Care Quality Commission

Mrs Christine Mouralidarane

Rafael Home

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

Overall summary

This unannounced inspection took place on 14 July 2015. Although this service has been in existence for many years it had been re-registered on 19 November 2014 to the current provider, Mrs Christine Mouralidarane. This is the first inspection under the new registration.

Rafael Home is a care home which provides accommodation and personal care for up to four people with learning and physical disabilities. There were four people living at the home on the day we visited.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People were safe at the home; people living at the home were happy to speak with us, show us around and answer our questions. The provider took appropriate steps to protect people from abuse, neglect or harm. Staff knew and explained to us what constituted abuse and the action they would take to protect them if they had a concern about a person.

Summary of findings

Care plans showed that staff assessed the risks to people's health, safety and welfare. Where risks were identified management plans were in place. Each person had a mobile phone and could call staff or the manager when they wanted to. Staff had taken steps to help keep people safe and support their independence.

The temperature of cooked food was monitored and the fridge and freezer temperatures monitored daily. We saw that the kitchen was visibly clean and the equipment well maintained.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We looked at staff files and saw the correct recruitment process had been carried out to ensure staff employed were suitable for their roles.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and audits of medicines conducted. These checks helped to ensure that people were safe from medicines errors.

Staff had the skills, experiences and a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support. Staff meetings were held monthly and one to one supervision took place every eight weeks.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. People had the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People were supported to eat and drink sufficient amounts to meet their needs. Meals were planned according to people's wishes and what they said they would like to eat. The food people ate was consistent with people's dietary needs and religious beliefs.

Detailed records of the care and support people received were kept. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

People were supported by caring staff who had worked at the home for many years and knew the people well. Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision.

People's independence was encouraged. The home held monthly house meetings to discuss future activities, holidays or outings

Staff asked people how they would like to be treated and how they would like their care delivered to help retain their privacy and dignity.

People's needs were assessed and information from these assessments had been used to plan the care and support they received.

There was an easy read version of the complaints procedure and people told us they felt happy to speak up when necessary.

We could see that people knew who the manager and staff were and could freely chat with them at any time. All the people we spoke with spoke positively about staff and management.

The manager had a good understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

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?

Good

The service was safe. Staff were knowledgeable in recognising signs of potential abuse. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People were treated as individuals.

Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing. People were supported by staff to access social, leisure and recreational activities that were important to them.

People we spoke with told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good

The service was well-led. An experienced registered manager was in place who promoted good standards of care and support for people.

Summary of findings

Staff told us they felt well supported by the manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.

Rafael Home

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 14 July 2015 and was unannounced. It was carried out by one inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC).

During this inspection we spoke with three people living at the home, two care staff and the registered manager. We observed care and support in communal areas. We looked at the care and medicine records for three people living at the home.

The provider also owns and manages another local home, Angel Home Limited, for nine people with learning disabilities and more complex needs. Staff are employed to work across both homes and we looked at the personnel, training and staff supervision records for four of the staff.

We also looked at other records that related to how the home was managed including the quality assurance audits.

Good

Is the service safe?

Our findings

People were safe at the home. One person at the home chose not to speak to us but the other three people were happy to do so, show us around and answer our questions. People said “Staff are lovely,” “They [staff] are very kind,” “You can always talk to someone,” and “I’m safe here.”

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect them if they had a concern about a person. There were policies and procedures available to staff which set out how they should do this.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person’s daily life. Where risks were identified management plans were in place. This included risk assessments for people to access the community independently. Each person had a mobile phone and could call staff or the manager if they were out and needed help. The manager also told us they worked closely with the local police to ensure that if a person required help when they were in the community this could be given with as little fuss and anxiety as possible to the person. This demonstrated how staff helped to keep people safe and support their independence.

The provider had processes in place to ensure people’s finances were kept safe. The majority of people had their finances administered by the local authority and the home kept a daily allowance for each person. Staff helped people to understand their budget and how to make it last each day or for the week, although how people spent their money was their personal choice. The provider conducted financial audits of people’s money and all of this helped to ensure peoples finances were kept safe from possible abuse.

Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences.

We saw that regular checks of maintenance and service records were conducted. Up to date checks were made of fire equipment, including the emergency lighting, fire extinguishers and the fire alarm. A fire drill was held monthly with a full evacuation of all people; fire drills were also conducted at night. We saw that all people had a personal emergency evacuation plan (PEEP). The times taken and any incidents while evacuating were noted and actions taken if needed. All staff had received Fire Awareness training in 2014. Copies of all records were kept in a separate location and people could be evacuated to the sister home or a local hotel immediately.

The provider also had business and contingency plans in place should they need to evacuate the home for any length of time.

The provider had a ‘Lone Workers’ policy that outlined how staff should stay safe when working alone in the house or the community. Staff said they were aware of what to do to stay safe. We saw that these processes helped to keep the environment, people and staff safe.

The temperature of cooked food was monitored and the fridge and freezer temperatures monitored daily. The thermometers used underwent a weekly calibration check. Kitchen equipment was checked each day before being used. These checks helped to ensure the home and any equipment used was safe. We saw that the kitchen was visibly clean and the equipment well maintained.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. This was a small home of only four people. There was one member of staff on duty when we arrived and the manager arrived soon afterwards. We observed that people were independently mobile and could choose where they wanted to be in the home.

We looked at four staff files and saw the correct recruitment process had been carried out. Files contained a completed application form, two references and a copy of a criminal records check.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were in individual blister packs and staff prompted people to take their medicine at the required time. Staff told us that people liked to sign their own medicine administration record (MAR) when they had taken their medicine, under the supervision of staff. Staff said they were happy to help people become more independent and responsible for their medicines. Medicines were stored in a locked cupboard and regular checks were made of the medicines storage and

Good

Is the service safe?

procedures. The supplying pharmacy also conducted an annual review of medicines. The medicines policy was updated yearly and signed by staff to say they had read it. These checks and the safe storage of medicines helped to ensure that people were safe from medicines errors.

We saw the home was clean and free of malodours. Staff told us that as well as their caring duties they also cleaned people's rooms and the communal areas including bathrooms and toilets. They encouraged people to join in with these tasks to keep their home clean. We saw that "end of day" checks were made of the kitchen for cleanliness including t-towels, dish clothes and rubbish bins.

Good

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding to be able to meet people's needs. People spoke about the staff in a kindly way and told us about the help they were given. One person said "X [staff member] always listens to me, I can speak to them anytime and that's good."

People were cared for by staff who received appropriate training and support. Records showed staff had attended training in safeguarding adults, first aid, food hygiene, and medicines awareness. Training was a mix of on-line and group work delivered by the local authority. The manager said because this was a small home staff could easily be observed in their practices of delivering care and support to ensure they had learnt and benefitted from the training.

The manager told us they had two recent training sessions for epilepsy and behaviours that challenge at the home where people using the service had sat in on the training. Afterwards one person said they now understood why staff asked them to do things and why the medicines they take can help them.

The provider had a team of 10 staff, working across both this home and Angel Home and staff meetings were held monthly, the days and times of meetings were varied so that all staff had the opportunity to attend. We saw records that confirmed one to one supervision took place every eight weeks plus a yearly appraisal. Staff spoke positively about the support they received from the manager and through training. One staff member described working at the home as "Great, all you need to do is give a person a little bit of understanding," and "It's nice to see people happy."

The service had taken appropriate action to ensure the requirements were followed od the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. The manager explained and we saw records confirming the local mental health team had conducted one MCA assessment but it was found that a DoLS application was not needed. The provider had policies and procedures which provided them with clear guidance about their duties in relation to the MCA and DoLS.

We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge, kitchen and garden. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

People were supported to eat and drink sufficient amounts to meet their needs. We heard staff encouraging one person to have something to eat before they went out. Another person told us they got up early and came down to the kitchen to make their own breakfast and could do so safely.

We saw meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. A written explanation was given as to what ingredients were in the food, such as onions or the type of meat and people would sign to say they wanted to eat that meal. This helped people understand their diet and keep to their religious beliefs.

Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and medical and healthcare visits. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals. Each person had an annual healthcare check and had a completed 'Hospital Passport.' A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

We heard how the manager and staff took the time to prepare people for a healthcare process, such as a dental appointment or breast screening, explaining to the person what different medical procedures they needed would entail. Staff were available to accompany people to the doctors, hospital or dentists if required. Staff told us that people made their own decision as to whether they wanted the procedure or not. The time staff took to explain healthcare processes to people helped to reassure and keep people healthy.

Good

Is the service caring?

Our findings

People were supported by caring staff. People said "I'm happy here" and "Staff help me to do what I want to do." The majority of the staff had worked at the home for many years and knew the people well. The provider did not use agency staff but covered any gaps in the rota with permanent staff. The manager told us "I would not like a stranger giving me personal care so I won't have it for the people who live here."

We could see that support records were well written and detailed people's background, their skills and their challenges. This meant people were relaxed with staff who knew and cared for them. We were part of a conversation between one person and the manager and we could hear from the manager's responses that they knew the person and their family well. This enabled them to reassure the person about their feelings and help them express themselves more clearly.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to make a decision. All the people at Rafael Home were able to communicate verbally and were able to make themselves understood to staff and visitors.

People's independence was encouraged and staff told us they encouraged people to join in with household tasks, such as doing their own laundry, setting the table for dinner and helping to prepare and serve food. Some people said they enjoyed doing these tasks but others said they didn't.

The home held monthly house meetings and everyone was encouraged to attend. If a person chose not to attend the meetings, staff would discuss the outcomes with them at a later date on a one to one basis and they could add their comments to the minutes. Minutes were signed by people to say they had read and agreed with them.

The local authority no longer supplied an advocacy service for people with learning disabilities. But people had the opportunity to speak to an advocacy person at different events they attended that were specifically for people with learning disabilities, if they wanted to. These different forums helped to ensure that people had their say about the care they received.

We saw that people had a key to their bedroom door and could lock the door from inside if they wanted to. The four people had a shared bathroom and they could lock the door at any time. People and staff told us personal care or prompting for personal care was provided in the privacy of people's rooms. Staff spoke about the need to retain a person's privacy and dignity by asking people how they would like to be treated. These measures all helped to retain people's privacy and dignity.

Good

Is the service responsive?

Our findings

People's needs were assessed and information from these assessments had been used to plan the care and support they received. Before a person came to live at Rafael Home they and their family had the opportunity to meet the other people living there over lunch or tea. The person could then stay overnight, chat to staff and other people and decide if they wanted to live there and for people living there to say how they felt about the person. Once they moved in they would have a three month probationary period to see how they had settled and if they wanted to stay.

People we spoke with knew about their care plans and had been involved in their development. We saw where people were able to they had signed their care plan and the reviews. We saw one person's care plan had been personalised with their art work which helped to explain who the person was and what they liked to do.

Care plans were in an easy read format, written in the first person and comprehensive. They were written by the manager, key worker and the person who the care plan concerned. They had considered who the person was, their background, knowledge and wishes of how they would like to be cared for. Care plans were tailored to a person's individual needs. The care plans were up to date and were reviewed annually or earlier if a person's circumstances changed.

Each care plan had a front cover with a photo of the person and a statement saying "This is my folder." There were different easy read sections including 'What works and what doesn't work for me,' and 'What's important to me.' There were actions plans about how a person wanted their life to be like and how they could stay in control and their future goals.

There was also a quick tick list that showed what a person could or couldn't do such as washing, personal care, mobility and transport needs. All of this information about people helped staff to understand a person's needs and respond accordingly.

On the day of our visit three people were preparing to go out for the day for a joint activities session with people at Angel Home. But people then chose to sit and talk with us, telling us what they were doing and one person showed us their room. The room had been personalised to the persons own taste and they had chosen the colours of the room. They did say that someone else had decorated it and they didn't have to do the painting. Two people went into the garden and played football. Another person was going out into to the community independently. When the time came to leave for the other home one person chose not to go and stayed talking to us and the manager. They later went out independently. We saw that the staff were patient with people and gave them time to decide what they wanted to do. One staff member said "You can't tell people what to do."

People chose the activities or events they would like to attend and staff helped them if required. One person told us that the next day they were going swimming and that evening several people were going to a local disco. This meant people had the opportunity to do what they wanted to, when they wanted to do it.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary.

Good

Is the service well-led?

Our findings

This was a small home and we could see that people knew who the manager and staff were by name and could freely chat with them at any time. All the people we spoke with were positive about the staff and management. The main office for the home had two comfortable chairs in it and we saw that people would come in and sit with staff or the manager for a chat or to make healthcare appointments.

A staff member described the management as being "Hands on, if they can do it, so can I," they said they liked this approach to management. Another staff member said "You can discuss anything with the manager."

From our discussions with the manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The manager kept themselves up to date with changes in legislation by attending the local care home providers meetings. They said this was a great source of information on sharing best practice and learning from others. They also looked at the CQC web site to see what changes were being made to inspections and regulations. The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Good practices and changes to policies or legislation were discussed at team meetings or in one to one sessions.

Previously the provider had conducted surveys and questionnaires to gain feedback from people, staff and relatives about the service that was being delivered, but these had not always been successful and the return rate for questionnaires was poor.

The provider had now displayed a 'SCREW' chart in the main hallway based on the five domains that CQC now inspect under. Safe, caring, responsive, effective and well-led. Anyone, people, staff, relatives or healthcare professionals could write a comment under one or more of the domains. The chart had not been displayed for very long but we could see that comments had been left and that anyone visiting the home could read them. The provider said they would monitor the responses and if this proved a successful method of gaining feedback then it would continue. They also said that any negative comments could be actioned promptly. They hoped this would be a better way of gaining peoples feedback about the service delivered. The staff and manager also regularly spoke to families and were able to gain feedback through these conversations, although not all the comments received were written down, they were shared with staff.

The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. This included audits of care plans and staff files and checks of the environment, people's rooms and furniture. To help prevent falls the manager told us that peoples shoes were checked weekly to ensure soles and heels were in good repair and sofas and chairs were checked for stability. These audits generated action plans detailing what actions needed to be taken, who by and signed when actions had been completed.