

Review of compliance

<p>Russell Green Care Home Limited Russell Green Care Home</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>11 Stanhope Avenue Woodhall Spa Lincolnshire LN10 6SP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>Russell Green is located in Woodhall Spa and is registered to provider personal care with accommodation for up to 18 people. They are also registered to provide personal care to people in their own home.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Russell Green Care Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 January 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Russell Green Care Home Limited has been registered to provide residential care and care to people in their own home. The staff are employed to work across both settings so may be working in the residential home one day and in the community the next. This review looked at both areas of care.

People told us the home helped them to engage with the local community. One person said, "I go to a luncheon club, I go in the wheelchair, a member of staff takes me and a friend brings me home." They also told us they attended a religious study group. Another person told us, "I go out to have my hair done, they take me in the wheelchair."

We spoke with a relative who said that, "Care is excellent, and they are good at contacting you if there is a problem. I rang on Sunday and staff knew everything and had the doctor out." While the relative of a person receiving care at home said, "We are more than happy, we are delighted, they have a very professional attitude." One person told us, "Staff are wonderful and there is a marvellous atmosphere. They have a good sense of humour."

When we asked if staff were trained to do their jobs one person replied, "Definitely and if they don't know something they ask someone who would know." While another one said, "I think so, they look after you how you like to be looked after." A further person said, "Yes, staff know their job well, I've got no complaints. They are very good at lifting my legs, they are gentle."

What we found about the standards we reviewed and how well Russell Green Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were fully involved in the planning and delivery of their care needs. Their privacy and dignity was respected and their independence was promoted.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received effective and appropriate care based on clear assessments and care plans.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were protected by systems and knowledgeable staff.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People benefited from a staff team who were well supported and knowledgeable about the work that they carried out.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People benefited from a quality assurance system that included their views and opinions, and identified, monitored and managed risks.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The home had computers available for people to use, however the provider told us that people were not interested in using them. One lady's family emailed, but she preferred staff to print them out for her to read. This lady told us there were good arrangements for keeping in contact with her family. She said she had with the help of the care staff seen and talked to her relatives over the internet. However, she had not like it and preferred the emails where staff printed them out.

People told us the home helped them to engage with the local community. One person said, "I go to a luncheon club, I go in the wheelchair, a member of staff takes me and a friend brings me home." They also told us they attended a religious study group. Another person told us, "I go out to have my hair done, they take me in the wheelchair."

We saw that people had phones in their bedroom, these were private lines they had installed so they were able to use the phone as they would have at home. There was also a phone in the communal area that people were able to use. One person has had Sky TV installed in their room as they like to watch the sport.

One person told us the home helped them to be maintain their independence they said,

"I had the room above, but when downstairs became available I was offered it. It made me more independent."

One person who was unable to communicate well with speech was helped with different methods of communication. When their care plan was reviewed it was scheduled to be at a time when their daughter could attend so she could help with the communication to ensure their needs were met.

Other evidence

During our visit we reviewed four sets of care plans, two for people who lived in the residential home and two for people who received care in their own home. Each care plan had an initial assessment of needs and all had been reviewed. Each care plan was signed by the person receiving care.

People told us they were involved when their care plans were reviewed. One person who lived in the home said, "We have chats about my care plan, they do them very well." While a person who received care at home said, "They came out and talked to us."

Our judgement

People were fully involved in the planning and delivery of their care needs. Their privacy and dignity was respected and their independence was promoted.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Before people started to receive care they had an assessment by the manager or senior carer to assess if Russell Green could meet their care needs. People who were considering residential care were invited to look round or stay for few days. People told us that had received an assessment. One person said, "Yes, they came and visited" when we asked if they had been assessed prior to admission.

People who received care in their own homes told us that staff turned up on time and they had enough time to provide the care needed.

The menu for the day was written on a board in the hallway. There was one main course per day but alternatives were available for people if they did not want the advertised meal. One person told us, "Someone doesn't like meat or fish so they have an alternative, needs are catered for no problem at all." Catering staff had good knowledge of people's food like and dislikes. Staff told us mealtimes were protected and that the answering machine was put on.

There was an activities book that recorded all the activities undertaken. This included exercise to music, musical bingo, pumpkin carving at Halloween and making poppies for remembrance day. Staff told us they also had computer games that they use with residents. People with particular skills were encouraged to lead activities, one lady told us they had held a flower arranging workshop. We saw several people had library books, they told us that the library comes round every other week and bring books for them.

One person who liked to look out of the window at birds had a good view of the bird feeders.

We spoke with a relative who said that, "Care is excellent, and they are good at contacting you if there is a problem. I rang on Sunday and staff knew everything and had the doctor out." While the relative of a person receiving care at home said, "We are more than happy, we are delighted, they have a very professional attitude."

Other evidence

In the residential care plans we saw that assessments were good and included peoples preferred name, what time people like to get up and go to bed, what hot drinks they liked, any equipment they needed and other people involved in their care. The care plans for people who received care at home also had the same level of detail.

People we spoke with told us their care plans reflected the care they wished to received and confirmed that care was given according to plan. Staff members were able to describe how a person liked to receive their care.

Where people needed encouragement to exercise to maintain mobility staff explained how they did this so that it did not impact of time spent with their family and friends.

Our judgement

People received effective and appropriate care based on clear assessments and care plans.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

When we asked people told us they feel safe in the home, one person said, "Yes, I feel safe," while another person said, "I definitely feel safe here, there is a fire alarm every Friday"

We spoke with staff who were able to describe abuse. They told us that they would report safeguarding issues to the manager or the local authority. They knew the phone numbers were available in the abuse policy.

Other evidence

We saw from the training plans that staff had received training in safeguarding and new staff had received safeguarding training during their induction.

The managers had recently attended the safeguarding training provided by the local authority and were now trained to pass this information on to other staff.

Our judgement

People were protected by systems and knowledgeable staff.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

When we asked if staff were trained to do their jobs one person replied, "Definitely and if they don't know something they ask someone who would know." While another one said, "I think so, they look after you how you like to be looked after." A further person said, "Yes, staff know their job well, I've got no complaints. They are very good at lifting my legs, they are gentle."

A relative of a person receiving care at home said, "Staff are very kind and caring and they appear to know their job."

Other evidence

Staff told us they had regular supervision and they had attended training in infection control, manual handling, food hygiene, and they had completed a nationally recognised qualification at level two. We saw the training plan that showed when people had completed each area of training. We also saw the notes from the supervision meetings.

The provider explained that they had some staff with a nationally recognised qualification at level three and two people were working towards the level four qualification.

If any staff had missed training they had training available on the computer. There were three laptops for staff to use for training purposes.

Staff that deliver care to people in their own home were provided with a torch and an

system to protect them from electrical shocks.

Our judgement

People benefited from a staff team who were well supported and knowledgeable about the work that they carried out.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they had recently completed a survey of what they would like to eat for their breakfast. Staff had used this information to update the breakfast list so that people received the breakfast they wanted at the time they preferred.

People told us they had residents meetings on a regular basis. One person said, "We have residents meeting once a month, the owners are always there, you say I could do with something and they provide it." We saw the minutes of the last residents meetings.

People told us they knew how to complain one person told us, "I've got the folder that says how to complain." Another person said, "If you are not happy you can approach the owners, if you want anything changed or to suggest something."

People receiving care in their own home told us they knew how to complain and would talk to the provider if there were any problems.

Other evidence

The provider told us that although they had sent a survey out about breakfast, they had not sent a general one out. However, they did gather people's views on the care they received as part of reviewing the care plan. Issues identified were dealt with on an individual basis.

We spoke with the provider about submitting notifications to the care quality

commission as they had only been telling us about deaths. They confirmed that they were aware of what they needed to report to us and that they had no notifiable incidents to report.

The home environment was clean and well looked after. There was a maintenance book for staff to record if anything needed doing.

Our judgement

People benefited from a quality assurance system that included their views and opinions, and identified, monitored and managed risks.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA