Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Russell Green Care Home

11 Stanhope Avenue, Woodhall Spa, LN10 6SP

Tel: 01526352879

Date of Inspections: 31 December 2012
28 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Russell Green Care Home Limited
Registered Managers	Mrs. Carys Atkin Mrs. Julie Garnett
Overview of the service	Russell Green Care Home is located in Woodhall Spa and is registered to provide personal care with accommodation for up to 18 people. They are also registered to provide personal care to people in their own homes.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 December 2012 and 31 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke in detail with five people who lived in the care home and had general discussions with four others. We spoke with two people who received care in their own homes. We also spoke with relatives of people who lived in the home and who received care in their own home.

We looked at six people's care records, three who lived in the home and three who received care in their own home. We spoke with registered manager of the care home and the provider. We also spent time talking to staff and observing how people were supported.

People received individualised care and support, from staff who were knowledgeable about their needs, wishes and preferences. However records of staff induction training and supervision were not always completed in an appropriate way.

People told us they felt safe living at the home and were asked for their consent for any care given to them. They told us they could make choices and decisions about the care they received and their privacy and dignity was always respected. They also told us they knew how to make a compliant if they needed to.

People who used the services made comments such as, "Very caring staff", "Excellent, can't fault them [staff]" and "The manager and the owner are very good, they listen to what you have to say and sort it out."

Relatives told us things like, "I'd give them [staff] a five star plus for what they do" and "I feel reassured by the service and confident in the honesty of the staff."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

All of the people we spoke with told us staff only do what they [people] want them to do and always ask for their consent and agreement to any care given.

People had signed to say they agreed with their care plans where they were able to. People who received care and their relatives told us they had copies of their care plans. Files recorded where people and their representatives had been involved in developing and reviewing care plans and making necessary changes to the care provided. We also saw people had signed to show their decisions for things like not being disturbed by having checks at night.

Where people were unable to make decisions for themselves best interest meetings were clearly recorded. For example, one person's file showed a multi-agency decision making process about health related issues. Relatives told us staff also provided them with information which helped them to reach decisions in people's best interests.

However we did not see any assessments of people's capacity to make decision for themselves or to consent to the care they received. Care plans gave details about how people preferred to be cared for but did not refer to the person's ability to make a decision or how to support them with this. Following our visit to the care home, whilst we were still inspecting aspects of the home care service, the provider took action to make sure there were systems in place to demonstrate people's capacity to make decisions and consent to the care and treatment they received. They sent us information to show they had done this.

Information was available for people about local advocacy services they could use if they had a need to.

Relatives told us they were kept informed of their family member's progress and staff involved them, where appropriate, in decision making regarding consent to care and treatment.

Staff told us that they had received training about topics such as people's capacity to make decisions and how to support people with their rights. The records we looked at confirmed this. We saw staff asking for people's consent for things like taking medication and entering their rooms.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People received the care and support they wanted and needed, by way of clear care planning arrangements.

Reasons for our judgement

People we spoke with who lived in the home and received care in their own home made comments such as, "Very caring staff", "There's plenty to do and they listen to what you have to say", "They anticipate your needs" and "No complaints at all, you have a choice of whatever you want to do."

A relative told us, "We're over the moon, I'd give them [staff] a five star plus for what they do." Another relative said, "They have their privacy and dignity looked after and they can make their own decisions."

We looked at care files for three people who lived in the home and three people who received care in their own home. Records clearly showed people's assessed needs and their preferred routines. They also recorded people's likes dislikes and general preferences. For example, care plans stated the times people liked to rise in the morning and go to bed. One care plan stated "xxx likes to have a handkerchief in their pocket."

Care plans were in place for needs such as medication, fluids and diet, continence and pressure area care. The plans contained detailed instructions about how staff should provide the care and referred to reassuring people and maintaining their independence. For example, we saw care plans which listed people's preferences for the hygiene products they used and how they like staff to pay attention to their jewellery before bathing. Risk assessments were in place for needs such as using hoists and en-suite areas in bedrooms, and staff told us they carried out risk assessments in people's own homes before they started to provide care for them. Records showed that care plans were reviewed and updated regularly.

Records showed people could see their GP or other healthcare professionals when they needed to. Personal files also contained guidance about speech therapy and physiotherapy input where people had those needs. We saw staff regularly completed records for things like people's weight, fluid intake and pressure relieving equipment. People we spoke with said staff made sure their health needs were met in a timely way.

During the visit we saw staff supporting people to join in with activities such as chair based exercises, skittles and Wii games. People said there were lots of activities for them to do and they told us about outings to restaurants and garden centres, quizzes, and a theatre

entertainment group which visited the home. We saw photographs of people joining in with activities in their care files. People also told us they had very good food and were able to choose from alternatives whenever they wished to.

We spoke with a number of staff members and watched how they carried out their work. They demonstrated a clear understanding of people's personal needs and preferences. They spoke with people in a respectful manner and maintained their privacy with personal care. People who received care in their own home and their relatives, told us staff always maintained their privacy and dignity.

People and their relatives told us that the service provided was flexible and adaptable according to their needs, and it was a very personalised service.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Systems were in place which ensured people were protected from abuse, or the risk of abuse.

Reasons for our judgement

Records showed us staff were trained about how to keep people safe. Staff had a clear understanding of the policies and procedures to follow if they saw or suspected that someone was at risk. We saw the home had a policy about keeping people safe, which staff had access to.

Records showed no safeguarding issues had arisen within the home or the home care service since our last visit.

Care plans showed how people would be kept safe within the home with, for example, personalised fire evacuation arrangements. There were also clear records for any accidents or incidents people had experienced.

People we spoke with told us they felt safe living within the home. People who received care in their own home told us they felt staff were very trustworthy and felt safe with the care they received. Relatives also told us they thought people were safe when receiving care. One relative said, "I feel reassured by the service and confident in the honesty of the staff." Another relative said, "Staff work within risk assessed guidelines to keep people safe."

Staff told us about the whistle blowing policy within the home and said they felt confident in following the policy if there was a need.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Care plans and personal files contained details of the person's medication. We looked at medication administration records for three people. We saw the records were generally fully completed and staff used appropriate codes for administration issues. For example, record codes showed when people had refused their medication.

We watched staff administer medication to people living in the care home. We saw they gave people their medication in an individualised way and sat with the person until they had taken their medication. Staff then signed the medication administration records (MAR) to show the medication had been taken.

We saw medication issues were discussed at staff meetings, for example where a medication had not been signed for at the correct time. Managers had reminded staff of the importance of signing for medication at the correct time.

During our visit the care home medication arrangements were audited by the local pharmacist. The pharmacist reported to us that medication storage, stock levels and general medication processes were up to date and well managed. They said there were no controlled medicines within the home at the time of our visit however appropriate systems were in place to manage them if they were prescribed for anyone. Controlled medicines are those which have special rules for their storage and administration.

The pharmacist also told us all of the records relating to medication were up to date and completed in full. They said no issues had arisen during their previous two visits.

We saw one person living in the care home administered their own eye drops. The pharmacist told us that self administration policies and good practice guidance had been followed by the home. We saw the person's care plan reflected self administration. When we spoke with the person they told us staff had supported them to self administer in a safe way.

Staff told us and records confirmed they had received training about how to manage and administer medications.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's needs were met by staff who were supported and well trained.

Reasons for our judgement

People who received care and their relatives said things like, "Excellent, can't fault them [staff]", "Full marks" and "I've never come across a member of staff I don't like." A relative told us they thought staff were well trained. A person who received care in their own home said staff always knew what to do when they visited. Other people described staff as very patient and good at communicating with them.

We saw the staff team worked across both the care home and home care services. Training records showed staff received training which related to the needs of people using both services.

Staff we spoke with told us they received a good package of training. They said they had training in subjects such as first aid, end of life care, infection control and fire safety. Records confirmed this and also showed training had been provided about needs such as diabetes, Parkinson's Disease and dementia care. Staff also told us and records showed they were supported to work towards nationally recognised care qualifications. We saw that there was a range of training materials available within the home for staff to use such as DVD's.

We looked at the package of induction training offered to newly employed staff. New staff told us they received a very good induction to the home which included time working with experienced staff members. They and their supervisors told us induction training included subjects such as confidentiality, infection control, safeguarding adults, fire procedures and care planning. However, managers and the provider were unable to locate one current induction record and another current record did not reflect the training already given.

Staff said they were well supported by the managers and the provider who were available to them on a daily basis. They said there was good team work and communication within the home and their views and opinions were respected by the managers and the provider.

Staff told us they received formal supervision sessions but they were not regular. Minutes of meetings showed staff had raised this with the managers and the provider. Individual staff records showed, for example, in the last year one staff member had received two formal sessions and another staff member had received one formal session. The provider told us she did carry out more formal supervisions sessions but had not always recorded them and staff confirmed this.

The provider may wish to note records of learning and development activities for all staff should be accurate and up to date so they can fully demonstrate staff are properly trained, supervised and supported to provide care to the people who use their services.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Complaints and concerns people raised were responded to appropriately.

Reasons for our judgement

People we spoke with told us they knew what to do if they were unhappy with anything or had a complaint. One person said, "I've never had to make a compliant but I would talk to the staff if I did." Another person said, "The manager and the owner are very good, they listen to what you have to say and sort it out."

People who lived in the home and people who had care in their own home told us they were given a copy of the complaints policy when they started to use the services. We saw a copy of the complaints procedure was available for staff to refer to if they had a need to. The provider may wish to note we did not see the complaints policy displayed in communal areas of the care home. This meant that visitors did not have access to information about how to make a complaint.

We looked at the complaints and concerns records and saw there had been one concern raised since our last visit. The records showed the provider had taken steps to resolve the concern in line with their policy.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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