SBL Care Ltd

Rayleigh House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Rayleigh House is an established care home situated on the outskirts of the coastal resort of Skegness in Lincolnshire and is owned by SBL Care Ltd. The home provides accommodation and personal care for up to 15 older people, some of whom may experience memory loss associated with conditions such as dementia.

We inspected Rayleigh House on 22 February 2017. The inspection was unannounced. On the day of our inspection 13 people were living at the home and one of the people was temporarily receiving care in hospital.

This was our first inspection of the home since the provider changed their registration status to a limited company on 7 September 2016.

The provider had an established registered manager in place. 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 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support at the times they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People's rights were respected and they were supported to make decisions and choices for themselves wherever possible. Staff understood how to support people to make decisions and choices in line with legal guidance. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection two people were subject to a DoLS authorisation and we saw that the conditions of the authorisations were being met.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People's emotional needs were recognised and responded to by a staff team who cared about the individuals they were supporting. People were able to enjoy a social life and they lived in a home where staff listened to them.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of 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 were protected from the risks associated with avoidable harm or abuse by staff who knew how to identify and manage such situations.

There were enough staff on duty and background checks had been completed before new staff were employed.

Arrangements were in place to ensure people's medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

People's rights were protected and they were supported to make their own decisions wherever they were able to.

Staff received appropriate training and support to enable to them to carry out their roles effectively.

People were supported to maintain their health and well-being and have enough to eat and drink to stay well.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing the support they

received.

People had been fully supported to enjoy a range of hobbies and interests.

There was a system in place to resolve complaints.

Is the service well-led?

Good

The service was well led.

The home was well run and the registered manager had a visible presence, was approachable and provided good leadership.

People were involved in giving their views on how the home was run.

The provider and registered manager worked closely together and completed regular quality audits and checks to help ensure that people received appropriate and safe care.

Rayleigh House

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 home, and to provide a rating for the home under the Care Act 2014.

We inspected the home on 22 February 2017. The inspection was unannounced and the inspection team consisted of a single inspector.

Before the inspection, the provider completed 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. In addition, we reviewed the information we held about the home. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the provider, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion for health and social care. We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

During our inspection we spoke with six people who lived at the home, three relatives, two of the homes providers, the registered manager, the deputy manager, five care staff, one of whom was the activity co-ordinator, and the cook.

We spent some of our inspection time observing how care staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people, for example those who lived with dementia were unable to tell us about their experience direct.

We also looked at the care and medicine records of three people who lived at the home, staff training records and two care staff recruitment records, as well as a range of records relating to the running of the home. These included audits carried out by the registered manager and registered provider.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. The relatives we spoke with also felt their loved ones were safe in the home. One person told us, "I feel as safe as possible in every way here. I have no fear because the staff watch over us and care." A relative we spoke with added, "I find the staff are safety aware and they follow up any little things they see regarding people getting agitated or upset. It avoids issues and concerns building up and keeps the residents safe."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and the care staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. They understood what they would need to do to escalate concerns to external organisations such as the local authority and the police. Staff also said they were confident that any safety concerns they raised with the registered manager would be dealt with straight away.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager had carried out checks for all of the staff to make sure they were of good character, including criminal record checks, which were completed through the national Disclosure and Barring Service (DBS). These checks are in place to assist employers make safe recruitment decisions.

Care staff told us, and records showed, that when accidents and incidents had occurred they had been recorded and analysed by the registered manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through the provider's regular checks on the equipment used by staff to provide safe care such as hoists, shower chairs and grab rails.

The provider's directors told us how they ensured the home's environment was being safely maintained and that where it was needed, they were undertaking environmental improvements to the home. One of the providers told us they visited the home most days and that they were responsible for any maintenance issues. We saw the home was being well maintained and clean and that any internal decoration identified by the provider as needing updating had been completed or was planned.

The registered manager confirmed they had systems in place to make sure people could evacuate the home in an emergency. These systems included including fire drills and alarm testing. The provider told us they had worked to requirements set by the local fire officer following their last visit and had completed all of the actions they had been set. We saw personal evacuation plans were also available so all of the staff team would know the help each needed to have if they needed to leave the home quickly.

People, relatives, care staff and the registered manager told us the home had an established staff team and there had been only a small number of changes during the last year. When there had been vacancies the registered manager confirmed they had not needed to use agency staff as the established staff team worked together to provide cover. A rota system was in place to show when care staff were scheduled to work and

how many were needed to cover each shift. The care staff rota information we looked at showed staff with a combination of experience and care skills were deployed over each shift to make sure the care team mix matched what the people being cared for needed. The registered manager was included on the rota and worked as part of the staff team for some of the time. Staffing levels were kept under regular review by the registered manager using their own staffing analysis tool and information about any increase in care needs. The registered manager and care staff told us any changes in need were identified through feedback from people, care staff handover meetings and regular care reviews. The registered manager said these systems helped them consistently identify the amount of staffing required to meet the current need. During our inspection we joined a care staff handover meeting which took place between the morning and the afternoon shift. The information shared between care staff was clear and the care staff who were about to start their shift said it helped them to fully understand if there was anything they needed to be aware of in terms of changes in need. Throughout our inspection we saw that the care staff team had sufficient time to meet people's needs and to talk to them and their relatives freely whilst they gave care without rushing.

We checked the arrangements for the storage and administration of medicines together with the deputy manager. We saw that these were in line with good practice and national guidance. The registered manager and care staff told us that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times the registered manager had systems and records in place to show how this support was given. We looked at the last medicine management audit which had been conducted externally by a visiting pharmacist. This showed that no actions had been required. We did however note the home did not have a separate refrigerator for storage of medicines which might need to be refrigerated. We spoke with the registered manager who told us at they currently did not currently need a refrigerator as they did not have any medicines which needed to be kept cold. We discussed the risks associated with people suddenly needing access to medicines which did need to be stored in this way and the registered manager confirmed a refrigerator would be purchased. After we completed our inspection visit the provider confirmed a new refrigerator had been bought and fitted.

Good

Is the service effective?

Our findings

People were supported by care staff who were trained and who understood how to meet their needs. We observed staff were confident in what they were doing when they carried out their care tasks and that they had the skills needed to care for people appropriately.

The provider told us they were an accredited trainer in subjects related to care and that they provided structured training for new staff as part of their induction when any new staff were employed. Two care staff told us about their induction. They said this had involved a week of training and then a further week undertaking some shadowing of more experienced care staff and undertaking practical training in areas including health and safety, infection control and moving and handling. One of the care staff team said, "The induction was full on and good. We didn't go straight into giving care. The training came first, then working with team members and we spent time completing the induction before we worked on our own." The other care staff member commented that, "It was a thorough induction and I felt prepared and able to use my previous experience." As part of the induction staff completed questionnaires and were tested on their knowledge and understanding. The provider told us that if any of the staff team were finding it difficult to complete their induction additional support and resources were given to help them through it. This meant all of the care staff were assessed as competent before they gave care. The provider had aligned the induction to the national Care Certificate which sets out common induction standards for social care staff and they told us that work was in hand to fully incorporate the Care Certificate into the staff induction programme in the near future.

Following their induction care staff we spoke with told us they had been given the refresher training they needed to ensure they knew how to keep doing their jobs safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. Training was also given in relation to the individual needs of people. For example, one person who lived with dementia and was physically active all the time needed sensitive support to ensure they were both able to do what they chose to do and were safe. Care staff told us their training had helped them to understand how to support the person so they could continue to be active and at the same time safe. The registered manager and staff we spoke with also told us and records confirmed they had all obtained or were working toward achieving nationally recognised vocational care qualifications.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had good support and that arrangements were in place for them to receive supervision and an annual appraisal from the registered manager so they could get feedback on their performance. One staff member said, "The manager is here most days and can always be contacted. We have a good working relationship." Another staff member commented, "We have the chance to raise any issues and can speak with the manager at any time. I feel the manager is always there if I need her and one to one supervision is provided."

People were supported to make decisions about their lives and what they wanted to do on a day to day basis. For example, we observed people decided how and where they spent their time and made decisions

about their care and support. We asked one person who made their own decisions about their daily life and they said, "I make all my own plans and I feel I am free here but can get access to help to meet my care needs as well. It's ideal."

The registered manager told us about how one person might have be at risk from choking when they eat particular foods and that they had worked together with a healthcare professional to look at ways of supporting the person to do this safely. The registered manager told us that central to the process was the person's wishes and their choice. They made the choice that they wanted to continue to have toast and this had been respected. The person's relative said, "[My family member] is very independent and if they want to eat something they will do it. The staff have worked on ways of managing the risks and it works well. It's about respecting people and at the same time helping them understand and manage the risks together, which I think they do."

When people needed help to make any specific decisions, for example about how their care was given care records showed these decisions were made in line with the Mental Capacity Act 2005 (MCA). 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 were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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. The registered manager had made applications for DoLS where appropriate and we saw that at the time of our inspection two people in relation to whom there there was a DoLS authorisation in place to support them. We saw the DoLS arrangements in place for both people being managed in the right way. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone.

People were supported to eat and drink enough to keep them healthy. We spoke with people about the food and they told us they enjoyed the food choices available and that they always had enough to eat. One person told us about the meal choices saying, "It's all home cooked food. Very tasty. They make their own cakes too." Another person commented, "Also on a Friday we have fish chips and peas. It's one we all look forward to. Lovely." When telling us about the arrangements at breakfast one person commented, "I have a cooked breakfast mostly every day. I really enjoy it and its always as I like it." Throughout our inspection we observed people had access to drinks and food at meal times and in between meals when they wanted to eat or drink. When we spoke with the cook they showed us they had a planned menu which was changed seasonally and in line with any individual preferences or needs people had. For example, they showed us they had information to ensure two people who were vegetarians had their choices respected. Another person who had needs related to diabetes were supported to maintain their health through the planning of

their meals.

People's nutritional needs were assessed and records showed their weight was checked regularly. One person liked to eat at different times because they had a different sleep pattern. Care staff ensure that when they wanted to eat their food was made available to them and checks were in place to make sure they didn't miss out on drinks or their meals.

People were supported with their day to day healthcare. We saw that when it had been needed people were supported to attend regular appointments to get their health checked. Care staff described how they sought advice from external healthcare professionals when there had been any changes to people's health and support needs. This included community nurses, local doctors and occupational therapists. The registered manager also told us about how one person had received support from a speech and language therapist and that this had helped them with their communication.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and that they felt staff were caring toward them. One person said, "The care staff and all of the management are really easy to talk to. They are gentle with us and we are together in one big caring house." A relative commented that they had, "A great rapport with staff. They have time for you. You never feel a nuisance and they keep me updated with all things connected to [my family member]." The relative also added, [My family member] gets their hair and nails done. It's great. The home is always clean and there is never any smell. I think this relates to the caring approach from staff toward people. Things don't get left."

People, relatives and staff we spoke with confirmed there was no restriction on visiting the home. One person told us they went out to meet friends and that their families and friends could come to the home at any time to see them. Throughout our inspection we saw visitors coming and going and people spending time with staff or with each other in the home. A relative commented that, "When we first came to look around the home we were made to feel really warm and welcome. Our visit wasn't restricted and we were told to have a look around and to feel at home." A friend of another person said, "It's a very caring home. The staff are always alright and I would honestly say it's one of the best homes in Skegness for caring."

When undertaking support tasks and speaking with individual people it was clear care staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received help from them. We observed staff interactions with people were kind and caring to people when they were supporting them. One person said, "[name of staff member] helps me with the hoist. She is very gentle and does all things in way which shows she cares."

People had opportunities to follow their religious beliefs. One person and a relative we spoke with told us some people had visits from members of their particular faith and if they chose to arrangements could be made for them to attend their local place of worship.

People we spoke with told us they got to make choices for example, about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. We saw that activities and food menus were chosen by the people who used the service and records showed that people were encouraged to speak up if they wanted any changes to be made.

We observed the lunch time period was very much a social occasion for those who chose to have their meal in the dining room. Tables were set out neatly and condiments were available for people to use for themselves. We saw people made their own choices about how much salt and pepper they wanted and how large or small they wanted their portion to be. During lunch people chose different drinks and changed their minds about some of the meals they had said they had wanted earlier. People also told us and the cook showed us if they wanted alcohol with their meals this was available. People's decision changes were fully respected. One person commented that, "If I change my mind about the main meal I ask for something different. I like jacket potato with cheese and I am having that. I am also having the soup which I love." We saw another person say to one of the care staff, 2I don't want no more dinner." The care staff member

respected the person's decision but did check later to make ensure they had the option to change their mind.

People had bedrooms which were personalised to people's individual tastes with their own pictures and ornaments and we saw that when people were receiving personal care staff maintained people's dignity by ensuring doors were closed. We also saw staff were mindful not to have discussions about people in front of other people so that any confidential information would remain so and be fully respected. The registered manager told us how two of the rooms at the home were currently being shared. We saw there was a privacy screen available for care staff to use when they gave care. However, we were concerned that if the screen was needed at the same time for both rooms' people's privacy may be compromised. We discussed this with the registered manager and the provider. They took immediate action and purchased two new privacy screens for care staff to use.

We saw that some people and their circle of support had been supported to develop a plan for when they reached the end of their life. The plans took into account all aspects of the support people wished to have. The registered manager showed us the home had been accredited with The National Gold Standards Framework (GSF) in End of Life Care. The support the framework provides led staff to undertake regular reviews of people's specific end of life needs and how these were being met. These measures all contributed to people being able to receive caring personalised care that reflected their needs and wishes. At the time of our inspection the 'commended' accreditation would be in place until March 2018. The registered manager said they and the provider were looking to reapply for renewal before the end date.

The manager and staff told us about the importance of respecting personal information that people had shared with them. We saw people's personal records were stored securely, including those on computer systems. Passwords were used to protect any information held on computers so that only people who needed to see the records had access to them.

In their PIR the provider told us how they used their recruitment processes to ensure the staff they employed had the caring values they felt were needed to provide good care. They also told us how care staff demonstrated they respected people and ensure their dignity was always maintained. One example related to when a person's family, friend or advocate arrived to visit them. They said care staff would always check with the person to see if they were happy to receive visitors so that they made the decision themselves. We saw this was the case during our inspection visit. One person we spoke with said, "If I have visitors and I want to be private I use the other lounge and the staff respect the privacy I might want."

We noted there was limited accessible written information available within the home regarding lay advocacy organisations and how people could access these. This meant that people may not have been able to access the information to make contact with an advocate themsleves should they need to do so. Lay advocacy organisations can provide people with support to express their views and opinions and are independent of the care service registered providers. We spoke with the register manager about this and they took immediate action during the inspection to check, update the information they had in their office and make it available for people to access.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and their care and support. One person said, "I have care notes and the staff fill them in for things like when I get up and the help I need. I know about it because I said it was okay and agreed with the care." A relative told us, "I feel very involved here. [My family member] is happy and I know from the discussions I have with the manager and staff that they know what we want and we work to the same ends."

We saw people's care needs were assessed prior to admission to check that they could be met. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw the plans contained information about people's overall care needs and guided staff in how to support them. For example, two people needed to be supported to turn regularly in bed to reduce the risk of them getting sore. We saw the records which showed each time the person had been supported and they had been regularly updated by care staff and checked by the registered manager.

People and their relatives told us they were invited to attend meetings to discuss and review their care and support. All of the relatives we spoke with told us that they felt they were involved in their relation's care and that staff kept them updated about any changes.

People's care records included information about their personal preferences for how they wanted to be supported, along with their likes, dislikes and what was important to them in their lives. People were supported to follow their interests and take part in social activities. One person told us, "I love being here. I go out and do what I want. I will look forward to speaking with you later as I am going out to the bank and getting the bus."

Activities were undertaken in small groups and on individual basis to enable people to maintain their personal interests. The staff member responsible for activities showed us they kept information about the different activities people had undertaken. In addition to a record about people's birthdays which were always celebrated, The information included exercise sessions, games and visiting entertainers. People also said they went out into the local area and enjoyed going to one of the local theatres. A relative told us how they took part in some of the community activities and how much people had enjoyed them. One person told us how they liked to knit saying, "I have knitted since I was four years old. I love it and the staff support me to do this and my family bring the wool and things in for me so I can keep it going." We saw a range of national and local newspapers were available for people to read each day and people had access to televisions and radios in their own rooms and the communal lounge. One person was also supported weekly by staff to use social media through a computer to maintain contact with their relative who lived in another country.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the registered manager if they had a problem or concern and they told us they felt they would be listened to. One person told us, "I have no qualms about speaking out and I wold be happy to raise any issue knowing the staff and manager would get it sorted out for me." A relative added, "It's really

important that we are listened to and we are. The manager is a good listener and I know the staff really well which leaves me being confident to raise things when I need to any time."

The registered manager told us they had not received any formal complaints so we were unable to assess how well complaints would be responded to. However, staff were aware of how to respond to complaints and the provider and registered manager had systems in place to deal with complaints if they arose and there was a complaints procedure available in the home so that people would know how to escalate their concerns if they needed to.

Good

Is the service well-led?

Our findings

There was an established registered manager in post and we observed the registered manager had an open and inclusive approach to running the home. People knew who the registered manager and senior staff were and freely engaged with them. Relatives told us they thought the home was well organised and well-led. One person told us. "I think what makes it well-led is the way the manager oversees the running of the home for us and with our care in mind." A relative added, "When we visit it's always the same. The manager is a caring but strong leader and staff always make us feel welcome. The combination makes us feel our relative is secure and it's like home from home."

Throughout our inspection we observed staff receiving guidance from the registered manager and working well as a team. They were efficient and communicated well with each other. Staff said they had access to the registered manager and that she could be contacted out of hours if needed. Staff also told us they knew about the provider's whistleblowing policy and said they would not hesitate to use it to escalate any concerns they had if they witnessed any poor care practice.

Staff meetings were held together with the registered manager and records for the meetings were retained. This meant staff who could not attend would have access to the information discussed. The record for the last meeting held in January 2017 showed a range of topics had been covered which were relevant to the running of the home. These included care records, arrangements for the laundry, plans for a 'resident's and family meeting' and team working.

The provider worked closely with the registered manager to oversee the running of the home and ensure people were happy with the services being delivered. The provider was a regular visitor to the home and people, relatives and staff told us the provider spent time talking with them and checking on how things were going.

The provider also carried out regular audits in relation to the environment and the safety in the home. We saw these audits covered a wide range of areas of the service including general maintenance, decoration of the inside and outside of the home and emergency procedures.When the need for improvements had been identified the provider had a 'repairs, improvements and maintenance schedule' in place which was kept updated to show work completed and planned. This included plans for the re-decoration of two main lounges in the home during March and April 2017.

People and their relatives had opportunities to share their views about the home on a daily basis, during care reviews and through annual surveys. The registered manager told us the last survey carried out with people and their relatives was in April 2016. This included an additional survey related to the meal choices available. We saw on the whole the feedback was positive and people who completed the surveys said were happy with the service. We also saw that the registered manager had acted on feedback or suggestions received through these routes such as improving the menu choices at the home. The registered manager said that they had not held any formal meetings with people or their relatives because they spoke with them each day. However, they did say they were in the process of setting up meetings to provide a further

opportunity for capturing feedback. With this in mind the manager shared an advert they had made for a resident's and family meeting in April 2017.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager carried out regular checks and audits regarding the care records completed to make sure they were up to date and how care was provided to people. This also included audits of accidents and incidents to assess if any changes were needed to the arrangements in place for care.

We noted that some of the audit information we asked to see was not initially easy to locate. The registered manager told us as part of their role they did spend some time working alongside care staff and delivering care. They said they valued this time as it helped them to support staff and maintain an up to date understanding of people's needs. However, this meant that at times the registered manager did not have enough time to complete some of their management administration tasks at the time they needed to. They confirmed they did not currently have any administration support in place to assist them with this part of their role. We discussed this with the provider. After we completed our inspection visit the provider confirmed they had met together with the registered manager to how theirs and the deputy manager roles could be reviewed to check if there was anything further the management team could do to support them with this.