

Rashot Ltd

Raola 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 responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 19 August 2015 and was unannounced. We carried out our last inspection on 17 November 2014 and found the service was breaching regulations in relation to safeguarding people from the risk of abuse, safe care and treatment, consent and person-centred care. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements and had addressed all areas

where improvement was needed. We found the provider had taken all the necessary action to improve the service in respect of the breaches and issues we found at our last inspection.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Raola House on our website at www.cqc.org.uk.

Raola House is a care home which provides care for up to six adults with learning disabilities. At the time of our visit, there were six people using the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

During the inspection we found the provider had taken the necessary action to improve in relation to the breaches we identified at our last inspection. Staff had received training in safeguarding and safeguarding issues were regularly discussed in staff meetings and staff supervision to increase their knowledge and awareness of how to keep people safe. Staff knew the appropriate action to take if they suspected abuse was taking place to protect people. The pan-London safeguarding policy which all London local authorities follow was accessible to staff in the home and the provider had their safeguarding policy in the home for staff to refer to.

The provider had reviewed and updated people's risk assessments and has included people's views so staff had sufficient detail to understand the particular risks to people and what they needed to do to protect them. This meant risks to people from receiving care that was unnecessarily restrictive to them or against their wishes, were minimised.

The service had ensured people's capacity to make decisions for themselves was assessed where appropriate. This meant that people were not receiving care that was unnecessarily restrictive or not in their best interests.

People and their relatives were involved in reviewing their care along with staff who worked closely with them. People's care plans contained information about the life histories as well as their likes and dislikes. This helped to ensure that people received care or support that took into account their individual views or preferences.

Care plans were personalised and contained information about people which was accurate and up to date. This helped to ensure people received personalised care that was responsive to their individual needs.

Personal information about people was kept securely which mean risk to their confidentiality being compromised was reduced.

Systems the provider used to address the shortfalls we identified at our last inspection have been reviewed and improved to make these more effective and to ensure the service was meeting the relevant legal requirements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to respond to suspected abuse and had received further training in this. How to keep people safe was also discussed in staff supervision and team meetings to maintain and update staff awareness. The pan-London safeguarding policy was available for staff to refer to as was the organisation's safeguarding policy which staff had read and understood.

People's risk assessments ensured risk management plans reflected people's views as well as details about why people were at risk.

Good



Is the service effective?

The service was effective.

The provider was acting in line with legal requirements to provide care in line with people's valid consent or in their best interests where they lacked capacity to consent.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and information about people was up to date and reliable for staff to refer to in caring for and supporting people. People's personal records were kept securely and people's views, life history and preferences were used to inform care plans.

Good



Is the service well-led?

The service was well-led.

Quality assurance systems in place were effective in improving the quality of the service in relation to the issues we found at our last inspection.

Good



Raola 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 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 was undertaken to check that the provider had made improvements to meet legal requirements after our 20 April 2015 inspection. We inspected the service against the five questions we ask about services: Is the

service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements previously.

This inspection took place on 19 August 2015 and was unannounced. It was carried out by one inspector.

We looked at five people's care plans, three staff files and other records relevant to the management of the service. We observed how staff carried out care and we spoke with two people who used the service. We also spoke with the registered manager, the deputy manager and two support workers.

Is the service safe?

Our findings

At the last inspection we found a breach of the legal requirement in relation to safeguarding people using the service. Staff were not able to locate the service's policy and procedure for safeguarding people from abuse and there was no copy of this at the home which meant staff may not be able to quickly access information about how to report suspected abuse. In addition, while most staff knew the appropriate action to take if they suspected abuse, one staff member did not. This meant not all staff were aware of the procedures for keeping people as safe as possible. The provider sent an action plan to us setting out the action they would take to meet this legal requirement by the end of July 2015.

At this inspection we found the service had taken the necessary action to improve. Staff knew the appropriate procedure to report abuse, as well as the signs people may be being abused. The management staff had discussed safeguarding at team meetings and had included this topic as a standing item in all staff supervision to increase their awareness and understanding of this topic. In addition, staff were able to show us where the safeguarding procedure was and we saw staff had signed to say they had read and understood this policy.

At the previous inspection we also found risk assessments about specific risks to people were not always individualised and for some assessments there was no evidence that people's history and abilities had been taken into account. In their action plan the provider told us the action they would take and that they would meet the legal requirement in relation to risks management by the end of July 2015.

At this inspection we found the service had reviewed people's risk assessments to include their histories and abilities. Risk assessments reflected people's views and our discussion with people confirmed these views had been recorded accurately. For example, one person's risk assessment discussed their road safety awareness and the person's preference to be accompanied in the community with staff to stay safe. The person confirmed this was true. They told us "I like to have staff with me." Another person told us, "I never want to go out without staff" and their risk assessments also reflected this.

The risks to people of financial abuse were reflected in their care plans. These explained the risks to each person and how staff should support each person to manage the risks. There were no related risk assessments in place for people, although when we raised this with the deputy manager they told us they would put these in place to ensure the risks were sufficiently assessed and managed. The care plans also referred staff to the service's policy on managing people's finances. These also described other measures, which were taken to protect people, such as auditing their finances, and records confirmed these audits took place. This meant the service had arrangements in place to support people to manage their finances.

Other risk assessments had been reviewed to include the reasons why people required support to use particular kitchen equipment or appliances, such as manual dexterity or awareness of safety issues. This meant there was information available for staff to follow to support people to take positive risks.

Is the service effective?

Our findings

The provider helped to safeguard people's rights because they have taken action to make sure that care and treatment was provided to people according to their consent or if they could not give consent, in their best interests. At the last inspection there was no evidence the provider had carried out assessments of people's mental capacity to confirm people lacked the capacity to consent to certain restrictions on their liberty. The provider sent us their action plan and told us they would meet this legal requirement by the end of July 2015. At this inspection we found the provider had taken the necessary action to become compliant.

We found applications to assess and authorise deprivation of liberty for four people had been processed and agreed by the local authority and timescales for reviewing these had been set. An independent mental capacity advocate (IMCA) had carried out assessments of people's mental capacity in relation to certain decisions about staying safe. Where they found people lacked capacity and the restrictions on some people amounted to a deprivation of liberty these applications were authorised. Staff understood the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS) and how they applied to their role in supporting people.

Is the service responsive?

Our findings

At the last inspection we found people were at risk of receiving inappropriate care or support because of a lack of personalised care planning and risk management. This was because we found that some information had been copied between different people's care plans that did not always correspond with their assessed strengths and needs, such as in relation to road safety awareness. In addition information about people's personal life histories, including family history, hobbies, education or employment was lacking. This meant the planned care may not have been appropriately personalised, taking into account people's experiences. Lastly, we found care plans did not contain any evidence people had been involved in the assessments of their needs or in developing their care plans when they first started using the service. People's views or those of their representatives, about how they wished to have their care delivered were not documented. This meant there was a risk that people were not receiving care in line with their preferences and views. The provider wrote to us with their action plan setting out how they would meet this legal requirement by the end of July 2015.

At this inspection we found the provider had taken the action they set out in their action plan and was meeting the

relevant legal requirement. They had reviewed people's care plans to ensure information in them was accurate and reflected that person's particular strengths and needs. The service had also collected information about people's backgrounds through talking with them or their relatives and had summarised this into a one or two page document kept within their care folder for staff to refer to. This document was in place for all people except one and the deputy manager told us it had taken longer than anticipated to obtain the necessary information but it would be completed in the next two weeks.

No new people had begun using the service so we were unable to determine whether the service would involve people in assessments of their needs or in developing their care plans initially. However, the provider has started to arrange meetings every three months with people, their family and keyworker. At this meeting people's care was reviewed and their views were documented and action taken where necessary to ensure people's care was in line with their preferences. People who were able to write had been encouraged to write down their own life histories as well as information about their likes and dislikes. People's views on the risk management measures as part of their risk assessments were also recorded. In these ways the service involved people in their care.

Is the service well-led?

Our findings

At the last inspection we found that systems were in place to monitor, assess and improve the service were not always effective because they did not identify the issues we found in relation to risk assessments, capacity and consent and safeguarding. At this inspection we found the provider had taken the necessary action to improve in relation to the issues we identified and systems to regularly monitor the service in relation to these issues, as well as other issues,

were in place. These systems included quality checks twice a year and reviewing all aspects of the service as well as regular reviews of care plans, risk assessments and staff training.

At the last inspection we also observed that some people's personal records, such as care plans, were kept in a room that was unlocked and this may compromise their confidentiality. During this inspection staff confirmed the room was kept locked if staff were not present and we observed this to be the case. However, the deputy manager told us they were considering obtaining lockable filing cabinets to keep confidential information in as an extra precaution in relation to data protection.