

Aspire Community Benefit Society Limited

Raynel Drive

Inspection report

9 Raynel Drive
Cookridge
Leeds
West Yorkshire
LS16 6BS

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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

A comprehensive inspection of Raynel Drive, took place on 3 and 4 December 2018. This inspection was announced.

Raynel Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service was developed and designed many years ago. However, the provider was working towards ensuring the service is in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Raynel Drive is a short break residential care service which aims to provide a holiday style atmosphere for up to five people who have a learning disability. Accommodation is a house with five bedrooms and bathroom facilities. Communal lounges, kitchen and dining areas are provided.

During our inspection there were four people staying at the respite service. The PIR received from the provider PIR said 54 people accessed the respite services within a 12-month period. At our last inspection the service was rated as good. At this inspection, we found the service remained good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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 robust systems and procedures in place to keep people safe. Staff were competent in their knowledge of what constituted abuse and how to safeguard people. There was a whistleblowing policy in place and staff knew how to raise concerns should this be required.

Medicines were managed effectively and they were stored correctly in line with the provider's policy. 'As required' medicines were administered when needed.

Risk assessments had been completed and reviewed regularly. Accidents and incidents were managed effectively and action taken to prevent future risks.

Staffing levels were sufficient to meet people's needs and robust recruitment processes were in place to ensure people were of suitable character. Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs. Staff were supported with regular supervisions and appraisals.

Health and safety checks were completed regularly and staff followed the providers procedures for infection control.

Staff were aware of people's nutritional needs and we found people were offered choices about their food preferences. People also received appropriate support from staff to maintain their health and wellbeing.

The provider followed their legal obligations under the Mental Capacity Act 2005 (MCA) and implemented best practice guidance relating to capacity assessments and Deprivation of Liberty Safeguards (DoLS) applications were made.

Staff were caring, kind and respected peoples wishes. We saw people were encouraged to remain as independent as possible and alternative communications were used to allow people to make choices about their care. People's privacy and dignity was respected. Staff knocked on people's doors before entering and respected peoples wishes when providing care.

Pre-admission assessments were carried out before peoples stay to ensure their needs could be met. Care plans were person centred and reviewed regularly or when people's needs changed. Care plans included people's preferences, likes and dislikes.

People accessing the service were supported to participate in activities, to prevent social isolation. The provider had a car which meant people could do activities outside of the local area and facilitated further choice.

The manager and team leader were honest and open. Staff told us they felt supported and felt confident to raise any concerns. Complaints were managed and actions taken to prevent future occurrences.

Regular meetings took place with people, staff and management within the provider's company to obtain feedback and inform people of changes within the organisation.

The provider carried out audits to ensure quality assurance checks had been completed. This meant the provider had oversight of what was happening at the respite service. A customer involvement officer attended the service regularly to gather people's views and ensure actions were taken to improve the quality of care being provided.

Further information is in the detailed findings below.

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 ●

This service remains Good.

Is the service effective?

Good ●

This service remains Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Good ●

This service remains Good.

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 comprehensive inspection took place on 3 and 4 December 2018. We gave the service two days' notice of our first visit to the office on 3 December 2018 because we needed to be sure someone would be available to assist us with the inspection. We made telephone calls to staff on 4 December 2018.

The inspection was carried out by one inspector.

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually 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, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection, we spoke with three people who used the service, the registered manager, support leader, and two care workers. We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality of the service. We visited two people in their own homes and observed care staff providing support and interacting with them.

Is the service safe?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People told us they felt safe, comments included, "Everything is ok. I feel safe" and "Yes (feel safe)." The service had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse. Staff were aware of the different types of abuse and a safeguarding policy was in place with clear instructions for staff to follow, should this be required. The provider also had a whistleblowing policy. Staff told us they felt confident to raise any concerns and they would be dealt with appropriately by management. Staff told us, "If someone came in with a bruise or anything out of the ordinary I would speak to a manager" and "If something happened I would inform management."

Risk assessments were in place for those people that required them or when people's needs changed. We found the provider sought to keep people safe in the least restrictive way. For example, a person with epilepsy required observation to ensure their safety. At night, staff used a sensor mat on the person's bed, which alerted staff if they had a seizure. This enabled staff to manage the risk whilst maintaining the person's privacy, rather than disturbing them at night, with checks by staff. Accidents and incidents were managed effectively with actions taken to prevent future risks.

Staffing levels were sufficient and the rota's confirmed this. One staff member said, "Oh yes definitely. There are enough staff to do things with people, activities and help with support." The registered manager told us staffing levels often changed due to dependency levels. For example, some people accessing respite care required one to one support from staff and that meant additional staff would be allocated for the person's stay. The manager said this was to ensure the quality of care always remained the same.

Staff recruitment checks were carried out. We checked three staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Medicines were managed safely and people told us they received their medicines as prescribed. Some people were prescribed "as required" medicines. We saw protocols were in place to inform staff when people may need their medicines. For example, one person had a plan for staff to follow when they had a seizure. This included actions to take to ensure the person's safety and time scales for when emergency medicines may be required. Regular stock checks were carried out and fridge temperatures were recorded to ensure medicines were stored safely.

We found the home was clean and tidy. However, we did observe that the home was in need of some renovations, for example, some wall paper had come away from the walls and the decoration was dated. The registered manager said they had a service improvement plan in place to make changes within the home. There was an infection control policy which staff followed to protect against cross infection.

Fire assessments were carried out along with gas and electrical tests to ensure the premises were safe. Every person had a Personal Emergency Evacuation Plan (PEEP) so staff knew how best to support people to evacuate the premises. Fire drills were carried each month to make sure staff knew how to evacuate people in a timely manner.

Is the service effective?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People accessing respite care told us staff had the skills and knowledge to meet their needs. Comments included, "The staff are nice. We have review meetings, they ask what I like and anything that changes they update it on my plan" and "I have a keyworker. They talk to me about what my next steps are and have discussions with me about anything I am worried about. They help me to sort any issues."

There was an induction programme for new staff. This included a six month probation period, so the provider could ensure staff were competent in their role and they were satisfied that people would receive appropriate care. New staff also completed the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours. Supervisions and appraisals were carried out to support staff and monitor their performance. Staff told us they felt supported. One staff member said, "Yes, I have my supervisions and appraisals. I have these often. I get to know how I could do better and what I'm doing well." The support leader said, "We discuss with staff what they want to develop in their meetings."

All staff received training, which provided them with the skills and knowledge to care for people accessing respite care. The registered manager monitored training to ensure it was completed within required timescales. One staff member said, "Yes, I get loads of training. It's been amazing and helped me support people in a way I didn't know before. It's fabulous." The support leader said service specific training was also encouraged. For example, staff had received diabetes training to ensure people's needs could be met.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found capacity assessments had been carried out for those people who lacked capacity to make certain decisions. The provider had made Deprivation of Liberty Safeguards (DoLS) applications when restrictions were in place to ensure people's safety.

Staff told us they always asked people for their consent. One staff member said, "Some people don't have capacity to make their own decisions. We would encourage people to make decisions or help them with this." Some people who accessed the service did not verbally communicate, however, staff used picture prompt cards to ensure people were still able to make choices about their care. One staff member said, "We include people in everything."

People were supported with their nutritional and health needs. When people were at risk of choking, staff followed advice from healthcare professionals to ensure the risk was minimised. For example, one person was given a soft diet due to their risk of choking. People were supported to health appointments when needed. For example, staff had referred information about a person's memory difficulties to their care manager so they could be assessed by a memory clinic for an assessment of their needs.

People were encouraged to bring items from their home to help them feel comfortable. The provider ensured people's names were added to their doors to make the bedrooms personalised for their stay. The registered manager told us the premises had not had any adaptations. For example, there was no access for wheelchairs. During our inspection, there was no one who required specialist equipment's to aid their support. The registered manager said should a person need any equipment, other services within their organisation were adapted and therefore people could use these services. The management team had been in discussions with the local authority to discuss adaptations for the property or a possible move to another property which could facilitate people with needs in the future.

Is the service caring?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People told us staff were kind and caring, comments included, "The treat me nice and they are friendly", "Yes, I like it here, yes, I get on with staff. Staff are friendly" and "Yes, I have a good relationship with staff." Staff all said they enjoyed working with people. One person said, "I love working at Raynel Drive and have no worries about the home. I enjoy my job and think it's really good." We observed positive interactions between staff and people accessing respite services. People appeared relaxed, were laughing and engaged in conversations with staff about their plans for Christmas.

People told us they were involved in their care planning. Before people attended the service, the provider contacted people to complete a pre-admission form. They discussed people's current needs and made reasonable adjustments if needed. Staff told us they always informed people when providing personal care. One person said, "I talk through the process with people. I will ask people if it is ok for me to do something. I will always let people do it themselves and help them learn to be independent. If I am doing it I make sure I explain everything I do."

The support leader told us they wanted everyone to always feel involved. As the inspection took place close to Christmas the provider had started doing weekly Christmas meals to ensure all the people accessing care around this time had the opportunity to be involved in the Christmas celebrations. One person told us they had been involved in the interviews for new staff. They said, "I interviewed [Name of support leader]. It was good as you get to know the person more."

People were supported to remain as independent as possible. One person told us, "I do everything myself. Yesterday I asked to do baking. I did it. I did it on my own but staff watched me because I can get a bit confused. They help me if I forget an ingredient." Staff said they always sought to build upon people's confidence and support people with their independence. For example, one staff member told us, "One person comes and is very able but sometimes has difficulty with balancing. They have some fears about using the bathroom, so we offer reassurance. I would put shower gel on the flannel and explain where to put it so they can do it for themselves but I am there to support if needed."

Staff respected people's privacy and dignity. People told us they had locks on their doors if they wished to have private time and said staff always knocked on their doors before entering. One staff member said, "If supporting someone with personal care I would cover them with a towel. Make sure the windows and doors are closed. If they didn't want me to look I would turn around and respect this." Some people accessing care had diverse needs and staff supported these preferences. For example, one person enjoyed dressing in alternative clothing and staff supported the person to do this and respected their choices.

No person accessing the respite service had an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us that should anyone wish to have an advocate

they used a local agency which people had access to.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.

Is the service responsive?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

Initial assessments were usually carried out by local care management teams and pre-admission forms completed at each visit. Care plans were then formulated after all the information had been gathered to ensure people's needs could be met. People told us each time they visited the home staff would go through their care plan to ensure this was relevant to their needs. We found care plans had been signed by people.

We found annual reviews took place with people accessing care and their relatives. This included discussions with people about their achievements over the year and what future plans they would like to make. We saw one person had been on holiday and taken steps to improve their independence by walking in their local area to keep active. The person spoke about their aspirations to go on more holidays and this had been put into an action plan to ensure this was achieved. We found the person had planned a trip to away to visit the German markets this Christmas.

Person centred care plans had been created with people to include their likes, dislikes and preferences. For some people their religious beliefs meant they could only eat certain foods and the service ensured this was available. For example, Halal foods. Staff said, "When people come in we have a customer meeting to ask people what they want to eat and what activities people want to do. We would always do our best to do this for them."

People told us they were always offered a choice about the activities they did whilst accessing respite care. One care plan stated, "I like to take part in the customer meetings to have my say in the menu choices and what activities I would like to participate." The registered manager told us they had purchased a car which allowed staff to take people out. Two people that we spoke with said they had enjoyed a day in Blackpool. Other people had attended Knaresborough for a picnic.

The provider had a complaints, compliments and gripes file to record when issues had been raised. Complaints had been managed effectively in line with the providers policy and actions were taken to address concerns. Since the last inspection, we saw that three complaints had been received. People told us they knew how to complain and felt confident any issues would be resolved. Compliments had been received from people and their relatives. Comments included, "[Name] is highly delighted with the care and treatment whilst they are on respite" and "[Name] would like to thank all the staff for the care and support given to [Name] whilst they were on holiday and the quick reaction of getting them medical help and visiting them while they were in hospital. This was a great relief to know while we were away."

Information was provided to people in a way that was understandable to them. The registered manager was aware of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. Staff had created a pictorial activities book so people who did not verbally communicate could choose activities by

pointing at the pages. One person used basic sign language to communicate their needs and staff understood these. Easy read documents were available if needed and the registered manager said they had access to documents such as larger print, brail or other languages.

The home did not support anyone who was approaching the end of their life.

Is the service well-led?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

Staff told us the management were open, honest and supportive. Comments included, "The management have been great. They help and support me and help to resolve things" and, "Oh the support is very good, the management have always supported me. They asked me what areas I want support with and helped me with this. I highlighted training, which they have arranged. I have done challenging behaviour training which I can use and this has boosted my confidence."

Since the last inspection, the provider had implemented changes to drive improvement. The support leader told us they wanted to improve people's knowledge and awareness of different cultures. They had arranged a culture awareness day which included foods from around the world, Bangladesh dancing, an Irish fiddler, Scottish bag pipes and Indian drumming which staff and people using the service were all involved in. The provider had also put on an athletics day to incorporate team building and build links within the local community. They had also supported people to attend this year's Pride event for which they made artwork.

Systems were in place to monitor the quality and safety of the service. Audits included health and safety, infection control and medicine checks were routinely completed and were effective at maintaining quality. Also, pre-admissions forms were used to determine if people needs had changed since their last stay, ensuring care plans could be updated in advance of their stay.

The management held regular meetings with staff ensuring changes made within the organisation were communicated to everyone. For example, at the senior management meeting serious accident and incidents from both within and outside the organisation had been discussed and learns learnt for the entire organisation to ensure this didn't happen. One person in a different organisation had an incident with hot water which left them with a scald. To ensure all people across the providers services were safe, the management implemented water temperature checks when people used facilities during their respite stay. We found this to be effective as no scalds had been reported.

Surveys had been carried out however, these were not specific to the respite service and reflected the views from people in all the providers services. The registered manager provided the findings from people accessing care only at Raynel Drive. All but one person said they had been involved in their care planning and regularly met with their keyworker to ensure they reached their goals. Comments from the survey were mainly positive and people were asked for their feedback.

A customer involvement officer attended the service to ask people about their experiences and gain their views. Feedback was given to the provider so improvements could be made. Comments from the last review of care in October 2018 included, 'I feel safe here and are checked on by staff and there is enough staff', 'Staff are nice and kind and friendly and we like them' and 'They listen to us and we are spoken to properly.'

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.