

Raleigh House Ltd

Raleigh 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

About the service

Raleigh House is a residential care home providing accommodation and personal care. The home accommodates up to four people in one house. At the time of our inspection four people with learning disabilities were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received their medicines as prescribed. The provider assessed risks to people and took action to reduce these risks. Staff followed best practice in relation to infection control. There were enough staff to support people safely and people received care at the agreed times.

People received the support they needed to maintain their day to day health and in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received the training and support they needed to understand and meet people's needs.

Staff cared for people with kindness, dignity and respect and involved them in their care. People received consistency of care from staff who knew them well. People's care was personalised to meet their needs and preferences. Staff supported people to access a wide range of activities they were interested in and annual holidays. Staff understood people's communication needs. The provider had a suitable process in place to respond to any concerns or complaints.

Two experienced registered managers were in post, one of whom was also a director of the company. Relatives and staff told us the service was well-led and the provider engaged well with them. The provider had sufficient oversight of the service, working alongside staff every day to check high standards were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published January 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Raleigh House

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Raleigh House is a residential care home that provides accommodation and personal care for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two registered managers. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with one of the registered managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people using the service and observed interactions of staff with people as their verbal communication was limited. We spoke with one of the registered manager and two care workers. We reviewed two people's care records, medicines records, one staff file, audits and other records about the management of the service. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Our checks of medicines stocks and records showed people received their medicines as prescribed and staff recorded medicines administration appropriately.
- Staff received training in the safe management of medicines. The provider checked staff remained competent to administer medicines during annual assessments.

Staffing and recruitment

- Relatives told us there were enough staff and staff confirmed this. We saw there were enough staff to care for people safely during our inspection.
- Rotas showed enough staff were allocated to support people each day.
- The provider told us they had not recruited any new staff since our last inspection so we did not check the recruitment of staff. At the last inspection we found suitable recruitment processes were followed.

Preventing and controlling infection

- Staff received training in infection control and our discussions with staff showed they understood safe infection control practices.
- Suitable infection control practices were followed in relation to food safety.
- The service was clean and staff followed a schedule to maintain standards. A relative told us, "It's so clean, there are never any smells."

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and put guidance in place for staff to follow where risks were identified. This has helped to keep people safe and minimise potential hazards.
- The provider reviewed people's risk assessments each year or more often if their needs changed.
- Staff understood risks relating to individuals and how to keep people safe.
- The provider managed risks relating to the premises with regular safety checks and assessments.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received safeguarding training and understood their responsibilities to safeguard people.
- The provider understood their role in responding to any allegations of abuse, although there had been no allegations of abuse since our last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills, and experience

- Staff received training to help them understand people's needs and to meet them more effectively. Relatives told us staff they found staff to be knowledgeable about people and staff told us the training helped them understand their role.
- Staff received regular supervision with their line manager to review people's needs and their training needs. Staff also received an annual appraisal to review their performance.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives, access healthcare services and support

- The provider assessed people's needs before they began receiving care from the service and reassessed people's needs each year with social services. This ensured people's care continued to be effective.
- Staff understood people's day to day healthcare needs and supported them to see the healthcare professionals they needed, with full annual health checks, in line with their care plans. A relative told us, "When there's the slightest concern they get the doctor in and make sure it's seen to."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff knew people's food preferences from working with them for many years and people received food of their choice.
- Staff followed appropriate y guidance from professionals regarding people's eating and drinking needs and this guidance was recorded in care plans for staff to follow.
- Staff monitored people's weight and BMI and took action if there were any concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff received training in the MCA and understood their responsibilities in relation to the this.
- The provider told us they would assess people's capacity in relation to their care where necessary and hold meetings to make decisions in people's best interests.
- The provider had applied to the local authority to deprive people of their liberty and had been awaiting a review for some time.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- Although people could not always share their views and experiences, relatives confirmed people were well treated and were happy at Raleigh House. A relative told us, "It's extremely good care and staff are very caring."
- We saw staff treating people with kindness and people looked comfortable with staff.
- People received consistency of care as most staff had worked with them for many years. Staff knew people very well.
- Staff enjoyed caring for people and they understood and respected people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care, including decisions about when and how they received personal care, choice of clothes and food. Staff did this through understanding people's preferences and how people communicated their wishes.
- People's usual preferences about the care they received were recorded in their care plans for staff to follow and were kept under review.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and cared for them in a way which maintained their dignity and privacy, such as closing doors and curtains when providing personal care.
- Staff encouraged people to maintain their independent living skills. People were involved in household chores as much as they were able and some enjoyed weekly baking sessions. Some people studied daily living skills at college each week.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and to give them choice and control

- People's care was personalised to meet their needs and preferences. A relative told us, "It's fabulous, they're so good with [my family member]."
- People were supported to engage in a wide range of activities they were interested in most days of the week and they also had annual holidays to places of interest.
- People's care plans were sufficiently detailed, up to date and reflected the care they wanted.
- People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was adhering to the Accessible Information Standard principles. The provider recorded details of any communication impairments and people's preferred methods of communicating and staff understood these well.
- Staff understood people's communication needs. A relative told us, "Staff understand [my family member] really well. [Named care worker] can understand him better than I can!" The provider could provide information in alternative formats if necessary.

Improving care quality in response to complaints or concerns

- The service had a suitable complaints process in place, although they had not received any complaints since our last inspection.
- Relatives had confidence the provider would respond appropriately if they had to raise any concerns or complaints. One relative told us, "It's rare there is an issue. If there is the registered manager is very ready to resolve it and help us with anything."

End of life care and support

- Care plans contained limited information about people's end of life care, but there were funeral plans were in place for people. The provider told us they would look into end of life care planning so people received the care they wanted at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The registered managers worked alongside staff and oversaw the service to check standards of care and the premises remained high.
- The service was led by two experienced registered managers, one of whom was also a director of the company. Relatives and staff were positive about the leadership and management of the service.
- The provider displayed the rating awarded at their last CQC inspection at the service. This was important as it helps inform people about the quality and safety of the service.
- The provider submitted notifications of significant incidents to CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider planned people's care openly and in partnership with them as far as possible and others involved in their care. This ensured care was centred on individual needs. The provider checked people's care continued to meet their needs through annual review meetings.
- The provider had systems to involve people and their relatives in any investigations if things went wrong, although this had not been necessary since our last inspection.
- The provider held regular staff meetings where they engaged and communicated with staff about service developments. Staff told us these meetings were useful and the provider listened to any suggestions they made.

Working in partnership with others

- The provider communicated well with external health and social care professionals, including review and monitoring officers from the local authority, to ensure people received the care they needed.