

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 Inspection: 15 November 2013

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December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

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 Limited provides accommodation and care for up to 18 older people in Russell Green Care Home which is located in Woodhall Spa. The company also provides care to older people living in their own homes in the Woodhall Spa area.
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

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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'.

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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 15 November 2013, 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with seven people who lived in the care home. All of them gave us positive feedback about the service. One of them said, "The staff help me a lot. And they're always very kind. At night they come and check that you're comfortable." In addition, we spoke with two people who received care at home and with a relative. The relative said, "I am extremely happy with the service we get. The staff arrive on time, provide all of the care we've asked for and indeed often do little extra things for us that they don't have to do."

People's privacy, dignity and independence were respected. Staff were courteous and polite.

Some of the care provided for people living in the care home was not robustly planned and was not delivered in a safe way.

People were protected against the risks of unsafe or unsuitable premises.

Some of the necessary security checks on staff had not been completed. This reduced the confidence people could have that only suitable and trustworthy people were employed.

Although quality checks had been completed some of them had not been sufficiently robust. This had resulted in some people being placed at increased risk of not receiving all of the care they needed.

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

What we have told the provider to do

We have asked the provider to send us a report by 18 December 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were given appropriate information and support regarding their care. Documents showed that when people had been considering moving into the care home or receiving care in their own homes they had been given written information about the services provided. People had also been told how they would be involved in making decisions about their care. This had been done so they could decide whether or not the service was right for them. A person living in the care home said, "Before I moved in I was seen by the owner and she explained what care I could be given and reassured me that I would be alright."

In the care home, we saw that each person had their own bedroom that was laid out as a bed sitting area so that they could comfortably relax in private if they wished. All bedrooms had a private wash hand basin and six also had a private toilet. A person said, "I like having my own bedroom because it's my private space. I have it how I like it so it's mine."

In the care home, we noted that staff respected people's privacy and dignity by knocking on bedroom doors before entering, ensuring doors were shut when assisting people with personal care and covering up people as much as possible to protect their dignity.

In both services people were assisted to deal with their mail. Some people chose to deal with it themselves with assistance from staff. Others had chosen for it to be given to their relatives. In the care home, people could make and receive telephone calls using the service's cordless telephone.

People were supported in promoting their independence and community involvement. Records showed that in the case of both services staff had kept in touch with relatives so that they knew about any important developments such as changes in people's health. We observed that people were free to receive guests whenever they wished. These measures meant that people were assisted to keep in touch with family and friends.

People's diversity, values and human rights were respected. In both services, if people

expressed a preference not to receive close personal care from a male or female support worker there were arrangements to help respect this request. In the care home, we saw that people had been supported to follow their religious and cultural beliefs. Arrangements in the service were organised to include people. For example, we saw that the chef had consulted with people so that she knew what dishes they wanted to have on the menu.

In the care home, records showed that most people had been supported to do a range of social activities such as playing board games and taking part in musical sessions. During the course of our inspection visit, we saw people chatting with each other and with staff. Several people were watching television in the lounge, some were reading the newspaper and some were relaxing in their bedrooms. A person said, "We have plenty to do here. There are activities once a week and then we have the singer. I like the relaxed pace of life."

Giving people information about the services, involving them in decisions about their care, enabling them to be as independent as possible and promoting their dignity all contributed to them receiving a respectful and individual service.

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

Our judgement

The provider was not meeting this standard.

People who lived in the care home did not always experience care that was organised to reliably meet their needs and protect their rights. This was because some of the systems used to assess, plan and deliver care were not robust.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's care was planned and delivered in a way that protected them from unlawful discrimination. We saw that the provider had a written policy that committed it to care for people in ways that respected their diversity. We saw this in operation in that people of different ages and with different preferences and abilities were supported in accordance with their wishes.

There were arrangements to deal with foreseeable emergencies. We noted that there were written plans to respond to adverse events such as interruptions in the supply of electricity, water and gas. This meant that people could be confident that their accommodation and care needs would be reliably met.

Records showed that when people who used both services had been unwell staff had promptly arranged for medical attention including home visits by doctors and district nurses. This meant that people had received the healthcare they needed.

We looked at the records of the care provided for three people in their own homes. They showed that the people had reliably received all of the assistance they needed. Visits had been completed at the correct time and staff had completed all of the necessary tasks. A relative of a person receiving care at home said, "I rely on the staff to help my husband. We know in advance what jobs they're going to do and so I can plan around that."

People who lived in the care home said that they were receiving the assistance they needed and wanted. A person said, "The staff really can't do enough for you. They certainly give me all of the help I need." In the care home, we saw that staff promptly provided people with a wide range of assistance such as with washing and dressing, using the bathroom, getting about and taking medication. We observed that staff were unhurried when they were helping people. Also, we noted that they took time to ask people how they were and enquire if they needed anything to make them more comfortable.

However, we concluded that in the care home people's care was not always planned and delivered in a reliable and consistent way. We looked at key parts of the care four people had received. We found that each of them had a written plan of care. These plans contained some information about subjects such as helping people to do everyday tasks and managing medical conditions. However, the plans did not contain comprehensive information about helping people with reduced mobility, supporting people who were at risk of developing sore skin and making sure that people had enough to eat and drink.

These shortfalls increased the risk that people would receive inconsistent or insufficient care. We saw that one person needed to have their intake of food and drink monitored to make sure they had enough nutrition and hydration. In addition, their weight needed to be regularly checked to help ensure that they remained healthy. Documents showed that neither of these measures were in place. Records showed that staff were monitoring how much another person was drinking but this was not being done in a reliable way. This was because some of the measures were inaccurate and there was no clear system to determine how much the person needed to drink in order to promote their good health. A third person had not been regularly weighed and what measurements had been taken showed a pattern of weight loss. There was no clear system to calculate the weight the person needed to maintain so that staff could be alerted to the need to seek medical advice. Although these various shortfalls had not resulted in these people experiencing actual harm, they had increased the risk of this happening. This was because staff were not consistently using the necessary arrangements to care for these people in a safe way.

In the care home, inadequately detailed plans of care and limited oversights in the delivery of care reduced the provider's ability to reliably and consistently care for people in ways that were right for them.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who lived in the care home, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People who lived in the care home said that they had been provided with accessible, safe and comfortable accommodation. One of them said, "We're all very comfortable here. The heating's always on and it's warm even on the coldest days. The place is well done but at the same time it's homely."

We observed that the provider had taken the steps necessary to demonstrate that care had been provided in an environment that was suitably designed and adequately maintained. The exterior of the property was well maintained, and the gardens were neat and level. We saw that there were security lights and we noted that exterior doors could be locked shut when not in use. Hallways were well decorated and free from any obstructions and the lounges were furnished to make them into comfortable spaces. Bathrooms and toilets were well equipped and clean.

On the day of our inspection the accommodation had a fresh atmosphere and was comfortably warm. A stair-lift provided step-free access around the accommodation and there were fixed and mobile hoists to assist people who had reduced mobility.

Records showed that the stair-lift and hoists were in good working order.

We saw that there was a system for detecting, containing and fighting fire. Records showed that it had last been inspected by the Fire and Rescue Service in 2010. Some improvements had been required and records indicated that these had been completed.

People had been protected from some avoidable risks to their health and safety. The risk of burns and scalds was reduced because radiators had been fitted with guards and hot water taps were temperature controlled. We saw that windows were fitted with mechanisms that prevented them from opening too wide so that people could not fall or become trapped.

Records showed that the local council had said that people benefited from good standards of food hygiene and that it had not required any improvements. We saw the kitchen and found it to be neat and clean.

We observed that people's clothes and bedding had been cleaned to a hygienic standard. We saw that the laundry was well equipped, clean and organised.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not cared for by suitably qualified, skilled and experienced staff. This was because the recruitment and selection procedure was not robust and the provider did not have systems to respond effectively to staff who were no longer fit to deliver care services.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used both of the services said that they were confident staff were suitable and trustworthy to provide care. A person living in the care home said, "The staff are exceptional for their kindness. I like to see them around and they come and see I'm alright in my bedroom. It's good to have them around, it makes me feel safe." A relative of a person who received care at home said, "I'm very happy having the staff in my home. They're polite and I trust them completely. It's a very professional service."

We examined the personnel files of two staff who were based in the care home but who were also available to provide care in people's homes. We saw that some checks had been completed before they began work. These included checks from the Disclosure and Barring Service to show that the staff did not have relevant criminal convictions and had not been guilty of professional misconduct.

However, other parts of the recruitment and selection procedure were not robust. We saw that in each case the members of staff had completed an application form. One of them had not completed the form fully and so the provider did not have a detailed account of their previous employment history. This meant that the provider had not been in a position to decide what assurances needed to be obtained about their previous conduct. Although two references had been sought one of them had not been recorded and so we could not be confident that it had been satisfactory. The other person had completed the application form fully but the provider had not used the information to seek all of the assurances it needed from the person's previous employers. These shortfalls reduced the provider's ability to ensure that only trustworthy people were employed in the services.

We noted that the provider did not have a robust system for responding to concerns about staff. It did not have a procedure to refer a member of staff who was no longer fit to work in health and social care to the national vetting and barring service. This meant that other employers might not be alerted to historical problems to be considered before someone was allowed to work again with vulnerable people.

Inadequate arrangements for obtaining assurances about previous periods of employment and for referring staff who were no longer fit to provide care to the correct national body limited the provider's ability to keep people safe.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider did not have a fully effective system to regularly assess and monitor the quality of service that people received.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used both of the services, their representatives and staff were asked for their views about the care provided and they were acted on. People said that staff had consulted with them on an on-going basis and more formally when their individual plans of care had been reviewed. A person living in the care home said, "I know that my family meets with the owner and they discuss how I'm doing. I could go but I don't care much for meetings. There's an open atmosphere here I can always say what I want to and the staff are helpful."

The provider took account of complaints to improve the service. We saw that people had been made aware of the complaints system. Documents showed that the provider had an effective system for investigating and resolving concerns. This meant that lessons could be learned to help develop the service for the future.

Decisions about care and treatment were made by appropriate staff at the appropriate level. We observed that there was a clear line of management in the service. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice.

Records showed that national developments in good practice such as new guidance about the use of medicines and equipment had been received and acted upon. This was so that people had been protected from medicines or equipment that might no longer have been safe.

There was a lack of evidence that learning from incidents/investigations had taken place so that appropriate changes could be implemented. We saw that accidents had been recorded but there was no clear process to identify what had happened. This limited the provider's ability to take steps to help prevent accidents from happening again.

Documents showed that quality audits had been completed of key measures things such

as the management of medication. This had been done to ensure that medicines were being ordered, stored, administered and disposed of in a reliable way. In addition, records showed that key health and safety checks had also been completed. These included ensuring that the fire safety system, gas appliances and the electrical wiring installation remained in good order. However, the checks that had been completed of the assessment, planning and delivery of care were not robust. They had not identified the shortfalls we found and this had resulted in some people being placed at increased risk of not receiving all of the care they needed.

Not having clear systems to help prevent accidents and not having rigorous quality checks for care provision reduced the provider's ability to ensure that people consistently received the assistance they needed in a safe setting.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p> <p>How the regulation was not being met:</p> <p>People who lived in the care home did not always experience care that was organised to reliably meet their needs and protect their rights. This was because some of the systems used to assess, plan and deliver care were not robust. These shortfalls increased the risk that people would not reliably receive all of the care they needed. Regulation (9) (1) (a) (b) (i) (ii) (iii).</p>
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>People were not cared for by suitably qualified, skilled and experienced staff. This was because the recruitment and selection procedure was not robust and the provider did not have systems to respond effectively to staff who were no longer fit to deliver care services. 21(a) (i) (b) (d) (i).</p>
Personal care	
Treatment of disease, disorder or injury	
Regulated activity	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
	Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not have a fully effective system to regularly assess and monitor the quality of service that people received. This was because quality checks of the planning and delivery of care had not identified problems that needed to be put right. 10 (1) (a) (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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