Ranmore House

Ranmore 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

Ranmore House is a privately owned home registered to provide accommodation and support for up to 5 people who have a learning disability, including autism or epilepsy. On the day of our inspection five people were receiving care and support.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was responsible for two locations and was working at the other location during our visit. The deputy manager was present for the duration of the inspection.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

People were protected from harm and had assessments in place for identified risks. The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

Staff supported people to keep healthy by providing people with a range of nutritious foods. People were supported to be involved in the menu planning and their shopping.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful to them. People planned their day with help from staff and this was flexible depending on how people felt or what activities were available.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were undertaken in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

There were sufficient numbers of staff on duty to meet people's needs and support their activities. Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager had good management oversight of the home.

The registered manager undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place to manage this.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.
how the service is run.'

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people in a way they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the management team to help ensure the care provided was of good quality.

People were supported whenever possible to be involved in the running of the home.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

Ranmore House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This was an unannounced inspection that took place on the 22 February 2017.The inspection was carried out by one inspector who had experience in adult social care and learning disabilities.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We did not ask the provider to complete 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 met and spoke with all five people living in Ranmore House. Two people were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to two relatives and one healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager, three members of staff and the partner in the business who manages the sister home. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

Good

Is the service safe?

Our findings

People felt safe living at Ranmore House. One person said "Of course it's safe here." Another person said "Yes I am safe here."

At our last inspection people were not always protected from harm because they lived in an environment that was not well maintained to keep them safe. Following that inspection the provider sent us an action plan telling us how they were going to make improvements in order to keep people safe. At this inspection the risks we had identified had been addressed and people lived in a safe environment.

People were kept safe because the risk of harm had been assessed. Risk assessments supported people to reach their personal goals while minimising any risk to their personal safety. For example eating and drinking, managing behaviour that challenged, epilepsy management and awareness and risk for people when they used community facilities. Guidance had been put in place for staff to follow to reduce these risks. For example how many staff were required for individual people when going out and signs or triggers that might indicate when it was not appropriate for the person to undertake an activity. Risk assessments were reviewed and updated accordingly. For example following a health and safety assessment it was not safe for a person to continue with a particular kind of work and an alternative job was offered which they agreed.

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to a senior member of staff or the provider. Another member of staff said "I can always call a manager if I needed to report a safeguarding incident." An information leaflet 'Stop abuse now' was displayed with relevant contact details so people and staff could report concerns if they needed to. Staff told us they were aware of the whistleblowing policy and they would use this to report any general concerns they had about the home. One person said "If I was not happy about something I would report this."

People's medicines were managed and given safely. Medicines were safely stored in a locked cupboard secured to the wall. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked annually by the registered manager to ensure they followed best practice to keep people safe. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed.

There was clear guidance for staff to follow around the safe administration of insulin. This included a self-administration plan and guidance to keep the person safe. People who stayed away from the home visiting friends or family had a 'home medicines log' which enabled staff to keep a check that medicines were not missed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

People were safe because there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. We were told by the registered manager there were usually two staff and a manager or team leader on duty during the day but this was flexible depending on what activities or events were planned on any one day. One staff work during the night. Staff duty rotas confirmed that the appropriate number of staff had been in the home to support people for the previous month. Staff supported people throughout the inspection to attend appointments, go swimming and shopping and with general chores within the home. People did not have to wait for attention.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example a person had changing mobility needs and they had the support of additional staff when they went out to keep them safe and prevent them from hurting themselves.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The deputy manage told us people could go home to family or use the sister home in Epsom if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was thorough to ensure they had the skills learnt to support people effectively. This included shadowing more experienced staff to get to know more about the people they cared for and for safe working practice. Staff were trained before they started to support people and received regular ongoing training to ensure their skills were kept up to date. Staff told us they received training regularly and that they were up to date with their mandatory training. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "We get lots of training here." Another member of staff said "I have done an NVQ level 3 in social care and enjoyed it." Another member of staff was undertaking level NVQ 5 and said this was supporting them in their team leader role.

At our last inspection staff were not receiving regular supervision. The provider sent us an action plan telling us the improvements they had made in order to ensure people were receiving support from staff who were supervised.
Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. We saw records showed us all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for individual decisions. One person required specific support for dental treatment, another for going out and another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone or when someone required additional support to manage their clothing to prevent them from tearing this.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and

choice of food and drinks available to them. One person said "The food is good here and I like roast chicken best." Another person said "I enjoy my food." The registered manager told us the staff helped people to plan a menu that people liked. They had house meetings so people could discuss the menus together. Menus were displayed in the dining area which showed people what was on the menu that day. However everyone had a choice of food and people chose a variety of food for lunch which included sausage rolls, soup, sandwiches and crisps. They were also offered a variety of hot and cold drinks. The main meal was served in the evening. One person said "We are mostly out and about during the day so that suites us better." People were able to go shopping for the food with staff. Staff supported people who were able to prepare food. A person was planning their tea party menu and staff were supporting them to write this in their diary so everyone was aware of their choice of food.

People liked to eat out occasionally and also had the opportunity to have take away meals. People had access to snacks and drinks throughout the day and jugs of fruit juice were available for people to help themselves.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.
There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to.
Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.
When people's health needs had changed appropriate referrals were made to specialists for support. For example a person had been for an occupational therapy assessment to manage their increased mobility needs. The service also had the support of the community learning disability team, district nurses and specialist advice to support people living diabetes.

Good

Is the service caring?

Our findings

Staff were caring and kind and interacted well with people. They were knowledgeable about people's needs and preferences and supported people in a way they liked. People were positive about the caring nature of staff. One person said "Staff are nice and kind to me." Another person communicated to us using signs and some words to tell us they were happy living in Ranmore House." Another person said "This is a relaxing place to be."
Relatives were complimentary about the home and the staff. One relative said "The staff are like an extended family. The care shown to my relative is excellent."

At our last inspection the environment people lived in did not always promote people's dignity and respect. The provider sent us an action plan telling us how they would become compliant in meeting people's dignity and respect.

Staff promoted people's privacy, dignity and respect. Staff ensured people's permission was given before going into their rooms. We also saw staff knock on people's doors before they entered. We heard staff address people appropriately and called them by their preferred name. When someone needed to use the bathroom staff encouraged them to close the door so as to preserve their privacy. Personal care was undertaken behind closed doors and staff said they would always make sure of this. Someone needed to discuss something relating to a personal matter and the staff encouraged them to do this in private. This was done discretely and sensitively which meant the person's dignity and privacy was respected.

People received good care from a staff team that worked in the home on a permanent basis and there was a trusting relationship between people and staff. A relative told us "It is so reassuring to see the same staff when I visit. They know people well and that is so important particularly for my relative who does not like change." People looked relaxed and there was a caring and confident atmosphere in the home. Staff communicated effectively with people and listened to what they said. They supported one person to communicate using gestures and signs which was meaningful to them, and they were able to make themselves understood. Another person used a diary to remember things that were said and another person has special words to express themselves which all staff were aware of. This was also contained in their communication plan for reference. One person made contact with their relative through the home's I pad system and the registered manager showed us how skype meant they could maintain contact with family members.

People were well cared for and wore appropriate clothing and footwear. Their hair was neatly combed and arrangement were made for people to visit a hairdresser when they wanted to. One person spoke highly of their barber and said "I love going there." People were addressed by their preferred name and they all wished to be known by their first name.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. One person said "I am retired now and

that was my choice." A member of staff told us they were working together with that person in order to provide an updated plan to prevent them from becoming board whilst providing stimulation of their choice. People told us they were consulted regarding their preferences. One member of staff told us some people like to keep to a set routine. For example they like to eat their meals in a specific place and like to use a particular bathroom for personal care. "We are all aware of this and know that people can become upset if any sudden changed to their routine ae made. The registered manager could see someone had become agitated by our presence and was able to provide that person with an activity until a member of staff was free to take this person out for a walk to the shops. This meant that the minimum upset was caused to those person and they returned smiling and contented.

Three people's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. The registered manage was able to provide us with an improvement plan on how they had been working with people to enhance their personal space since the last inspection. People who were able were supported by staff to clean their room and change their bedding promoting independence. They were also supported with their laundry and to put their clean clothing away.

People's spiritual needs were met. Staff supported people to attend church on Sunday when they wanted to. One person was supported by staff and an advocate to prepare for a pilgrimage. They helped them to make an application for a passport in order that they could travel with the church.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also.

Once people moved into the home the provider developed a care plan together with the person using the service, other relevant health care professionals and information gathered from the pre admission needs assessment. Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, which were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans. One relative told us "They are so good at keeping us informed of any change and we are able to attend care reviews which is important to my relative and us."

People had individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. People were supported with their activities which included shopping, trips out, walks to the local shops, swimming and attending a weekly social club. The service provided transport in order that people could attend their activities. People were also supported to use public transport to promote their independence. Individual activities were also arranged within the home. A trampoline was provided for someone who enjoyed using this daily and a sensory room also promoted relaxation and stimulation for people. Holidays were arranged and people said they were going on holiday later in the year. One person told us they liked going to holiday camps as there was plenty to do. Family links were maintained and some people were able to go home and spend time with their relatives when appropriate or go on family holidays. A relative said "They are good to keep in touch."

People were supported to participate in house meetings to air their views and discuss issues that may arise within the service. This may include planning group events, talking about new menus and food. People were encouraged to be involved in these meetings even for a few minutes depending on their concentration span.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the manager. I told them about someone who was being annoying and they listened and fixed it." A relative said they would feel confident making a complaint as they knew this would be managed well

There was a complaints procedure available for people. This gave information to people on how to make a

complaint. The procedures was written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received no complaints about the home in the last 12 months. Staff was aware of the complaints procedure.

Relatives meetings did not take place. Relatives said they were included in decisions about their family members but these were not formal meetings.

Good

Is the service well-led?

Our findings

People told us they were happy with the home and the way the home was managed. One person said "I enjoy living here and everything is fine." Another person said "Ya its good here and I like everyone." Staff were confident in their roles and felt supported by the management arrangements in place. There was a registered manager in post and they were supported by the deputy manager and team leader. One member of staff said "I like working here and get all the support I need to do my job." Another member of staff said "I enjoy coming to work and like working here."

Staff worked together as a team and there was an open culture of support and communication between them. They had a good understanding of what the service was about and their role in providing a kind and caring environment where people could live as independently as possible.

At our last inspection we found the provider was not compliant in the way records were managed and maintained. The provider sent us an action plan telling us how they planned to become compliant. At this inspection records management had improved and showed the management of quality auditing was effective in identifying issues and acting on these. This included an improved maintenance programme.

The partner in the company made frequent visits to ensure people and staff were happy and they were providing a good service for people. They had recently undertaken a quality audit to monitor service provision and make improvements. These visits included talking to people, looking at care records, monitoring the premises and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit. Actions identified included repair to bathroom tiles and the replace a light fitting in the communal area.

The registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. This ensured people's health and welfare was being monitored and updated to drive improvement and promote best practice.

The registered manage also told annual reviews of care were undertake by the local authorities and these were used alongside quality assurance processes to drive improvement in the home.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

Staff were involved in how the home was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. These were generally positive and included items like staff cover for people's holidays.
The last staff meeting was November 2016 and an action plan was discussed foe the person who had recently retired.

The registered manager told us part of the business plan for the next six months was to identify rooms that needed redecorating. They said this would be undertaken while people were on holiday to minimise the disruption to people.

Relatives were encouraged to give their feedback about the home. The recent survey completed by relatives was positive and included comments for example "I am very happy with the standard of care provided." "The staff are always cheerful and helpful." "I am very reassured with the support offered, it may not be the Ritz but it's their home."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.