

Leeds City Council

Raynel Drive

Inspection report

9 Raynel Drive
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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 

Overall summary

This was an announced inspection carried out on the 11 February 2015. At the last inspection in April 2014 we found the provider met the regulations we looked at.

Raynel Drive provides 24 hour personal care and support for up to five people who have learning disabilities and complex needs. The care provided is short term. The home had a registered manager. 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.

At this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

Summary of findings

The service met the requirements of the Deprivation of Liberty safeguards.

Care was personalised and people were well supported. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People received good support to make sure their nutritional and health needs were appropriately met.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service provision. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly.

People had access to activities that were provided both in-house and in the community. One person told us they had been to the training centre and they were going shopping on the day of our inspection.

We observed good interactions between staff and people who used the service and the atmosphere was happy, relaxed and inclusive. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. These ensured actions were completed to improve service delivery.

We saw a complaints procedure was displayed in the home. This provided information on the action to take if someone wished to make a complaint.

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.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

People's medicines were managed consistently and safely.

Good



Is the service effective?

The service was effective in meeting people's needs.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

Staff understood how to support people who lacked capacity to make decisions.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



Is the service caring?

The service was caring.

People told us they were very happy with the care and support they received. The staff we spoke with had a good understanding of the people's care and support needs and knew people well. One person told us, "We all like one another and have a good laugh together."

People looked well cared for and were very comfortable in their home.

Good



Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and their relatives. We saw people's plans had been updated regularly and when there were any changes in their care and support needs these had been addressed.

People were involved in activities in accordance with their needs and preferences.

Systems were in place to respond to concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

Raynel Drive

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

This inspection took place on 11 February 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

At the time of this inspection four people were staying at the home. During our visit we spoke with three members of staff, the registered manager and two people staying at the

home. Others who used the service were unable to tell us about their experience of living at the home. We spent some time observing care and support in the dining room and lounge area. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care, support and the management of the home. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the home. We contacted Healthwatch to obtain any relevant information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person said, "I like coming here, Its good." Another said, "I have friends here."

People who stayed at Raynel Drive were safeguarded from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. Staff we spoke with told us they had received training and they knew what to do if abuse or harm happened or if they witnessed it.

There were risk assessments in place, to cover activities and health and safety issues, including, moving and handling and use of public transport for community activities. The risk assessments were supported by plans of care which detailed how staff should respond to any issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions we found there were enough staff with the right experience to meet the needs of the people staying at the home. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people who were staying at the service. Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support.

We saw the home followed safe recruitment practices. We looked at the recruitment records for two staff members. We found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, interview records, evidence of identification, references received and evidence that a criminal record check had been completed in the staff files we looked at.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. People's support plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely, and the records we looked at confirmed this.

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with photographs and ornaments, to assist people to feel at home.

Is the service effective?

Our findings

The staff we spoke with demonstrated a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the key requirements of the Mental Capacity Act 2005 (MCA). They talked about considering people's capacity to make particular decisions and legal requirements when they supported people who did not have the mental capacity to make decisions for themselves. They were aware that any decisions had to be in the person's best interests.

Staff we spoke with confirmed they had regular supervision which gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed that each member of staff had received supervision on a regular basis. We saw staff had received an annual appraisal in 2014.

Staff we spoke with told us they were well supported by peers and management. They said they received training that equipped them to carry out their work effectively. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included person centred support, fire safety, infection control and medication.

We observed the tea time meal in the dining room and saw people were not rushed and they were given time to eat their meal. We noted the atmosphere was calm and

relaxed. We observed staff working as a team to help support people to eat their meal. People sometimes had different meals and staff explained these were based on each person's needs and preferences. People's care records confirmed this.

People's health needs were assessed and met. People had hospital passports which contained information to inform health professionals

We asked staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. The staff told us they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout the visit we saw staff treated people with respect by addressing them by their preferred name and always asked people their preferences and consent when they offered support. This demonstrated to us that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We saw that people had the ability to influence the food served at the home. For example, people were involved in menu planning and wherever possible went with their support worker to the local shop or supermarket to purchase food. We saw that each person had a food record book which recorded all food eaten. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

Is the service caring?

Our findings

Some people staying at the home had difficulty communicating verbally but our observations indicated people were happy with the care and support they received. One person told us, "I really enjoy going out with my support worker, we have a laugh and have a good time".

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedroom and making sure curtains were closed when supporting people with personal care. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life.

We saw that all care plans and documents relating to individual people were securely stored thereby providing a good degree of confidentiality.

Throughout the day there was a very pleasant and calm atmosphere. We observed care in the dining room and lounge area and saw people received very good support and enjoyed the company of staff. People received person centred care, were relaxed and engaged in different activities. Staff were caring when they provided assistance and demonstrated a kind and compassionate approach. There was a good balance between giving people their own space and making sure they were comfortable and happy.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, "Here is exceptional we provide excellent care. Everyone works very similar and I'm very proud to work here."

Is the service responsive?

Our findings

The staff we spoke with told us the daily routines of the home were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people moved into the home detailed assessments took place which ensured people's independence was maintained.

We found people's needs had been assessed. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis.

Each person's records included a daily record of care and support given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by the staff participating in that person's care.

The staff we spoke with told us they had input in to the care planning process system and used the care plans as working documents. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We spoke with two people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities. Their individual care plans recorded these events and the resulting therapeutic benefits. This showed that people were actively encouraged to participate in a range of appropriate social, educational and leisure activities.

Staff were very knowledgeable about people's needs. They were able to explain what care and support was required for each individual.

We looked at the complaints policy which was available to people who stayed at the home and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with two members of staff who was able to tell us how they would support people to make a complaint.

The registered manager told us they had no ongoing complaints. They told us people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

The people told us they had no complaints about the service but knew who they should complain to. We saw the complaints procedure was on display within the home.

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and said they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, "We all work very closely together and try hard to make sure everyone has a good time here."

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

Records showed there were effective systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. We saw investigations were thorough and action plans were in place to address any shortfalls. This helped ensure any trends were identified and acted upon.

The registered manager told us they completed a number of weekly and monthly checks. We saw the quarterly audit for November to January 2015 which included sections to check if the service provided was caring, effective,

responsive, safe and well-led. A number of weekly and monthly audits were completed which included medication and health and safety. A comprehensive action plan was created and identified actions were monitored by the registered manager.

The registered manager told us a weekly service review was carried out which included accident, incidents, staffing and complaints. This was reviewed by the provider's internal quality team and feedback was given to the registered manager if necessary. Where actions had been identified these were added to the overall quality action plan.

A yearly quality service review had been carried out for 2014 which included the views of people living at the home, relatives, friends and staff. This asked people what was working well and what was not working as well. Identified actions were added to the quarterly quality action plan. The provider's internal quality team carried out an annual check of the service.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the staff meeting minutes for December 2014 and discussions included the quality action plan, dignity champion, safeguarding and infection control. We also saw key worker meetings were held monthly between staff members and people staying at the home.