Dudley Metropolitan Borough Council

Russell Court

Inspection report

Overfield Road
Russells Hall
Dudley
West Midlands
DY1 2NY

Tel: 01384813375
Website: www.dudley.gov.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 April 2016 and was unannounced. At our last inspection in June 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

Russell's Court provides accommodation for up to 32 older people who require personal care. On the day of our inspection there were 32 people living there. There were 9 people living at this service on a permanent basis and 23 people were using this service for rehabilitation and respite following their discharge from hospital.

The previous registered manager left the service in December 2015 and they have submitted an application to cancel their registration with the Care Quality Commission. The service is currently being managed by an acting manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.
People were positive about the care they received and those people we spoke with told us they felt safe. People told us that staff knew them well and supported them in their preferred way.

The staff had a clear awareness and understanding of potential abuse and knew how to protect people from the risk of harm. There were enough skilled and experienced staff to meet people's needs.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when this was needed, so that staff could assist them safely. Although staff sought people's consent before providing support they were not fully aware of which people were subject to deprivation of liberty authorisations.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

The provider had not kept us informed about changes to the management of the service. We had not received all of the notifications that the provider must notify us about. People described the management team of the home as approachable and they said they felt the service was well managed. Arrangements were in place to assess and monitor the quality of the service, so that actions could be taken to improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans.

People were supported to take their medicines as prescribed. There was sufficient staff to support people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not aware of which people were having their liberty restricted. However staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support.

People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met

Is the service caring?

Good

The service was caring.

People received care and support that was tailored to their individual needs and preferences.

People described staff as caring, kind, and compassionate. Staff treated people respectfully, and supported people to maintain their dignity and privacy.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care plan which was updated when their needs changed.

People were supported to take part in activities they enjoyed.

People knew how to raise any complaints or concerns and felt listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not informed CQC about changes regarding the management position. A manager is not currently registered for this service. They had also not complied with their legal responsibilities, to notify us about certain incidents.

The manager promoted an open and transparent service and people had the opportunity to share their views about living in the home.

Staffs understood their roles and responsibilities and systems were in place to monitor the quality of the service provided.

Russell Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 April 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 11 people, five relatives, seven care staff, two senior care officers, an occupational therapist, a social worker and the cook. We looked at the care records for four people. We looked at the way people's medicines were managed, staff training records and the manager's quality monitoring audits. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people.

Good

Is the service safe?

Our findings

People and their relatives told us that care and support was delivered in a safe manner. People confirmed they felt safe and comfortable when they were supported by the staff team. One person told us, "Staff kept me safe by watching me and sometimes walking with me as I sometimes fall while walking. I had a shower in the first few weeks and staff came and helped me until I felt confident to do it myself they then just watched and chatted with me I felt it really reassuring". Another person said, "When I came here I could hardly walk but with the staff's help I'm much more mobile now but staff still walk with me to make sure I'm safe and don't stumble"." A relative told us, "I think my family member is very safe here, I have peace of mind that they are being looked after".

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk. One staff member told us, "I have received the training about safeguarding people from abuse, and if I had any concerns about people I would report it straight away to a senior or the manager".

We saw that people had risk assessments in place, which identified any risks due to their health and support needs. These assessments included information for the staff to follow to minimise the chance of harm occurring. Some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. Some people required support to stand and we saw staff support these people in accordance with their plans, offering reassurance at all times. We saw that some people required staff to use a hoist to assist them to transfer into a wheelchair. One person told us, "I feel safe when the two staff hoist me they go at my pace they talk to me all the time reassuring me and if I ask them to stop for a bit they do. I feel confident and safe when they do this task". A staff member we spoke with told us, "Everyone has risk assessments in place which guide us on how we need to support people in order to ensure any risks are reduced. If we have any concerns we can speak to a senior or to the occupational therapist who give us guidance".

We saw that people who were receiving rehabilitation support had plans in place so that staff could assist them to take risks in order to regain their confidence. For example, people were assisted to walk short distances, and to make and carry hot drinks and snacks. Staff support was provided at all times. One staff member said, "It is important to let people take risks so they gain the skills they may have lost when they went into hospital. We supervise people and only intervene if needed. People can get their confidence back then and hopefully return home".

People and their relatives told us they were satisfied with the staffing levels. One person said, "There is always staff around, and I am well cared for, I don't have to wait, the staff are always there when I need them". Another person told us, "If I press my call bell they come within seconds which I think is really good." A relative we spoke with said "I think there is enough staff but sometimes there seems to be a lot of agency staff on duty which I think has an impact on the consistency of the care that is provided". We discussed the use of agency staff with the manager. The provider had restricted the service from recruiting

new staff. Therefore when staff vacancies arose these positions had been covered by agency staff. We observed several agency staff working during our inspection. Discussions with the staff demonstrated they had been working at the service on a temporary basis for over a year. This meant that the staff were aware of people's needs, and people knew these regular agency staff.

We observed that staff were available in the lounge areas to support people with their needs, and where people required assistance we saw that staff responded in a timely manner. Staff we spoke with told us they thought the staffing levels were sufficient. One staff member said, "There is enough staff on duty to meet people's needs, we have time to care". The manager confirmed that she took people's dependency levels into account when planning staffing levels. She was able to give an example how she had recently increased the staffing levels to provide additional support to a person.

People told us they were happy with the support they received and we saw that recruitment procedures were in place. The service had not recruited any staff for over 10 years. We saw that staff members had their Disclosure and Barring service (DBS) checks renewed every three years. The DBS is a check undertaken to ensure staff are suitable to work with people. We looked at the information that had been obtained for three agency staff. We saw that confirmation had been obtained from the agency the staff were from to demonstrate that all staff had DBS checks completed, references, and confirmation of the training undertaken. Agency staff we spoke with confirmed that they had received an induction when they completed their first shift at the service. This meant staff were suitable and trained to work with people.

People were happy with the support they received with their medicines. One person told us, "Staff give me my medication at the same time every day and they have never missed giving it to me". Another person said, "I am happy with the way staff give me my medicines. If I am in pain they always make sure I have my pain killers as well, they always ask". We saw people's medicine records were well maintained; staff had signed to confirm people had their medicines. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found some people were prescribed 'as required' medicines. Supporting information was in place to guide staff in the signs and symptoms which might indicate people needed their medicine, in particular for those people who were unable to request this. We observed a staff member administering medicines to people and we saw this was done safely.

We saw that people were supported to self-medicate. Risk assessments had been completed and secure storage was available in people's rooms. One person told us, "Staff gave me my medication until I could self-medicate, now they just monitor my tablets to make sure I had taken them". Staff we spoke with and records we looked at confirmed that staff had received medication training.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff we spoke with had an understanding the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that some people had DoLS authorisations in place. However staff we spoke with were uncertain about which people were subject to a DoLS authorisation and the reasons for this. We saw that one person had conditions on their authorisation which were being met despite staff not being aware of these.

A staff member we spoke with told us, "Nearly all the people here have the capacity to make decisions for themselves, but if they didn't they would be assessed and we would support them based on the outcome of this and in their best interests". We observed and heard staff asking people's consent before providing support. For example one person was asked if they wanted support with personal care which they declined, and this decision was respected.

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "Staff must be well trained as they know what they are doing and seem competent in doing their jobs". Another person said, "I'm happy here and the staff look after me very well". A relative we spoke with told us, "The staff here are very good, and I think they are skilled and knowledgeable, they know what they are doing".

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Throughout the day staff demonstrated that they understood people's needs and the support they required. For example one person was supported into their wheelchair and we saw that staff offered encouragement and reassurance to the person and supported them at their pace. This support enabled the person to retain their independence and met their mobility needs.

Staff told us they had received the training they needed to care for people effectively and this included training around implementing and supporting people with rehabilitation. One staff member said, "We have regular training and this enables us to keep up to date and to care for people safely". Another staff member told us, "We have regular training updates, which is good as it refreshes my knowledge". The manager recorded in the PIR that she intended to use the Care certificate self-assessment tool to look at any gaps in staff training needs and knowledge. The Care certificate is a set of induction standards designed to assist

staff to gain the skills and knowledge they need to provide people's care. We saw that future training events were displayed on the staff notice board, which demonstrated that training was on-going and available for staff to access. The agency staff we spoke with told us that they did sometimes access training provided by the service in addition to the annual updated training provided by their agency.

Most of the permanent staff we spoke with confirmed they received supervision and an annual appraisal. Some staff had not had formal supervision for over a year. We saw that the manager was aware of this and had taken action by introducing a monitoring system and a plan had been completed for the year. We saw that formal systems to supervise the agency staff were not in place, in particular for those staff that had temporary contracts to cover vacancies. The manager agreed action would be taken and a system introduced for these staff. Staff told us they were supported by the management team and by each other. One member of staff said, "We can go to the manager or senior staff at any time, we all support each other and work as a team, it's a nice place to work and I love my job".

People we spoke with told us they were satisfied with the food provided. One person said, "The food's good with choices for each meal time". Another person said, "The foods alright we choose it from the menu the previous day, so today I can't remember what I picked but I'm sure it will be nice. If there's nothing on the menu I like they will find something else for me to eat". A relative told us, "The food looks lovely here; my family member can have whatever they want". We saw that people were offered regular drinks and snacks throughout the day. We spoke with the cook who had a good knowledge of people's preferences, cultural and dietary needs, including providing meals to meet people's diabetic needs. The menus that we saw confirmed that people were offered a varied nutritional diet with vegetables and fruit.

We saw that people were supported and encouraged to use the small kitchen areas which were available on each unit, and to use the assessment kitchen. The purpose of this was to enable people to gain daily living skills, so they could practice making drinks and food for themselves. One person told us, "During last week I have been assessed to ensure that I can make drinks and cook basic food and we discussed the kind of support I need when I get home". Another person said, "If I want I can go to the kitchenette and make my own drinks".

We saw that there was a system in place to monitor any risks to people of not eating or drinking enough. A staff member we spoke with told us, "When risks are identified we monitor people's intake and complete records. We also increase the frequency they are weighed and complete referrals to health professionals when necessary". We saw that when concerns had been raised about people's dietary needs referrals had been completed to healthcare professionals for advice and support.

People told us they were supported to maintain their health care needs. One person told us, "Staff have called my doctor when I have not been very well and then told my relatives what happened". People confirmed they had access to other health care services. A relative we spoke with said, "The staff are very good, they have arranged for all the different healthcare professionals to come here and complete the routine checks for our family member. They keep us informed of any issues, we couldn't ask for more". We saw that records were in place to monitor people's healthcare needs to ensure all the staff had up to date information about any changes or on-going issues.

Good

Is the service caring?

Our findings

One person told us, "I found the staff very helpful and they would do anything for me. It's a good place to recover and I don't know of anything that would improve it". Another person said, "I'm happy here and the staff look after me very well and they are kind to me". We observed a positive and caring relationship between people and staff. We saw staff treated people with respect and in a kind and compassionate way. People who visited the service were very complimentary of the care. One relative told us, "I am more than happy with the care, the staff are marvellous, kind, and compassionate. They look after my family member very well". Another relative said, "I think the care is very good they speak to my relative as a person not a resident".

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do. People told us staff supported them to maintain as much independence as possible. One person told us, "The staff help and encourage me to do as much for myself as I can". Another person said, "When I have a shower the staff will wash the parts that I can't reach, and encourage me to do the rest".

One person told us, "The staff are always checking to see if I am okay and if there is anything I need they are very good". We saw that staff were attentive and observant when people showed signs of discomfort, checking with them to see if they were in pain or if they needed anything. We saw that staff engaged positively with people whilst providing them with support throughout the day. For example people were approached by staff in a sensitive and discreet manner to see if they wanted to use the toilet. People were asked if they had everything they needed and staff checked on their wellbeing.

People told us staff maintained their privacy and dignity at all times. One person said, "When the staff help me they close the curtains and door to maintain my privacy". Another person told us, "When staff come to my room they knock on the door say who it is and walk in, that's the way I like it". A relative we spoke with told us, "They treat my relative with dignity and respect". The staff we spoke with all commented on the importance of making sure people's needs were met in a respectful and dignified way. One staff member said, "I am always mindful of the way I support people with their personal care. I make sure I ask them if it is okay to help or to wash a certain area. It is important their dignity is maintained and that I provide support in a respectful way".

Relatives and visitors we spoke with told us they could visit at any time apart from at mealtimes. One relative said, "I am always made to feel welcome by the staff team. The staff always offer me a drink or two". Another relative told us, "There is a nice atmosphere here. I am always made to feel welcome by the staff. I think it is a lovely home that provides good care".

We saw that people are supported or referred to an advocacy service when this has been requested or is in the person best interests. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed, independent choices about decisions that affect their lives. We saw that information about advocacy services was displayed in the home for people and their relatives to

access.

Good

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person said, "The staff initially gave me a lot of support as I was a bit confused coming in from the hospital. They talked to me about what care I needed they also spoke with my family". Another person told us, "Staff talk to me about my care needs they then write it up and we all sign it to say we agree on what needs doing". Relatives we spoke with confirmed they were involved and contributed to the assessment and care plan which was completed when people moved into the home. One relative told us, "My family member is very happy here. The staff provide the support they need and my family member is happy with everything. The staff keep me informed of their well-being and I am involved in any reviews that are undertaken".

The records we looked at confirmed that people were involved in the way their care and support was provided. We saw that people had a care plan and rehabilitation plans where required, that were tailored to meet their individual needs. The care plans included information about people's previous lives, their likes, dislikes and preferences. These were updated on a regular basis reflecting any changes in people's needs. A staff member we spoke with told us, "I make sure that if someone's needs have changed I report it to the seniors so they can amend the care plan. We also write it in the communication book so all staff are aware that there has been a change". We saw that meetings were held on a weekly basis with the manager, senior staff, therapists and social worker to discuss each persons need and progress with their re-ablement plans.

People told us there were not many activities provided. One person said, "There's nothing to do here but that's fine because I wouldn't want to do any activities because I keep myself amused by reading and things like that". Another person told us, "There is not much activities but I don't mind as I love to watch the television and read. What I really love is having my hair done by the hairdresser who comes every Monday, it makes me feel very nice". Some people we spoke with told us they went out to day centres during the week or out with relatives, so they felt they had enough to do. We saw there was a re-ablement activity timetable which identified the weekly Physiotherapy exercise group and Occupational Therapy group that was facilitated. The home also had a craft person who visited weekly and people were encouraged to participant. We did observe staff asking people if they would like to participate in activities, but people declined this. The manager had identified activities as one of the improvements they would be focusing on in the PIR they sent us. The manager advised us that external entertainment was provided every few months which people enjoyed. They said they aimed to develop a more structured activity programme especially for the people that lived in the home on a permanent basis.

People we spoke with did not have any complaints about the service and relatives told us that if they had any complaints they would report them to the seniors or to the manager. One person said, "If I had any concerns or worries I'd talk to the staff who will help me". Another person told us, "I've no complaints or worries but would speak to staff if I had". We saw there was a copy of the complaints policy displayed in the home. Records were in place detailing the complaints that had been received and the action that had been taken in response to these issues. For example improvements have been made to the communication processes with relatives, and the flexibility of when people had left to return home.

Requires Improvement

Is the service well-led?

Our findings

The provider had not notified us when the registered manager left employment at this home. Following the inspection we were formally notified and an application to cancel the registered manager has been submitted. The service has a manager in place, but they have not yet submitted an application to register with CQC.

The manager understood their legal responsibilities for notifying us of deaths, and injuries that occurred at the home. However we found one safeguarding incident that had not been reported to us. The manager has since sent this to us. As a result of our inspection they were now aware of their duty to inform us about persons who were subject to a DoLS authorisation. We found that two people had DoLS Authorisations in place. The manager sent us the required notifications to inform us about these following our inspection. Discussions with staff members identified they were not clear about which people where subject to these authorisations and why. We discussed this with the manager who confirmed that action would be taken to ensure staff had the required information in the staff meeting that was planned for the following day.

All of the people we spoke with told us they thought the service was managed well. One person told us, "I am happy with the care I get so the service is managed well in my opinion". Another person said, "I know the manager but I don't see her very often, but I think she is doing a good job". All of the relatives we spoke with were complimentary about the way the service was managed and about the management team. One relative said, "The service is managed well and the seniors and manager are approachable. We are happy with everything". Another relative told us, "All the staff and the manager are friendly and approachable. It is a good service and people receive good care".

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, "The seniors and manager are approachable. I feel listened to if I raise anything with them. We have good teamwork here; everyone works together for the good of the people". Another staff member told us, "The manager is supportive, approachable and listens. She focuses on the needs of the people and always does her best for them. It is a lovely place to work and I love my role here". We saw that the manager had planned certain days where she made herself available for staff to speak to her. We also saw that a staff surgery had been planned for the month of May which would be attended by the area manager to enable staff to speak with her. These systems had been implemented to ensure staff had opportunities to discuss any issues or concerns they had. Staff were familiar with the provider's whistleblowing policy and how to raise any concerns to external organisations if people's care or safety was compromised.

We saw there were clear lines of accountability in the service. The manager was supported by a senior team. Each senior had key areas they were responsible for. For example one senior was responsible for infection control; another senior was responsible for Health and safety. Senior staff were responsible for supervising staff and monitoring staff practices. Tasks were clearly delegated to ensure that the service was monitored effectively.

We saw that the registered manager had audits and quality monitoring systems in place to monitor the

safety, effectiveness and quality of the service provided. For example audits were completed to ensure the building was safe, and medicine audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls had been identified action was taken to address these, such as speaking with staff about their performance. We saw that the medicine audit did not cover a check on people's prescribed creams, which were stored in people's rooms as these were applied by staff. We found a tube of cream in a person's bedroom that belonged to someone else and staff had not recorded the date of opening for another cream that was in use. We raised these issues with the senior and manager who took action in relation to these concerns. We were informed that creams would be added to the audit along with the monitoring of fridge temperatures for medication that had to be stored at a specific temperature. We were advised by the manager that she had undertaken observations of staff administering medicines to ensure safe procedures were followed, but no records of these were completed.

We saw that systems were in place to gain feedback about the service provided. People who used the service for rehabilitation were asked to complete a short survey about their experiences. These results were collated and a report was being compiled of the findings. The manager advised this report would then be displayed for people and their relatives to access. We saw that regular meetings were held with people that lived at the home permanently and their relatives to gain their feedback about the service.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example one person who had been identified as falling frequently had equipment in place to reduce the risk of further falls. Their risk assessment and care plan had also been updated.