The Frances Taylor Foundation

St Raphael's

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

The inspection took place on 16 February 2017 and was unannounced. The service was last inspected on 26 January 2016 when we found three breaches of the Health and Social Care Act 2008 and associated regulations relating to person-centred care, safe care and treatment and leadership and governance. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements had been made.

St Raphael's offers accommodation with personal care to 21 people with learning disabilities. The accommodation is provided in two adjacent buildings, Fatima House, and St Raphael's itself. Fatima House provides accommodation for 13 people, six on the ground floor and seven on the first floor, and has a lift. St. Raphael's provides accommodation for eight people. All rooms are single and many have en-suite facilities. There were 20 people living at the service at the time of our inspection. One of whom was in hospital.

There was a registered manager in post at the time of our inspection. 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.

The provider had taken action to meet the concerns identified at the inspection of 26 January 2016 and had put systems in place for the safe management of medicines.

The provider had put systems and processes in place to ensure that important information about identified risks was communicated to all relevant staff. This ensured that people were protected from the risk of harm.

The provider had made improvements to the provision of activities for people who used the service and we saw that detailed activity plans were displayed in the home. A range of activities were provided both in the home and in the community, and people were supported to undertake activities of their choice.

The provider had taken action to ensure that people were consulted and involved in developing menus, and these were displayed in the home. People told us they enjoyed the food offered at the service and their likes and dislikes were recorded in their care plans. People's nutritional and healthcare needs had been assessed and were met.

The provider had improved the way staff communicated with people who used the service and had implemented comprehensive communication guides.

There were enough staff on duty to meet people's needs at the time of our inspection and people's needs were met in a timely manner. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity had been assessed and they had consented to their care and support.

Staff received regular training, supervision and appraisal. The registered manager attended forums and conferences in order to keep abreast of developments within social care.

Care plans were in place and people had their needs assessed and reviewed regularly. The care plans were clear and comprehensive and reflected the needs and wishes of the individual.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. People and relatives were sent questionnaires to gain their feedback on the quality of the care provided.

The provider had effective systems in place to monitor the quality of the service and ensure that areas for improvement were identified and addressed.

People, relatives and professionals we spoke with thought the home was well-led. The staff told us they felt supported by the registered manager and there was a culture of openness and transparency within the service.

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 received their medicines safely. Staff received training in the administration of medicines and had their competencies regularly assessed.

People were protected from the risk of harm and important information about identified risks was communicated to all relevant staff.

There were enough staff on duty to keep people safe and meet their needs in a timely manner and numbers were adjusted according to people's individual needs.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Is the service effective?

Good

The service was effective.

People's nutritional and healthcare needs had been assessed and were met. People were consulted and involved in developing menus, and these were displayed in the home.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received effective training, supervision and appraisal.

Is the service caring?

Good

The service was caring.

The provider had taken action to improve the way staff communicated with people who used the service and had implemented comprehensive communication guides.

Staff interacted with people in a friendly and caring way. People said they were well cared for and had good and caring

relationships with all the staff. Relatives and professionals felt that people using the service were well cared for.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them, their cultural and religious needs, and needs relating to their identity. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Is the service responsive?

Good

The service was responsive.

A range of activities was provided both in the home and in the community, and people were supported to undertake activities of their choice. Detailed pictorial activity plans were displayed in the home.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly. These were signed by people.

People and relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager had systems in place to assess and monitor the quality of the service and put action plans in place where issues were identified.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and management team were approachable and worked well as a team.

The staff told us they felt supported by the registered manager and there was a culture of openness and transparency within the service.

There were regular meetings for staff and people who used the service which encouraged openness and the sharing of information.

St Raphael's

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 checked 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 16 February 2017 and was unannounced.

The inspection team consisted of one inspector, a pharmacy inspector who looked at the way in which medicines were being managed at the home, a specialist professional advisor (SPA) 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. The expert for this inspection had experience of caring for older people and those with a learning disability. The SPA for this inspection had worked in mental health and learning disability services.

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. We reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with five people who used the service, two relatives, one friend and six staff members, including the registered manager, the deputy manager and four support workers. We also met with the director who was also the nominated individual.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for six people, four staff records, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we emailed and obtained feedback about the service from three social care professionals and three healthcare professionals.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the service. Their comments included, "I feel safe. I feel safe in my bed sleeping", "Yes it is safe here, some of the staff are very nice", "It's lovely. My bed is lovely" and "I can go round everywhere." A relative agreed and said, "They are well supervised at the day centre and at Butlins." A healthcare professional involved with the service told us, "When I passed on concerns about the potential safety of a resident travelling to a day centre alone, they were quick to re-assess the risk and monitor the situation effectively."

At our last inspection on 26 January 2016, we found that the management and administration of medicines were unsafe. At this inspection, we found that improvements had been made.

People told us they received their prescribed medicines on time. Their comments included, "Yes, I do. I take red and green medicine", "The staff give me medicines in the office in the morning", "Yes I get my medicines on time" and "Staff give me my medicine and I take it."

The provider had made suitable arrangements to ensure that people were protected against the risks associated with the inappropriate management of medicines.

We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in locked medicines cupboards within each treatment area. This assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people who used the service.

People received their medicines as prescribed, including controlled drugs. We looked at 12 MAR charts and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We found that there were body map charts for some people who had topical medicines prescribed to them (such as creams). These were filled out on a daily basis by care staff.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff. Current fridge temperatures were taken each day. During the inspection, the fridge temperature was found to be in the appropriate range of 2-8°C. This assured us that medicines requiring refrigeration were stored at appropriate temperatures.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw 10 PRN forms for pain-relief/laxative medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine

did not have its intended benefit.

Medicines were administered by staff who had been trained in medicines administration. We observed a member of staff giving medicines to a person and saw that this was carried out in a caring and respectful way.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including safe storage of medicines, fridge temperatures and stock quantities on a daily basis. A recent improvement made by the provider included ensuring that a community pharmacy stocked a particular medicine in advance of it being dispensed. This had been highlighted previously from a previous medicines error and showed the provider had learned from medicines related incidents.

At our last inspection on 26 January 2016, we found that the service did not update and review care plans and individual risk assessments regularly, and did not have a clear process in place to ensure essential information related to keeping people safe and ensuring their well-being was clearly communicated, especially for agency, external and newly recruited staff. At this inspection, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified. These were reviewed and updated at least monthly, or more often if necessary. Each risk was analysed and scored low, medium or high and we saw that detailed guidance was available for staff to follow on how to mitigate these risks. For example, a person using the service was identified as at risk of scalds/burns and cuts when cooking. The following guidance was in place, 'When in the kitchen, [person] to be supervised at all times, [person] to be made aware that [person] needs to be careful with knives and supervised near hot water'. We also saw detailed guidelines for staff to protect a person at risk of financial abuse.

The registered manager had created a file for agency, external and newly recruited staff that included all necessary information about people's needs, identified risks and guidelines to mitigate these risks. Staff were requested to read and sign these before delivering support to people to ensure that they knew how to support people in a safe way. This meant that people who used the service were protected from the risk of harm.

There was a safeguarding policy and procedures in place and staff were aware of these. A flowchart was available in the staff room detailing 'What to do if you discover or suspect abuse'. Staff had completed training in safeguarding adults and records confirmed this. They were able to give some definitions of abuse/neglect and told us they would report any concerns to their manager or social services. One staff member told us, "Safeguarding is ensuring service users are protected and not at risk of harm. If someone was at risk, I would take them out of the situation and report. People are safe and happy here." This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse or serious incidents. The manager carried out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this. A social care professional told us, "The manager has been involved in a number of safeguarding concerns related to residents at the home. She has taken responsibility and responded appropriately to any concerns related to the home's residents and staff."

The registered manager kept a log of all incidents and accidents and near misses. These were analysed and included an action plan and a post-incident report. There was evidence that incidents and accidents were responded to appropriately. This included calling the GP to check when a person who used the service had a swollen hand. Minutes of staff meetings showed that the registered manager discussed all incidents and accidents that had occurred during the month with staff and included what actions had been taken to reduce the risk of reoccurrence.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place and was regularly updated. This identified the hazards, who might be harmed and how, what was already in place, and what further action was necessary. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. Upstairs windows were equipped with window restrictors and regular checks of these were undertaken.

An easy read 'Keeping safe' board was created for the reception area detailing neighbourhood police contacts, advice about keeping safe, how to recognise bogus callers and what to do when a stranger called. The registered manager told us that effective links had been formed with the neighbourhood police and that people had found this reassuring.

The provider had systems in place to protect people in the event of a fire. We saw fire safety instructions, including a fire risk assessment and emergency plan displayed in the entrance hall. The provider had implemented regular fire tests and fire drills, and records of these were available. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date Personal Emergency Evacuation Plans (PEEPs) which took account people's abilities and needs and included descriptions of particular issues that may affect the person's ability to evacuate safely and what assistance the person required in the event of a fire. A copy of these was displayed at the back of people's bedroom doors.

All areas of the home were spotlessly clean and tidy and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice.

We looked at the staffing rota for the last three months and these confirmed that there were always enough staff on duty at any one time to provide care and support to people although some shifts had to be covered by agency staff. The registered manager told us that they were using a reliable agency who sent regular care workers to ensure continuity of care for people who used the service. On the day of our inspection we saw that a person using the service who was unwell had been provided with one to one support for the whole day. This showed that the registered manager adjusted the staffing levels according to people's individual needs.

We did not see people waiting for support and staff responded in a very caring way when people needed assistance. Care staff were attentive and offered people a choice of refreshments throughout the morning. The atmosphere was relaxed and care staff chatted and joked with people while they supported them.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. The provider carried out checks to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service check were completed.

Good

Is the service effective?

Our findings

During our last inspection on 26 January 2016, we found that the menu planner was not completed daily and it was not routine to ask people about their preferred choice of meals. At this inspection, we found that improvements had been made.

Staff had weekly meetings with people who used the service to plan their meals and we saw records of these. Where people were unable to communicate verbally, staff used picture cards to enable them to choose the meals they liked. Staff told us they also used observation such as facial expression and eye contact where some people were unable to respond to the picture cards. A pictorial food planner was displayed in each of the unit's dining areas as well as a daily menu offering two choices.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. People told us that the food was good. Their comments included, "I like the chips and the salad", "The food is nice. I like chicken, custard and pizza. I tell them what I want to eat", "The food is nice. Yes I choose my food", "Sometimes we can choose the food." However one person stated, "Choice. I don't know about that." One relative stated that their family member was happy with the food and said, "We take her out for meals and she likes the meals at the home too." We spent time observing lunch and saw that staff were keen to involve people in choosing their meal. People were encouraged to do as much for themselves as they were able. For example, we saw two people going to the fridge and helping themselves to a yogurt of their choice, whilst another person helped themselves to a drink. One person was encouraged by the registered manager to take their plate to the sink and was praised.

At our last inspection, we recommended that the provider seeks relevant guidance to improve the environment in order to meet the needs of people with a learning disability and those living with the experience of dementia. At this inspection we saw that improvements had been made.

Some modernisation had been carried out, for example communal areas had been decorated and new flooring had been laid in bedrooms. Some bathrooms had been updated and we were told that the updating of other bathrooms was included in the budget. New furniture had been purchased and a person who used the service was delighted to show us their new bed. There were photographs of staff on duty in the reception area, and a colourful board displaying photographs of people and their keyworkers. A keyworker is a designated member of staff who has responsibility for one or a small group of people who use the service, and to be the first point of contact when liaising with them, their relatives and healthcare professionals. Items discussed included daily living, health, emotional needs and support, personal life and any changes identified. Bedroom doors were personalised with name plates and doors were visually signed to facilitate orientation for people living with a learning disability and those living with the experience of dementia.

The 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. At the time of our inspection, several people had their freedom restricted and we saw evidence that the registered manager had made applications for DoLS and had received authorisations from their local authority. We saw in people's care records that mental capacity assessments and best interest meetings had taken place. This meant that the provider had acted in accordance with the MCA and DoLS.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout our inspection. Staff had received training in the MCA 2005, and were able to describe some of its principles. We saw evidence in the care records we checked that people were consulted and consent was obtained. People or their representatives had signed the records indicating their consent to the care being provided. People's records included a section entitled 'Cognition'. This recorded in the person's perspective if they had capacity or not. For example, we saw the following statement in one record we looked at, 'I have good cognitive function and have capacity. I do not need a DoLS at present. Action plan: Management to apply for a DoLS if they have concerns regarding my capacity or cognition'. This had been reviewed on 23 January 2017.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular formal supervision from their line manager. This provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received an annual appraisal which provided a chance for them and their line manager to reflect on their performance and to identify any training needs.

People were supported by staff who had appropriate skills and experience and staff employed by the service were sufficiently trained to deliver care to the expected standard. Staff confirmed that they had received an induction when they started working for the service. This included training that the manager had identified as mandatory, and a period of shadowing more experienced staff. The subjects covering during the induction included safeguarding vulnerable adults, health and safety, infection control and moving and handling. Staff also received training specific to the needs of the people living at the service such as MCA and DoLS, dementia awareness, pressure area care, mental health awareness, epilepsy and challenging behaviour. All staff had achieved a National Vocational Qualification (NVQ) in care at level 2 or 3 and newer staff were introduced to the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care sitting. Training records confirmed that staff training was delivered regularly and refreshed annually.

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. This included referrals to the district nurses team, dentist or the optician. People told us they received visits from the GP and were supported to attend healthcare appointments when needed. Their comments included, "Sometimes I am poorly. The doctor comes here", "I go to the doctor when I am sick" and "I should have gone to the hospital for my knee, but I am a bit frightened. I suppose the staff will get the doctor here for me." One person told us they had recently got new glasses, another person said they had been to the dentist and a third person informed us they had seen the Speech And Language Therapy (SALT) person recently.

Healthcare appointments were recorded and planned ahead. The outcome of these was recorded in people's records and discussed in staff meetings. Care plans contained details about people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements, lifestyle and general information. One healthcare professional told us, "I think St Raphael's provides a safe and caring environment for their clients. They have always behaved in a very professional manner and I feel that they welcome the input of health professionals."

One healthcare professional told us that the service was always responsive to people's needs and said, "I provide two monthly consultations with the manager to discuss client/service issues. I have been impressed with [manager]'s person-centred approach and she has always been receptive to my comments and suggestions. I can also offer the same comments in relation to one of the team leaders, who I have found to be very professional, responsive and skilled at pre-empting problems, by thinking about what needs to happen for the people before it becomes a problem." Staff told us they were aware of people's healthcare needs and would know if they were unwell. This was demonstrated when we saw that a person who used the service was unwell and agitated. The registered manager had put in place one to one support and we saw that they were monitored and observed closely throughout the day. When their condition deteriorated, staff called 999 and offered support and reassurance to the person.

Good

Is the service caring?

Our findings

During our last inspection on 26 January 2016, we made a recommendation because we found that some staff did not always use accessible means to communicate with people who used the service and there was a lack of creativity in this area. At this inspection, we found that improvements had been made.

People and relatives were complimentary about the care and support they received. Some of people's comments included, "The staff help everybody", "The staff are kind", "I get the care I need", "I tell the staff when I am upset. They listen to me and take notice", "The staff are nice. They sleep here", "They make a fuss and cuddle me. They are my friends", "The staff are kind and caring. Definitely. The manager has a very good relationship with people. She was extremely supportive when mum died", "She is definitely a caring manager" and "Her keyworker is very good."

We observed all staff being caring and compassionate throughout the day of our inspection. Staff communicated with people in a respectful way taking into consideration their individual needs. For example, where a person had difficulty articulating their requests during mealtime, we saw staff listening attentively and giving them time to do this. Where people used a range of sounds and gestures to communicate their needs, staff clearly recognised and understood what was being communicated because they had built up a good relationship and knowledge of the person and how they chose to communicate their needs. We saw in a person's care record that communication needs were based on the person's individual needs and included, 'At times, some words need to be repeated in order for me to understand what you are saying to me' and 'My mother says that through patience and familiarity, you will get to know how I pronounce my words'.

Staff offered kind and compassionate care and support and were clearly aware of people's needs, routines and behaviour. We saw evidence of empathetic care. For example, we observed a person using the service becoming unwell during lunchtime. A member of staff held their hand and said, "I'm here. It's ok." They repeatedly offered reassurance and we saw the person visibly calming down. We saw another person in a distressed state, and witnessed a staff member putting their arm around the person's shoulder, speaking in a calm and comforting way and offering them a cup of tea. A person using the service became distressed about the mess created during their lunch. They were reassured with, "Don't worry, eat your lunch. We will clean up when you finish." Staff demonstrated an acute awareness of people's needs. One person was still asleep at lunchtime. We saw that staff allowed them to wake up in their own time and offered them lunch when they were ready.

The staff and the registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. One staff member told us, "It's important that people have a voice, that they feel listened to and respected." Staff we spoke with knew people well and were able to tell us their likes and dislikes.

All staff displayed a gentle and patient approach throughout the day when caring for people in the home. We observed that staff interacted with people kindly and appropriately, making eye contact, offering choices

and explaining what they were doing when assisting people. The manager and staff spoke respectfully about the people they cared for. People told us that staff respected and valued them and met their physical and emotional needs. Relatives we spoke with echoed this.

People looked well dressed and groomed and told us they were supported with their choice of clothing and hairstyles. Staff told us, and we saw evidence that they promoted people's independence and encouraged them to make daily decisions about the way they wished to live their lives. We saw a person who used the service hoovering and cleaning their bedroom. They told us they also did their own laundry every week and made their bed every morning. We saw that their care plan included, 'Carers to promote my independence by encouraging me to do as much as possible for myself'.

Care records were written in a respectful way and in the person's perspective. Each record took into account the person's feelings. For example, 'I have a tendency to worry about my [relative] if I haven't heard from him for a while. I need reassurance from those around me that he is ok and will come and visit soon'. The action recorded included 'Carers to ensure they maintain my family contact by sending seasonal cards and by telephone'.

The service supported people at the end of their lives including their choice of dying at home wherever possible. Where appropriate, people's last wishes were recorded in their care plans. We saw that a person receiving end of life care had an 'extra care' plan. This included what was important to them, such as how they wanted their funeral conducted. The registered manager told us they were introducing a 'When I die' booklet to support people to plan ahead and they would encourage and support everyone to complete these. The Frances Taylor Foundation offered a pastoral care service which people were able to access, including when they experienced traumatic events in their personal lives.

People's cultural and religious needs were recorded and met. This included a person who was Roman Catholic and was being supported to go to mass every week and who was receiving pastoral care support.

Everyone was positive about the service, staff and registered manager. The registered manager told us that most compliments they received were verbal, however we saw a written compliment which said, 'I just wanted to say a very big thank you for everything you did to make Tuesday such a special day in [person's] memory'. Everyone spoke highly of the kindness and compassion shown to people. A healthcare professional told us, "I have been involved with the care of the residents at St Raphael's since 2001. I have found the staff to be very compassionate and caring. They have a wide range of service users, some of whom can be very demanding. They do this with a very positive attitude and often go beyond the call of duty. I am very impressed by them as a home and have no concerns about the care they offer" and another said, "Whenever I have been there, clients have been treated with respect and kindness. I have never seen anything that has given me cause for concern."

Good

Is the service responsive?

Our findings

During our last inspection on 26 January 2016, we made a recommendation because there were no activity plans displayed in the home and some people were not supported to undertake activities of their choice. At this inspection, we saw that the provider had taken action and improvements had been made.

There was a large activities board displayed in the home highlighting every activity organised for each person. These were pictorial and included photographs of people, so they could refer to the board and understand what was planned at any one time. People told us they were consulted in the planning of activities and enjoyed a wide variety on offer. Their comments included, "Yes, hoovering. Sometimes we go out to the river. I go dancing, bowling, trampolining", "We do art with [staff name] on Wednesday, keep fit and dancing", "We go shopping. We walk. I go to church on Sundays", "I like drawing flowers and colouring", "Snooker, darts, also swimming once a week. Sometimes I try something new. I made something out of tissue paper. I do art on a Tuesday", "The manager is very good. She lets me watch late films, Big brother and Eastenders" and "I like bingo, watch a film, the music quiz." A relative stated that their family member enjoyed dot-to-dot, was taken on trips and was never bored. We saw recorded evidence that people had been consulted when a music session was being introduced, and saw that people had registered their interest. We also saw that the service had introduced a weekly 'sensory spa' session which we were told was a great success.

People living at the service were able and encouraged to undertake tasks such as laundry, cleaning their rooms and helping with cooking and serving meals, and we saw evidence of this throughout the day of our inspection. Staff had met with people to develop a rota of domestic activities for them to take part in, and people told us they enjoyed being involved and took pride in their work.

People and their representatives were involved in the development and review of their care plans and records we viewed confirmed this. Reviews were person-centred and involved a 'traffic light' system, to assist the person to decide if their support plan needed changing. The reviews were written in the person's perspective. One social care professional told us, "I review [person] yearly and have no concerns regarding the service. Her [relative] is actively involved with her care and always attends her yearly reviews and has my details." A healthcare professional echoed this and said, "They always behave in a very professional manner and I feel they welcome the input of health professionals."

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and there was evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. Care plans were clear and comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. These were available in an easy read format, using pictures. Each person's care plan included a 'one page profile'. This was a snapshot of the person and contained information such as, 'What people like and admire about me', 'What's important to me' and 'How best to support me'. Support plans were based on people's needs, abilities, likes, dislikes and preferences. They were split into sections which included medical information, emotions and cognition, culture and religion, eating and drinking and mobility and

sight. Each care plan we looked at contained a health action plan. This was a section which related to all aspects of the person's health including communication, medicines, dental, eyesight, hearing and mental health.

People's records contained a 'hospital passport'. This was a document which provided important information in the event of a hospital admission. This included the person's preferred name, GP and next-of-kin details, medical history, level of comprehension and ability to consent and any behavioural issues that may challenge or cause risks. These were regularly reviewed and updated and signed by the person who used the service. This showed that the service had taken steps to ensure that people's needs were met according to their needs and wishes.

Each person who used the service had their own 'person-centred planning' (PCP) book. This stated the person's background and what was important to them and for them, such as their friends and family and the support they needed to remain happy and healthy. The PCPs included 'What's working and not working for me', and an action plan to improve what had been identified as 'not working'. For example, a person who had weight related health issues had been supported by staff to attend a support group and had been provided with education about healthy foods. We saw a record stating that the person was delighted because they had lost weight.

There was some confusion among people when we asked them if they knew how to make a complaint. One person told us, "I don't know how to complain, I'd stay in my room" and another said, "I go to [staff member] when I'm unhappy." A relative told us they would go to the manager if they had a complaint and another was unsure about the complaints procedure. We discussed this with the registered manager who told us that all the relatives had been given a complaints procedure and this was also clearly displayed around the building. They told us they would raise this with people and relatives and remind them of the procedure.

The service had a complaints procedure in place and this was available to people who used the service and in an easy read format. We saw a copy of this displayed on the information board. A record was kept of all the complaints received. Each record contained the nature of the complaint, action taken and the outcome. We saw that complaints were taken seriously and responded to in a timely manner. For example, a relative told us that they had complained about the delay in the planned replacement of their family member's curtains, and told us that these had been replaced within the week.

People and their relatives were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. Results were analysed and actions were planned to improve the service based on feedback. We saw a comment which said, '[Family member] has and is still very happy at St Raphael's. We appreciate very much the care she receives. I have never had to complain." The result of the surveys was displayed in the home near the entrance for people to see, and included a pictorial version. These included 'Things you said that we done well', 'Things you said we could improve', and 'Looking forward' which outlined plans for improvements. For example, when staffing had been identified as needing improvement, a recruitment drive had been completed and staff were currently being trained.

Good

Is the service well-led?

Our findings

At our last inspection on 26 January 2016, we found a number of breaches of regulations in relation to person-centred care, safe care and treatment and leadership and governance of the service. At the inspection of 16 February 2017, we found that improvements had been made.

Audits were undertaken and were effective in identifying issues in relation to medicines management, health and safety and the environment. For example, keyworkers ran monthly sessions with people and completed a summary of these. These were signed by the staff member and where appropriate, the person using the service. The records of these were regularly audited by the registered manager. We saw evidence that where these had not been undertaken for three months, the registered manager had recorded this and had asked the staff member to produce them.

The provider carried out regular internal managers audits. We saw that one had been undertaken on 12 January 2017. These involved checks of care plans, service users' involvement, medicines, risk assessments, accidents and incidents, staff records and petty cash. General comments were recorded and recommendations and action plan completed. This included 'Petty cash to be counted and signed each day and consistency in completing monthly keyworker reports'.

The registered manager issued a monthly report to their service manager with detailed information about a range of areas such as staffing, repairs and maintenance, recruitment and issues relating to people who used the service. This indicated that there was a good communication system within the service which encouraged and valued the sharing of information.

People and relatives we spoke with were complimentary about the staff and the registered manager. They said they were approachable and friendly. People thought that the home was well managed and the staff worked well as a team. Their comments included, "The manager is nice. She lets me go for a walk with [staff member]", "Yes, there's good staff", "They're here to do some work. Yes they're doing a good job", "The manager sorted out the agency staff that didn't look after them as well" and "The manager is very nice."

Staff commented that they felt supported by the registered manager and were confident that they could raise concerns or queries at any time. Staff were very positive about their jobs and told us they felt supported. Their comments included, "The manager is very calm and relaxed. She has an open door, is very friendly and approachable. She deals with things the right way", "It's a good steady team. It's a friendly environment for both staff and residents" and "[Manager] is always available. Very supportive manager. She is very hands on. Senior managers are supportive too." One bank staff told us, "I am treated the same as permanent staff. I have the same opportunities for training. I feel that I am part of the team."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. We were told that there were regular meetings for people who used the service, and we saw evidence of these. Pictorial minutes of these were displayed on a large board. Items discussed in these meetings included staffing, activities and

any requests from people. In addition staff carried out regular unit meetings. Discussions included rotas, food shopping and health and safety.

There was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure.

There was also a notice board in the staff room which had information for staff. This included training courses, upcoming staff meetings and other relevant information.

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One social care professional told us, "I have had varied amounts of contact with St Raphael's in my role. Generally I have found them to be professional and they have a caring ethos ensuring that residents are treated well and any concerns are highlighted to my team."

The registered manager had been in post for four years and was supported by a director who was on site, a deputy manager, a team leader and a senior care worker. They held a recognised management qualification in health and social care. They told us they attended regular managers forums organised by the local authority and cascaded relevant information to their team during team meetings. This meant that the staff team were kept informed and up to date and showed that the registered manager encouraged effective communication and the sharing of information.

The service had received the 'Investors in People' award. This is an international recognised accreditation which defines what it takes to lead, support and manage people well within an organisation.

We saw that the provider organised fund raising events. These included bicycle rides, Macmillan coffee mornings and a garden fete.