



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Russell Hill

**33 Russell Hill
Purley
Surrey
CR8 2JB**

Lead Inspector
James Pitts

Unannounced Inspection
30th June 2008 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Russell Hill
Address	33 Russell Hill Purley Surrey CR8 2JB
Telephone number	020 8763 2611
Fax number	020 8288 3614
Email address	russell@independencehomes.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Independence Homes Limited
Name of registered manager (if applicable)	Gemma Tevlin
Type of registration	Care Home
No. of places registered (if applicable)	7
Category(ies) of registration, with number of places	Learning disability (7)

SERVICE INFORMATION

Conditions of registration:

1. The Registered person may provide the following category of service only:

Care home only - code PC

to service users of the following category:

Either

whose primary care needs on admission to the home are within the following categories:

Learning Disability - Code LD

2. The maximum number of service users who can be accommodated is:
7

Date of last inspection

5th July 2007

Brief Description of the Service:

33, Russell Hill is a registered care home for up to seven adults with learning disabilities and epilepsy. Seven people are currently living there.

Russell Hill is owned, managed and staffed by Independence Homes Limited, a private organisation who have three similar services in the local area. The home is in a residential area of Purley, close to shops, leisure facilities and public transport systems.

Accommodation is provided over two floors with seven single bedrooms with ensuite toilet and wash hand basin. Communal areas include a lounge, dining room, a multi use therapy room, a multi sensory room and an enclosed garden. A shower room is available on the ground and an adapted bathroom on the first floor. A kitchen and laundry room are also available. A lift serves the ground and first floor with a stair lift on the first floor.

The fees are varied depending on the package of care and therapy individuals receive. Information about fees is included in the contract of residence. Details of the CSCI and inspection reports are available.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means people who use this service experience **good** quality outcomes.

The charge for the service is presently between £1700 to £3575 per week.

This visit took place during the daytime and there were two people at home initially with others returning home after finishing their usual daytime activities. Almost all of the people who live at Russell Hill are unable to hold conversations or verbally express their views. This means that staff have to be familiar with using other communication techniques, as well as their knowledge and observation of the people who live here.

Although all of the people who live here have been sent questionnaires it is acknowledged that meaningfully few if any would find this a useful way of saying what they think about the service. One relative did reply to a questionnaire that was sent and has very clear criticism of their contact with the service and the care of their relative who lives here. Regular communication occurs between the home and this relative and the differences of view are in the Commission's view not a reason to suggest the service fails as a whole. However, it is obviously important that the differences are aired and resolved as far as is possible.

What the service does well:

A number of improvements have been made to the service as detailed in the following section of this report. A permanent manager is in post and improvements to the registered provider's organisational management structure have also had positive benefits.

The ethos of the home is clearly aimed at working with people in a way that acknowledges and respects their rights as human beings, regardless of the complexities of each person's care and support needs. The home benefits from having a committed staff team who are clear about the purpose and function of the service and their responsibility to maximise the life opportunities of the people who live here.

What has improved since the last inspection?

Staff have improved the degree to which they maintain people's privacy and dignity when providing support. Medication records are being signed at the time that medication is actually administered and no further episodes of a lack of sufficient medication have been identified. The carpet in the lounge and the shower room light have received the necessary attention and a copy of the monthly (regulation 26) visit is available in the home and a copy is being sent to the Commission as requested.

What they could do better:

Improvements have been made to the way in which staff supervision is organised. It will take time for there to be enough evidence of whether these improvements have the desired effect and then achieve the National Minimum Standard, which is the reason why this previously mentioned requirement remains in this report.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 1 & 2 were assessed at this inspection.

The people who use this service and others are told what the home does and how it will do it. The service user guide has been improved to enable, as many of those who live here as possible can understand it. The people who use the service can continue to feel confident that the home will only care for people that the staff are trained and able to care for.

EVIDENCE:

It was reported at the previous key standards inspection that the service user guide should be made more accessible. By the time of the random inspection that took place in December 2007 no further progress had been made. At this inspection it was seen that a pictorial format has been developed which makes this more accessible, with assistance, to two of the people who live at the home. It should be recognised that realistically most of the people who live here would not find this information to be meaningful to them due to the significant and complex needs that they experience.

No one new has come to live at the home since the previous inspection. It should be noted that the home, on the occasions when new people are referred

for admission, has historically managed the assessment and admission process well.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 6, 7 & 9 were assessed at this inspection.

The people who use this service can feel confident that staff know what they need. They can also be assured that the staff will make sure that each person who lives at the home is allowed to live the sort of life that they can meaningfully choose to.

EVIDENCE:

All of the people who live at Russell Hill continue to have a detailed service user plan. This tells the staff in a lot of detail about the best ways to support each person who lives here. It also tells the staff about what each person prefers to do each day, the things that they like and how the staff should do the best things to help in the right way. Each person who uses the service has an allocated key worker. This is a member of staff who especially makes sure that each the individual is being supported in the right way. It is intended that

the keyworker meet at least monthly with their key client in order to update their progress and actions needed to achieve the care plan. Where a meeting would not be a meaningful way to achieve this update it is still expected that the keyworker update progress by using the knowledge that is available in the service about each person's support needs and events that have happened in their life. The previous key standards inspection highlighted the need for the goals outlined in the "therapies" folder are included in each person daily progress folder, which has been achieved.

Just prior to this inspection a relative made contact with the Director of Operations at Independence homes to express concern about following agreed care plan goals for their relative who lives here. The Commission was copied into this correspondence and it was discussed at this visit. The outcome is that although a difference of view exists that this does not result in the conclusion that there are any intrinsic failures in the service. The PECS communication system that the person in question uses was also of concern as their relative thought that staff were not sufficiently aware of its use. Further training and guidance has been provided and the use of the PECS system now forms a standard part of the induction for new staff when they first come to work at the home.

The staff remain committed to making sure that all the people who live here are allowed to make choices about how to live their life. This is aimed at encouraging people to make knowing and informed choices rather than playing mere lip service to people's rights of consultation.

The home writes a risk assessment for each of the people who use this service. A risk assessment tells the staff how to make sure that each of the people living at Russell Hill is kept safe from anything that might harm them. The staff are still very good at doing this and they make sure that the risk assessments are looked at regularly to make sure that these are changed if they need to be. There are also risk assessments written about anything in the house or garden that might hurt anyone if it is not taken care of.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 12, 13, 14, 15, 16 & 17 were assessed at this inspection.

The people who use this service can feel confident that the staff of the home will provide active support for each person to participate in the community both in terms of the activities of daily life and leisure interests. The opportunity for each to maintain personal and family relations continues to be encouraged and is actively supported by the staff team.

EVIDENCE:

Each of the people who live here is supported by the staff to be as independent as possible and to make as many choices as they knowingly can. All of the people who live here have a varied programme of activities. These include therapies that are geared to maintaining each person's wellbeing as well as social and leisure interests.

The staff at the home keep up to date with what is going on in the community. There is a driver employed by the company to ensure that when a driver for the vehicles that the home has is needed, not least for important appointment etc, there is someone available.

The staff team continues to encourage the people who live here to keep in contact with their families. Family members are made very welcome when they visit the home and an open visitors policy, where reasonable, exists.

Each of the people who live at this home is allowed to make as many choices as possible about what they want to eat. The staff make sure that healthy food is always on offer and that the meals take into account the input of the dietician who regularly advises the home about appropriate menus, not least for those who may have allergies or sensitivity to certain types of foods.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 18, 19 & 20 were assessed at this inspection.

The people who use this service can feel confident that they will get the right support to take care of their personal and healthcare needs. Anyone who needs to take medicine regularly to help them stay well will get the proper support from staff to make sure that this happens, and the necessary improvement to handling and administration of medicines has taken place.

EVIDENCE:

The staff that were on duty during this inspection showed that they are very aware of what each person needs and they are sensitive about how they should meet those needs. The guidance that is provided to staff and the monitoring on the part of the registered provider helps to ensure that the necessary standard of this area of care and support is maintained.

At the time of the previous key standards inspection in July 2007 staff were seen providing support to someone in the lounge. It was required at that time

that the practice of assisting people in communal areas should be reviewed to ensure peoples privacy and dignity are maintained. The Random inspection visit that took place in December 2007 highlighted that this practise did undergo the necessary review and was also being checked at monthly visits by the representative of the registered provider. At this inspection it was seen that this previous concern is not now an issue and that the necessary continuing monitoring is in place, which aims to ensure that it should not arise again.

Appropriate medication policies and procedures continue to be in place. Staff complete training in the administration of medication, emergency medication and the different types of epilepsy and seizures individuals may have. At the time of the previous key standards inspection it was seen that Medication Administration Record Sheets showed three gaps. Some medications were labelled 'as directed', which did not ensure that staff have up to date information about the dose and time medication should be administered. It was also recommended that the medication cabinet should be attached to a wall. Neither of these areas had been attended to by the time of the Random Inspection visit in December 2007, as the cabinet had not been securely attached to the wall and further gaps were seen in the administration record. Additionally the staff at the home had not been able to administer medication on two occasions, as there wasn't sufficient medication available. These issues were examined in detail at this visit and it was seen that the previous requirements have now been complied with and that medication storage, handling and administration is currently managed with the diligence that it should be.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 22 & 23 were assessed at this inspection.

The people that use this service can feel confident that the staff team at the home know what to do if there are complaints or concerns about abuse. The home has clear guidance for staff about the procedures to be followed in either of these circumstances.

EVIDENCE:

The people who live here, and others, are given clear information about how to complain and what happens when they make a complaint. Complaints have recently been made by a relative of one of the people who uses this service, with specific reference to addressing agreed care planning needs. As referred to earlier in this report this matter was discussed during this inspection and it was seen that regular and consistent attempts to resolve the differences of view that exist are being made by the service.

The Commission has not received any formal complaints about the service but was provided with copies of correspondence about the issues referred to above.

There is also clear written information for staff about what to do if they think that anyone who lives here is being hurt or abused by another person, or if an

allegation is made. Two concerns were raised at the time of the previous key standards inspection, which were referred to the registered provider and placing authority to review at that time. Both of these issues were resolved and no further safeguarding referrals have been made since that time.

All staff complete training in the protection of vulnerable adults as part of their standard induction when they are first employed and have to complete refresher training at regular intervals.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 24 & 30 were assessed at this inspection.

The people who use this service can continue to feel confident that they are living in a well maintained, clean and pleasant home.

EVIDENCE:

People who use the service have a single bedroom and access to a lounge, dining room, sensory room, therapy room and garden. Bedrooms have been personalised to the individuals taste and contain a bed, wardrobe, a chest of drawers and have an ensuite toilet and wash hand basin. All bedrooms have a monitor to enable staff to hear if individuals have a seizure and respond appropriately. The registered provider has invested a substantial amount of money with two specialist engineering companies to explore the development of a more effective and discreet way of using an alarm system of this type. A shower room is provided on the ground floor with an adapted bathroom on the

first floor. A lift serves both floors. At the time of the previous key standards inspection it was seen that the shower room light needing a cover and the lounge carpet needing replacing. Both of these had been attended to by the time of the Random inspection visit that took place in December 2007.

The house continues to be kept in a usually good state of repair and is a clean, well furnished and a pleasant environment for the benefit of the people who live here.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 32, 34, 35 & 36 were assessed at this inspection.

The people who use this service can feel confident that there is a committed staff team to meet their needs and that these staff are safe people to support them. The frequency of staff supervision still needs improvement.

EVIDENCE:

The staffing rota continues to show that on average seven members of staff on duty during the day with two members of staff awake at night. The manager, deputy manager and ancillary staff are supernumery to the rota. The staffing levels continue to provide for one to one support on most days, which creates the opportunity for supporting people to participate in leisure and social activities and generally be involved in the wider community.

Staff files were examined the week before this inspection at the registered provider's company head office. CRB checks were seen for all new and longer term employed staff had these completed prior to commencing direct unsupervised care and support work with the people who use this service. The

registered provider has organisationally made improvements and the recruitment process achieves the necessary standards required to safeguard the people who use the service. Staff all receive an induction to not only the organisation and service but this also includes safety and communication awareness training, not least as many of the people who use the service employ specialised communication techniques.

The staff team continue to have access to a comprehensive training and development programme. Appraisals were in the process of being completed at the time of this inspection in order to evaluate performance as well as identify training needs for the coming year.

The previous key standards inspection, as well as the random inspection, identified that supervision records showed that some staff had not received supervision every other month. A monthly pre planned supervision schedule has now been put into place, which should help the service to monitor supervision levels. This should also assist to quickly identify if any staff are not achieving the monthly frequency of supervision that the registered provider now expects. A requirement will be made in this report to ensure that the proposed steps to address the need for all staff to have at least six supervision sessions within any given twelve month period achieves the necessary success.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Standards 37, 39 & 42 were assessed at this inspection.

The people who use this service can feel confident that they are living in a home that has effective management oversight.

EVIDENCE:

The registered manager has been in post since before the previous key standards inspection in July 2007. This person has the registered manager award qualification and the deputy manager is also qualified at NVQ level 4. The deputy manager is also working towards achieving the NVQ level 4 at the present time.

Monthly visits under Regulation 26 are occurring and copies of the reports of these visits are being sent to the Commission as requested. This will continue

for the time being in order for the Commission to monitor that the improvements that were previously required are continuing to be successfully achieved.

The necessary health and safety checks have all been completed and fire alarms are being tested at regular intervals as previously required.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	2

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Yes

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA36	18 (2)	All staff must receive supervision to ensure that they work in line with the homes aims and objectives and their training and development needs can be noted and met. (previous timescale of 31/08/07 not met)	29/12/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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