Raglan House Limited

Raglan 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

Raglan House is a small service registered to provide care and support to up to seven people with learning disabilities in a residential road in Weymouth. At the time of our inspection there were six people living in the home.

This service needed to have a registered manager and there was one 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 2008 and associated Regulations about how the service is run.

Staff were caring and knew people well. They were able to describe what mattered to people and the support and care they needed to stay safe and well.

People were protected from avoidable harm because risks had been assessed and guidance was available to staff. Staff knew how to identify abuse and who they should report any concerns to.

Staff were attentive to peoples' needs and records were made to ensure requests and concerns were addressed. People's care plans included information about personal preferences and provided individual detail about how people were supported day to day. Staff kept clear records about the care that they provided.

People were involved in activities that they enjoyed. They were engaged with a wide range of activities that reflected individual preferences, including individual and group activities. These activities were supported by care staff and were available throughout our inspection.

Deprivation of Liberty Safeguards had been applied for when people who needed to live in the home to be cared for safely, did not have the mental capacity to consent to this. Staff understood these Safeguards. Care was provided in line with the Mental Capacity Act 2005.

People were supported by staff who had received appropriate training to do their jobs and cared about their welfare. Interactions between staff and those living in the home were gentle, familiar and kind.

People had access to appropriate healthcare for on-going and emerging health needs. This included dental care, psychiatry and input from their general practice. They received their medicines safely.

People described the food as good and there were systems in place to ensure people had enough food to eat and enough to drink. People had choice of food and drinks and these options reflected guidance from

speech and language therapists about safe eating.

People told us the staff were kind. Staff treated people, relatives, other staff and visitors with respect and kindness throughout our inspection.

There were robust quality assurance systems in place. Where the need for improvements was identified as necessary action was taken to ensure this happened.

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. There were enough staff to meet people's needs.

People were protected from avoidable physical harm because risks had been assessed and guidance was available to staff.

People were at a reduced risk of experiencing abuse because staff knew how to identify abuse and knew who they should report any concerns to. They were actively encouraged by the registered manager to do this.

People received their medicines safely in a way that suited them.

Is the service effective?

Good

The service was effective.

People had decisions about their care made within the framework of the Mental Capacity Act 2005. These decisions were not all recorded which increased the risk that care decisions would not legally reflect their best interests. There were plans in place to resolve this.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported by their management.

People had the food and drink they needed. They had chosen the menus and made choices at each meal. They told us the food was good.

Is the service caring?

Good

The service was caring. People received compassionate and kind care from staff who communicated with people in a friendly and warm manner.

People were treated with dignity and respect by staff, given time

to process information and communicate and their privacy was protected.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs because staff shared information. Care plans were accurate and included detail necessary to provide person centred care.

People were able to take part in activities that reflected their needs and preferences.

People and their relatives were confident they were listened to.

Is the service well-led?

Good

The service was well led. There was a stable management team and staff felt supported and guided by them.

Staff and people were encouraged to share their views.

There were systems in place to monitor and improve quality these were effective in identifying where improvements were necessary.

Raglan 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 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.

We called the home before our inspection because we visited at the weekend and as Raglan House is a small care home for younger adults we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before we visited the home we reviewed information we held about the service. We had not asked the provider to submit 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 were able to gather this information in other ways including talking with staff and the registered manager.

During our inspection visit, we spoke with six people who used the service, observed staff interactions with the people who used the service and spoke with two care staff, the registered manager and a relative.

We looked at records relating to the care of the ttwo people living in the home including care plans, risk assessments and medicines records. We also looked at records related to how the home was run including meeting minutes, two staff files and training records and audit records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "Yes , I feel safe. The staff are so nice to me." Another person told us: "I want to stay here forever." The people living in the home did not all use words to communicate concepts. They were relaxed with staff; smiling when staff were with them and confidently seeking support when they wanted it. The relative we spoke with was confident their relative was safe. Staff were able to describe how they protected people from the risks of abuse by describing the signs they needed to be aware of and knowing where they would need to report any concerns they had. They told us that the registered manager always reinforced that they should contact the safeguarding authority if they had any concerns about a person's safety. There was information about safeguarding on display in the office for staff and an easy read booklet for people living in the home.

Staff were able to describe how they reduced the risks that people faced. They described confidently and consistently the measures they took to keep people safe. For example they described how they reduced risks relating to people's physical health, and their mobility. Risks were managed in ways that promoted people's independence. For example staff monitored people discretely to ensure their safety when moving around their home. People's views were incorporated into risk assessments where they were known. One person found accessing health care difficult. Staff understood the reason for this and ensured health risks were assessed against the risk to the person's emotional wellbeing. Another person wanted support in place in response to an assessed risk. The manager referred to this stating: "It is essential for (person) and that is all that matters."

Accidents and incidents were reviewed by senior staff and actions taken to enhance people's safety. For example we saw that when a person had fallen a range of actions had taken place including a medicines review, a referral to an occupational therapist and guidance for staff. Staff understood this guidance and this meant the person was at a reduced risk of falling.

There were enough staff to meet people's needs safely. People did not wait to receive care and support and staff were able to spend time engaged in activities with people as well as responding to people's support needs. We discussed staffing levels with the manager and they told us that they were fully staffed. They told us that staffing reflected the needs of the people living in the home and they reviewed this through feedback from staff. We saw that when people wanted to go out and this required additional staff that this was reflected in the rota. Staff told us that the registered manager respected their needs with the rota too. This was appreciated by the staff who told us they felt part of a stable staff team with enough staff to meet people's needs.

We reviewed staff recruitment documentation and saw that appropriate checks had been made on staff employed to work in the home. This meant that the risks of employing a member of staff who was not suitable to work with vulnerable adults were reduced.

People received their medicines as prescribed. During our inspection we reviewed the systems and checks in place to ensure that people received their medicines safely. We observed medicines were given in a

personalised way. The member of staff waited quietly whilst the person took their medicine. They administered and signed for the medicine appropriately. Staff who gave medicines had all received training to do this and had been checked by the registered manager before they gave medicines unsupervised.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Care planning reflected the principles of the Mental Capacity Act 2005 (MCA) and staff and the registered manager were confident talking about how they supported people to make decisions and made decisions on people's behalf when they did not have the mental capacity to do so. One person's care plan identified a situation that an independent mental capacity act advocate (IMCA) would need to be instructed for. This was because the person did not have a representative and had been assessed as not having capacity to make a decision that fell under the scope of the law. Care plans contained the detail of how to enable people to make their own decisions but the records did not always reflect that their capacity had been assessed according to the legal framework and how best interest decisions had been made recording these processes reduces the risk that care decisions do not represent the person's best interests.

We spoke with the registered manager about this. They explained that they reviewed and developed care plan records as part of an on-going development plan. They told us they would consider how best to record capacity and best interest decisions as part of this work.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised appropriately. Deprivation of Liberty Safeguards. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made and there are no other ways of supporting the person safely. All the DoLS in the home had passed their review date at the time of our inspection. The applications had been made appropriately by the home and this reflected the current working practice of the local authority. The registered manager explained they had been advised to contact the local authority again if anyone's situation changed.

Staff told us they felt supported to do their jobs and described how guidance from the registered manager and senior staff ensured they were kept up to date with people's needs. They all spoke competently about the care and treatment of people living in the home and told us that their training was appropriate for their

role and their professional development. There was a robust system in place for ensuring that staff training was kept up to date and that they were provided with appropriate support and supervision. There had been a training session cancelled in December 2015 which had resulted in two staff not having first aid training refreshed. The training had been rebooked for February 2016. When we carried out our inspection these staff were the only staff working for some of the time. People living in the home were identified as being at risk of choking and the care plans around this detailed that they should have staff trained in first aid working with them. We spoke with the staff who were confident in how they would respond to a choking incident and a senior member of staff told us that it was not a regular occurrence for these two staff to be the only staff working and that it would not be the case again until their training had been refreshed. Staff had been trained to use all the health care and mobility equipment used by people living in the home.

People, a relative and staff all told us that the food was good. The winter menu had been chosen by the people living in the home at a residents meeting and there were pictures of the options available on the wall. People made individual choices about their meals at breakfast and lunch. The food people ate also reflected guidance from the Speech and Language therapist. One person told us that the: "Lunch was lovely". Another person said: "I have some of my favourite food." Mealtimes were a social event for those that wanted to eat together. People who needed support received this discretely.

Food and drink intake was monitored effectively and people were offered a variety of drinks regularly through the day. People's weights and other indicators of adequate nutrition were measured regularly. At the time of our inspection no one was at risk of not getting enough food.

People were supported to maintain their health. Care plans included the support people needed to maintain their physical and mental health and staff understood these support needs. Staff were able to describe how they would know if someone was unwell. This meant that staff would know the signs that people could be in discomfort and would seek appropriate medical support.

The registered manager described positive working relationships with the healthcare professionals who had patients living in the home. Records indicated that routine health matters such as medicine reviews and on-going support for chronic illness were managed safely and effectively. For example one person had regular input related to their health condition; other people regularly saw a chiropodist. Where people found accessing health care difficult the staff team managed their support in a person centred way and this had enabled people to access health input. When people's health changed we saw that advice was sought appropriately and a relative told us they were kept appropriately informed and involved in the health needs of their relative.

Good

Is the service caring?

Our findings

People described the service as caring. One person told us, "They (staff) are very nice and kind." Another person told us: "they (staff) are lovely." A relative told us that the staff had all been: "very positive and caring".

Staff took time with people throughout our inspection: sitting and chatting whilst painting people's nails; doing jigsaw puzzles; gardening and ensuring they were doing what they wanted to do.

Staff took time to build relationships with people individually. Staff were attentive to people and were familiar , caring and respectful in their conversations. Conversations allowed time for people to process information; no one living at Raglan House was rushed or hurried at any point during our inspection. This meant that people were relaxed and able to contribute to conversations in their own time and way.

People were supported to make choices throughout the day. They were encouraged to choose their food and clothing, what activities they joined and day to day decisions such as when they got up and when they went to bed. One person told us: "I choose what I do… what I do… my bed time." Where people's choices were more complicated because they required funding support or agreement from other agencies, the registered manager and staff were supportive and advocated on their behalf. The registered manager described how one person was spending their days doing an activity they enjoyed after a period of time trying to organise this. We spoke with the person and they told us they were happy with the outcome. A relative told us they also felt listened to and were involved in care decisions.

People were supported to be clean and wore clothes that reflected their personal choices. Staff spoke confidently about people's likes and dislikes and had a good understanding of people's histories and relationships and how these affected their day to day lives. Staff were respectful of people living in the home, visitors, and each other. This promoted a relaxed and friendly atmosphere.

Care was provided in a way that protected people's privacy. People's personal care was managed by staff discretely and staff did not talk about people's care needs in front of other people.

Good

Is the service responsive?

Our findings

People had detailed care plans that provided staff with the information and guidance they needed to provide person centred care. The things that were important to people were recorded and things that caused them distress or unease were described to ensure they were avoided. There was detailed guidance in place for staff about how to support people appropriately with their personal care tasks, social, emotional, communication and health needs and this guidance had been reviewed monthly, or more frequently if required due to changes in their assessed needs. This guidance encouraged independence and focussed on the skills people had and highlighted what motivated people. This meant staff were able to encourage people to retain and develop skills. A relative told us they were kept involved and asked for views.

People's care was delivered in a way that met their personal needs and preferences. Staff listened to people and ensured they got what they asked for or needed. For example when people asked for activities that were available in the home these were made available. There was also a request book where staff logged requests made by people. These were ticked and dated when the person's request was actioned. This meant that people knew that things they asked for would happen and they were encouraged to express their wishes. People told us they felt well cared for, one person said: "Staff are kind to me and help." This view was shared by a relative who told us: They have been keen to make (person) happy and comfortable."

The care staff kept accurate records which included: the care people had received; what activities they were involved in; what they ate and drank; physical health indicators and whether they were content. These records, and people's care plans were written in respectful language which reflected the way people were responded to by staff. The detail and accuracy of the records meant that changes in people's well-being would be picked up quickly. Staff also shared this information in discussion and ensured that new information was shared so that people living in the home got person centred support. For example one person who did not always use words to communicate effectively had been noted to enjoy a particular TV programme. This information had been shared immediately to ensure they were offered the choice of watching it again.

Activities were planned for groups and individuals and delivered by the care staff. This meant that people received one to one attention when they needed it and activities could be planned that met people's needs and preferences. Activities included planning knitting projects, art work, gardening and music. Two people told us, with obvious excitement, about a dance they would be attending in the week following our inspection. There was an art room outside the house and this was lined with certificates and posters that were meaningful to the person who used it most. We spoke with them as they listened to music and created their own art. They told us "I'm happy in here." People's art work, and photos of activities being enjoyed, were displayed throughout the house and people were proud to discuss these with us.

Staff had a positive attitude to concerns and any worries or concerns expressed by people living in the home were recorded in order they could be responded to and changes made if necessary. These records described the concern and the response given by staff. It was clear from these records that people were provided with reassurance and encouraged to express any concerns or complaints they had . There was a policy outlining

how the provider would respond to complaints, but there had been no complaints received in the last year. A relative and people told us they would be comfortable to talk to staff about any concerns they had. One relative explained the staff were all "very friendly and accessible".

Good

Is the service well-led?

Our findings

There was a stable management structure in the home. The registered manager was the owner of the property and they had worked in their role over a long period of time. They had appointed a deputy manager who shared responsibility for management tasks such as staff support and supervision, training, and quality monitoring. The deputy manager had been in post for more than two years. Staff described the registered manager and senior staff as approachable and supportive. They told us that they would be comfortable identifying a mistake and were certain they would receive guidance and support. One member of staff said: "They always say If you make mistakes come to us…Everyone makes mistakes." Staff also felt confident in making suggestions or addressing concerns with the registered manager and senior staff. We saw that a staff meeting memo asked staff to contribute to the agenda stating: "nothing is too trivial".

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. For example there were audits and reviews undertaken by the registered manager and information was shared through meetings, messages and discussion. This ensured consistency and shared understanding. For example an audit of administration had highlighted the need to record complaints and concerns raised by people. We saw that this was happening effectively ensuring that complaints and minor worries of people were recorded and addressed.

Audits were effective in ensuring change. An example of this was an audit of training which had led to moving and handling training being booked. A review of medicines had led to advice being sought around the application of the MCA in relation to medicines. Incident and accident forms had been completed by staff and reviewed by the manager. Appropriate actions had been taken and recorded so that trends could be analysed.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us "There is good communication.. All the staff work very hard." They spoke about how they create a relaxed and happy atmosphere by being involved with what people were doing when appropriate and respectful of their choices.

The service was held in high esteem by people, a relative and staff. One member of staff said, "I love it here. I have never been happier." A relative told us that the staff and manager were: "positive and caring" and were always accessible. People spoke with pride about their home, one person showed me how they had all chosen the way the lounge was decorated. Another person said: "I'm happy here.. I'm going to stay forever."