of what was happening in the service. It also meant the service was able to identify shortfalls in their records in a timely manner and address it directly with staff.
- The service carried out health and safety, infection control, catering and medicine audits. They had employed the services of an external consultant to audit and assist them in improving care plans. They were looking to introduce a care plan audit. The provider had recently introduced peer audits with the aim being for them to have an over view of the service. A peer audit of the service was completed and actions from that were being addressed.
- Records were generally well organised, accessible and up to date. The provider recognised improvements were still required within the service. The electronic recruitment files were not suitably organised. The provider took immediate action to bring about improvements to those. The file containing the servicing of equipment records contained out of date information. However, these were accessed electronically during the inspection. The registered manager agreed to liaise with the works department on how best to store those records to ensure the service had oversight of the servicing of equipment that had taken place.

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

- Staff and relatives felt the home was well managed. Relatives told us the registered manager was available and accessible. Relatives commented "[Registered managers name] has made great efforts to try and

change the culture of the house into one that is so much more positive", "It is impossible to give anything but praise for the work and the service deserves a good rating in order to move even further forward", "The manager knows what has to be achieved and if something isn't right it is dealt with", "It feels like things have changed, improved and the staff seems happier which reassures us", "I have confidence in the registered managers management skills. I believe, with time, they will further improve Russell House by having more permanent staff", and "The registered manager is very personable, approachable and very generous with their time. I welcome their openness and transparency".

- Staff described the registered manager as accessible, approachable, good listener, supportive, understanding, flexible and efficient.
- Staff commented "The registered manager comes to you, they are approachable, accessible, and has a real presence in the home. They have an open-door policy and that goes for everyone in the service". "[The registered managers name] is interested in staff and makes us feel motivated to change things. There is much more team work approach to the way we work". "I feel able to have frank discussions and feel issues raised are addressed". "Management of the service has definitely improved, things are more positive, the manager has more of a presence, they rally people round and get involved". "The registered manager is able to tell you of areas that need improving. I feel they listen and act on feedback". "[The registered managers name] is a nice person, they listen to everyone, their office door is always open, and they encourage all staff to go to them".
- Professionals involved with the service told us that Russell House has benefitted from a change in Manager. They described the registered manager as "soft-spoken with an outwardly gentle nature who strives to see each person's perspective when dealing with conflict and considers the impact of change on people, their families and staff.". A professional commented "[Registered managers name] is a very hands on, visible and responsive manager. Any interaction I have had with them always have a positive outcome".

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

- The provider had a duty of candour policy in place. The registered manager was aware of their responsibilities to be open and transparent when things went wrong.

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

- Systems were in place to ensure staff, people and their relatives were engaged with and involved with the service. Regular resident and relative meetings were scheduled and took place. Relatives were provided with information on activities that their family member had been involved in. Key workers liaised with relatives and those relationships were encouraged and positive. A relative raised concern about the change in her family's members key worker which they felt would not benefit their family member. They had raised their concern with the registered manager who had reassured them it was a temporary move.
- Following the previous inspection, a fortnightly project group was set up to bring about improvements to the service. The group consisted of management and relatives. A relative told us huge efforts had gone into improving the service which included improving records and recruiting permanent staff. They commented "It has felt a real privilege to work with such a dedicated team and they have all been hugely receptive to the parental perspective we have brought to the meetings and adapted practice where they have felt it appropriate".
- A resident survey was underway at the time of the inspection. A full survey was not yet scheduled or planned.
- Staff felt team work had improved. Team meetings took place and handovers, shift planners, communication books and emails were used to promote communication within the team. Staff commented "The manager asks for our views and our feedback matters", "Communication is now good and has

definitely improved", "Staff are more relaxed, confident and show commitment to the service and each other".

Continuous learning and improving care

- The registered manager was committed to continuous learning and improving care. They had worked hard in bringing about improvements to the service. They were proactive in addressing issues, managing staff conflict, improving communication and had introduced champion roles to promote good practice. They continued to develop their staff team and recognised the challenges and ongoing areas for improvement within the service. A staff member commented "I feel empowered to improve and progress".

Working in partnership with others

- The service was proactive in engaging and working with others. The service had worked closely with the positive partnership team (PPT) and a person's relative. The PPT team and relative facilitated positive behaviour support practical workshop training to staff to enable them to gain the skills and confidence to support the person in a person centred and positive way. This was on going work which the PPT and family felt had made a difference to the person's life. The PPT team told us "The service had engaged and contributed to the training". They commented "Staff were keen, worked well together with a shared responsibility and a real consistent approach between them".