HICA

Raleigh Court - Care 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?	Outstanding
Is the service well-led?	Good

Overall summary

Raleigh Court is situated close to the centre of the city of Hull, with public transport facilities and local shops within walking distance. The service is registered to provide accommodation and personal care for a maximum of 56 people some of whom may be living with dementia. There are bedrooms, communal sitting rooms, dining rooms, and bathrooms and toilets on both floors. There is an accessible garden and car parking at the front of the building.

We undertook this unannounced inspection on the 16 and 17 December 2015. There were 50 people using the service at the time of the inspection. At the last inspection on 29 October 2013, the registered provider was compliant in the areas we assessed.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We have made the Responsive domain outstanding. We have done this because we found the registered manager and staff team had developed very creative ways in ensuring people felt part of their local community, which had a positive impact on their wellbeing. People who used the service accessed a comprehensive range of activities and occupations within Raleigh Court but also in the wider community; these provided them with stimulation and a feeling of inclusion.

People who used the service received excellent person-centred care based on their needs, wishes and preferences. We found people and their relatives were fully involved in developing care plans. Relatives told us their family members were cared for in an individual way; they were very happy with the service and had noticed there was a lot going on for people.

A health professional told us about the exceptional progress their patient had made since admission to the service. They said this was due to the way the staff had responded to the person's individual needs and how they monitored their physical and mental health needs.

We found the environment had been adjusted very well to respond to people's individual needs. This included making kitchettes safe so people could potter around without harming themselves on very hot water, moving the staff office to enable more effective monitoring of a specific area where people liked to gather in the evening, having a room for people who wished to smoke and making the service 'dementia friendly'.

We found people were safe within the service. There were good recruitment systems in place and there were sufficient staff on duty on each shift to look after people and ensure their health and wellbeing.

Staff protected people from the risk of harm and abuse. There were policies, procedures and training to guide staff in how to safeguard people from abuse; they knew how to recognise signs of concern and how to report them. We found risk assessments were completed and kept under review. This helped to minimise risk and prevent accidents and incidents from occurring.

We found people received their medicines as prescribed. Staff managed medicines well by obtaining, storing, administering and recording them appropriately.

We observed positive interactions between staff and people who used the service and also their relatives; staff were attentive to people's needs. We saw people were treated with respect and dignity and their independence was maintained as much as possible. Staff were overheard speaking with people in a kind and caring way.

Staff were aware of people's health care needs and how to recognise when this was deteriorating. The support they provided helped to maintain people's health and wellbeing. Staff liaised with health professionals for advice and guidance when required.

We found staff supported people to maintain their nutritional needs. They assisted people to make choices about their meals and to eat them safely when required. The menus provided were varied and offered choices and alternatives.

We found people were supported to make their own decisions as much as possible, for example staff offered visual choices to them. When people were assessed as lacking the capacity to make their own choices, decisions were made in their best interest in line with mental capacity legislation.

We found the environment was safe, clean and appropriate for people's needs. Equipment used in the service was maintained and regular checks took place to identify any concerns.

Staff told us they received sufficient training to enable them to support people safely and to meet their assessed needs. Records confirmed this. We found staff received guidance, support, supervision and appraisal. This helped them to be confident when supporting people who used the service.

We found there was an organisational structure in place to support and oversee systems and staff, and a value base aimed at person-centred care, improving the quality of life for people and involving them in decisions. Staff told us there was an open culture where they felt able to raise issues with the registered manager and senior management.

We found the service was well-managed. There was a quality monitoring system that ensured people's views

Summary of findings

were listened to via meetings, questionnaires and day to day discussions. Audits were completed, complaints were addressed and any shortfalls were actioned. There was an ethos of learning to improve practice and the service provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were recruited safely and sufficient numbers were on duty at all times to meet the current needs of people who used the service.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns. Areas of risk were identified and steps taken to minimise the likelihood of accident and incidents occurring.

Medicines were managed safely and people received them as prescribed.

Good

Is the service effective?
The service was effective.

People's health and nutritional needs were met. Their weight was monitored and any risks identified and addressed. People told us they liked the meals provided; they said they were varied and there were choices. People had access to a range of community health care professionals as required.

People were supported to make their own decisions about the care they received. When they were assessed as not having capacity to do this, staff worked within mental capacity legislation.

Staff received training, supervision and support which provided them with the skills and confidence required to completed their roles.

Good

Is the service caring?
The service was caring.

Staff approach was caring and compassionate. They respected people's privacy and dignity.

Staff gave explanations to people prior to tasks being completed and ensured they had information available with which to make informed decisions.

Personal information about people was held securely.

Good

Is the service responsive?
The service was very responsive.

There was an exceptionally wide range of activities provided to people that responded to their needs and interests. There was also lots of access to community facilities which had impacted positively on people and improved the quality of their lives. This helped to ensure social inclusion and for people to feel part of society.

People were provided with care that was very person-centred and tailored to their individual needs. People who used the service and their relatives were included in the formulation of care plans.

Outstanding

Summary of findings

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager provided a good role model and a supportive environment for staff. Senior managers visited the service to provide an additional tier of support.

The culture of the organisation was open and supportive. People were able to raise concerns and express their views.

There was a quality monitoring system in place which ensured audits were completed, action plans developed and learning enabled.

Raleigh Court - Care 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 registered 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 unannounced inspection took place on 16 and 17 December 2015 and was carried out by one adult social care inspector and an expert-by-experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the ExE's area of expertise is dementia care.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. We also received information from five health care professionals. There were no outstanding concerns from any of these agencies.

During the inspection we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with five people who used the service and six relatives. We spoke with the registered manager, two senior care staff, three care workers and two activity co-ordinators. We were also able to speak with a specialist social worker and a community psychiatric nurse who attended the service for a review. Because the first day of the inspection was also an 'open day', we had the opportunity to speak with a number of other visitors such as the Chief Executive Officer (CEO) of the company, an estates manager, a member of the Board and a member of the local clergy.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accidents and incidents and the medication administration records (MARs) for 20 people. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf. We looked at a selection of documentation relating to the management and running of the service. These included one staff recruitment file, the training record, the staff rota, supervision logs, minutes of meetings with staff, relatives and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We looked around the service to make sure it was clean and tidy.

Good

Is the service safe?

Our findings

People told us they felt safe living within the service and they received their medicines on time. One person told us they had a key to their bedroom door and locked this when they wanted to. Comments included, "Definitely, I can handle myself; my room is safe", "Yes, I do feel safe", "I always feel safe here, we are all friends and we all help one another", "Yes, there are people about all the time", "They give me medications regularly when it's time for me to have them" and "Yes, I get them [medicines] every day from staff." A visitor said, "Yes, there are no stairs for her, she can do what she likes; she is quite independent",

People also said there were sufficient staff on duty to support them when they needed assistance. One person was able to tell us how many and which staff were on duty at the time of the inspection. Comments included, "I think so, if I want them I go to the door and call them", "Yes, they always come to see you are alright, I am quite independent", "I think so, I don't use the call button; there's never any wait", "I would say so, yes [sufficient staff]" and "Yes, there are staff about."

Comments from visitors about the cleanliness of the environment included, "I'm very impressed with the environment – it's always fresh", "It's clean, tidy and there are no malodours" and "Cleanliness is good."

We found people received their medicines as prescribed. There was a designated room for the storage of medicines on each floor; we saw medicines were stored appropriately and safely. The trolleys were clean and tidy and stock cupboards were not overfull. We saw staff recorded when medicines were received into the service and when they were administered to people. There was guidance for staff when administering, 'when required' medicines. We noted when there were changes to medicines mid-cycle, staff recorded these appropriately and ensured a second person signed to witness the changes. We did note on some occasions people had missed a dose of their medicine because they were asleep. This was mentioned to the registered manager to address with staff and ensure they went back to the person at a later time or liaised with their GP regarding timings of medicines. We observed senior staff giving medicines to people at lunchtime. This was completed professionally and the trolley was secured at all times when left unattended.

We saw there were sufficient staff on duty to meet the needs of people who used the service. Rotas indicated there were four care staff and a senior downstairs and three care workers and a senior upstairs. The service had a deputy manager who completed shifts as a senior care worker but was also supernumerary at times for administration tasks. The registered manager was supernumerary. There were three activity co-ordinators (one to two were on shift each day), housekeeping and laundry staff, kitchen assistants, maintenance personnel and an administrator. The employment of ancillary staff meant care workers could focus their attention on caring tasks with people who used the service.

We saw staff were recruited safely. Full employment checks were carried out prior to staff starting work at the service. These included, references, gaps in employment, identity and when required, assurances the person had a right to work in this country. There was a check made with the disclosure and barring service to ensure the person had not been excluded from working with vulnerable adults and interviews were held to assess values, skills and knowledge.

There was a policy and procedure to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had received safeguarding training and in discussions, they were able to describe the different types of abuse, the signs and symptoms that may alert them to concerns and the actions they would take to report them. The registered manager demonstrated knowledge of local safeguarding procedures.

We saw people who used the service had risk assessments in place for specific areas such as moving and handling, nutrition, falls, the use of bed rails, hoists and wheelchairs, skin integrity and behaviours that could be challenging to themselves and others. These identified the risks and gave staff guidance in how to minimise them. We saw one person's risk assessment had not been updated following an incident; the registered manager addressed this straight away. Senior care staff told us profile beds with attached rails were used to prevent people from rolling out of bed. However, they said the rails were not used for some people as they were at risk of climbing over them and injuring themselves. Instead staff provided 'crash mats' at the side of the bed at night to cushion potential falls should people roll out of bed.

We found the environment was safe, clean, tidy and well-maintained; the service was undergoing redecoration

Good

Is the service safe?

and refurbishment. One relative said, “It’s always clean and tidy – there is no cabbage and urine smell here.” There was a kitchenette on each floor which was attached to the dining room. Staff used this to serve food from when it was heated in hot trolleys. There was a hot water boiler in each kitchenette; we saw this was held in a locked cupboard to ensure the safety of people who used the service. All communal hot water outlets had thermostatic valves which regulated the temperature to avoid scalds; these were checked monthly. Equipment used in the service was checked and maintained such as fire safety, gas and electrical appliances, window restrictors, moving and handling items, the lift and the call bell system. Some people had sensor mats in place which detected when they got up from their chair or out of bed so staff could respond quickly to help prevent falls.

There was a system of managing and monitoring infection risk areas such as flushing and descaling shower heads and hot/cold water outlet checks to prevent and detect legionella. Staff checked the environment for cleanliness to prevent infection. We saw there was personal protective equipment such as gloves, aprons and hand sanitiser for staff to use when required. There were signs above sinks in bathrooms and toilets which reminded staff and other people about good hand washing techniques. The laundry had sluice washing machines and a system to launder soiled linen which meant minimal contact for staff.

During a tour of the environment, we noted a rip in the flooring in the linen room and an absence of drying racks for commode pots in the sluice. These points were discussed with the estates manager. During the inspection the registered manager told us the estates manager had assessed both issues straight away and ordered new flooring in the linen room and racks for the sluice; these were in place during the writing of the report.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us the staff were competent and skilled. They said staff looked after them well and liaised with health professionals when required. Comments included, "Yes, I see them help others", "They give me a shave, they know what to do", "I would say so [skilled] otherwise they wouldn't be in the job", "I think so, I see staff respond immediately", "Yes, they [staff] always seem to be okay", "I have seen a doctor once; I do my nails myself", "Yes, they don't mess about; I wasn't very well a couple of weeks ago and they brought a doctor", "Yes, I have seen a doctor and I see my own dentist" and "She has seen a doctor, she's had new glasses and she has had her hair and nails done."

People also told us they liked the meals provided to them. Comments included, "I have cornflakes for breakfast and I'm having salmon for lunch and jacket potato for tea; the food is good, always hot", "If I wanted a sandwich any time I can get one", "The food is good; there are a couple of choices and plenty of drinks", "The food is very nice", "The food is okay, they ask me what I want and I get drinks", "She loves the food and never stops eating it. I sampled it and it was lovely" and "She has no special diet and says the food is good." A relative told us they had a meal at the service each week and really enjoyed it. One person told us they had no teeth and struggled to eat some of the meals. We mentioned this to the registered manager; two weeks after the inspection they confirmed the person had a new set of dentures.

In discussions, staff were clear about how they monitored people for signs of deteriorating health. They were knowledgeable about the signs and symptoms of chest and urinary tract infections, dehydration, pain and how to prevent pressure ulcers. Senior staff told us it was their responsibility to check each shift that monitoring charts, for food and fluid intake, and positional changes had been completed. All the staff spoken with knew who had special diets and what stage fluid thickener specific people had in their drinks to prevent choking.

We saw people had access to a range of health care professionals when required such as GPs, district nurses, community psychiatric nurses, dieticians, speech and language therapists, occupational therapists, physiotherapists, emergency care practitioners, opticians and chiropodists. People also attended outpatient appointments when arranged. We spoke with health care professionals before the inspection. They said they were kept updated and informed about issues affecting the people who used the service. Comments from them included, "I'm very happy with the service. The new manager is always open to suggestions and doesn't let things drop; she asks us for advice", "There is a better atmosphere and furnishings; overall a good service and much improved", "Staff always help when we attend and will stay with the nurse to help with the task or procedure", "Staff appear to be knowledgeable about individual resident's care needs", "If I had any concerns about patient care, the manager would ensure these were dealt with in a timely manner. Patients appear well cared for and staff happy to offer support with patient care" and "Staff do follow instructions when asked; senior staff ensure nurses are informed if there are any changes in residents' needs."

We found people's nutritional needs were met. Menus were varied and provided choices for people. We saw meals were provided by an external company, re-heated by kitchen assistants and served by staff at the service. This enabled them to manage portion size in line with their knowledge of people's preferences. People had their nutritional needs assessed and special diets were catered for. Risk assessments were completed using a nationally recognised tool and people's weight was monitored in accordance with the outcome; some people were weighed weekly and others monthly. There were triggers that guided staff to seek dietetic advice.

We observed the lunchtime experience on both days of the inspection. The dining rooms were well-lit and nicely set out with tables and chairs for four people at each. We saw staff offer people clothes protectors, a selection of drinks and a visual choice of meals; they also offered an alternative to the two choices of main course. The food looked hot, appetising and in appropriately sized portions. Staff were attentive, assisted people to cut up their food and supported them to eat their meals at an appropriate pace. One member of staff told us they sat next to one person as they knew this encouraged them to eat their meal. People were asked if they had finished before the plates were removed. The atmosphere was calm and friendly. We observed a selection of drinks was served at intervals throughout the day. During the drinks 'round' at 3pm, we observed one care worker went in to a bedroom and sat with the person and chatted to her whilst she had a cup of tea. This helped staff to monitor their intake and

Good

Is the service effective?

gave the person company. We observed one person was struggling to eat their meal using just a knife; the registered manager told us specialist cutlery was available and they would speak to staff about this and assess the person's needs.

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. In discussions with staff, it was clear they had an understanding of MCA and the need for people to consent to care provided. Staff said, "You assume people have capacity unless assessment has taken place to show otherwise; capacity can fluctuate", "Communication is important, visual prompts, non-verbal, body language are all ways of showing they agree, or not, to care [being carried out by staff]", "We ask people and give them visual options" and "We ask people and if they decline care, we would leave them for a few minutes and send in another carer; if they continue to decline then we may have to use MCA and have a best interest meeting."

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 saw the registered provider was working within the principles of the MCA. For example, an assessment of capacity had taken place and a best interest meeting held for a person who needed their medicines covertly. The registered manager told us there were two people with DoLS authorised by the local authority supervisory body. Applications for DoLS had been made for other people but they had yet to be assessed and authorised; the registered manager showed us they followed these up with the local authority each month. We found the registered manager and staff had completed training in MCA and DoLS.

We saw staff had access to a range of training considered to be essential by the registered provider such as first aid, safeguarding, medicines management, food hygiene, infection control, moving and handling and fire safety. Staff also completed other relevant training, for example care of the dying, dementia care, pressure area care, how to manage behaviours that were challenging, nutrition and the use of a dietetic screening tool. There was a system to indicate when refresher training was due. New staff completed an induction which consisted of core training, a care certificate workbook and supernumerary shifts alongside more experienced and skilled staff. Staff told us they received sufficient training and support to ensure they felt confident when assisting people who used the service. They also confirmed they had regular supervision meetings and appraisal on an annual basis.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and treated them with respect. Comments included, “Staff are friendly and caring; if anything’s wrong I tell them”, “They do the best they can, they listen to you and I get on very well with them; they do a good job”, “I have got freedom here, I like the staff and I like my room”, “They have got fairly good staff here. The girls are always pleasant and if you ask, you do get but it may take a while”, “It’s easy going and people seem nice”, “I quite like it, we’re all friends”, “Staff are very nice, they all help one another; they ask if I am alright and I have got everything I want” and “I would say they are caring.”

Visitors said, “I think you can depend on them and have a good working relationship; you can have a good laugh and a joke”, “They seem happy in what they are doing. I think they are caring, they always do things if you ask them”, “She is safe here, we feel this is her family”, “The staff are really good here – first rate and I can visit anytime”, “The staff are fantastic and I can approach them about anything”, “I have seen staff give them [people who use the service] a hug”, “Whilst I was in the room, staff came and knocked on her door before they entered the room”, “The staff provide constant care and they know her moods; her face lights up when she sees them and that gives me comfort” and “I think it’s good, there’s always plenty of stuff going on.” One visitor said, “Staff are here for me too; they tell me they have to look after me as well” whilst another said, “I trust the staff. They are like another family to me; I don’t know what I would do without them.”

We observed the staff were smiling, were friendly and approachable towards everyone, and all knew the names of people who used the service and their relatives. We also observed staff were attentive. For example, one person was walking down a corridor and a care worker stopped to talk to her and then offered to go and get her a cup of tea. We saw a care worker sit and chat to a person for a few minutes after giving them a hot drink. We saw a care worker held a person’s hand and sat by their side to encourage them to have a hot drink. We observed two care workers assist one person to transfer from a wheelchair into a chair. This was done correctly and in an unhurried way; staff explained what was happening and chatted to her throughout. When the person was seated they offered her a hot drink which was brought promptly. During lunch we overheard staff asking people what they wanted to eat and sat down next to people to encourage them to eat their meal. We observed staff answered call bells quickly; staff carried pagers which indicated the room number if a call button was pressed. This helped to create a calm atmosphere as there were no alarms sounding every few minutes when people called for assistance.

We saw people were provided with information about the service. There were notice boards with information about activities and meetings, and there were leaflets in reception about the service, how to complain and advocacy arrangements. The food hygiene certificate and previous inspection reports were on display. Each person was provided with a welcome pack which included a ‘service user guide’; this provided information about the service and staff. We saw the service had a colourful monthly newsletter which provided people with details about planned activities and outings. There was also a corporate newsletter providing information about the company as a whole. People who used the service, relatives and staff were consulted about which dementia pod to purchase with a donation given to the service. Dementia pods are pop-up rooms designed to be reminiscent of a bygone era and help to provide interest, familiarity and reassurance to people living with dementia.

There was information about likes, dislikes and preferences in care files for how care should be carried out. This showed us people and their relatives had been involved in decisions about planning their care and support. People were involved in planning the activities programme by making suggestions during meetings. Staff told us people were able to choose the wall colour of their bedrooms. We saw one person had chosen lilac walls and another had requested wallpaper, which was to be put up soon.

We observed people who used the service were treated with dignity and respect. We observed staff knock on people’s doors prior to entering and they were discreet when asking them if they wanted to go to the toilet or required other assistance. People who used the service looked appropriately dressed, were well-groomed with tidy hair and clean nails, and all were wearing shoes or slippers when they were up and about. In discussions, staff were clear about how they maintained core values such as privacy, dignity, choice, respect and independence. They said, “Doors are shut and we keep people covered during personal care”, “Keep curtains closed and covered up during personal care and always knock on doors”, “We call

Good

Is the service caring?

people by their preferred name", "People have a choice about everything, getting up, food, clothes, showers or baths", "We have a mums rule – would I want my mum to go through that" and "I would have my relative here." We saw the dining room was set out nicely with table cloths, fresh flowers, serviettes, and small glass jugs and glasses. We were told the small jugs were so people could serve themselves independently.

Health and social care professionals commented positively on staff approach. They said, "Staff are so helpful. It really is an amazing place now with major improvements noticed" and "I have observed staff promoting privacy, dignity, choice and independence by offering them a choice of meal or drink, by asking which clothes they would like to wear and if they would like the television or radio on in their room". They also said, "Staff ensure doors and curtains are closed when providing personal care. They always address patients by their preferred name and I have observed staff generally chit-chatting with people when I have visited", "I feel dignity and respect is maintained by staff whilst I have visited patients in the home" and "Friendly interaction between home, family and residents."

A local clergy, who visited monthly to provide spiritual support to people who used the service, their relatives and staff, also commented positively on staff approach. They said, "Staff are brilliant, they are great with service users and nothing is too much trouble; they treat them [people who used the service] as if they were their own parents" and "Every time I see caring and compassionate care. This is a very special place and staff work so hard." They went on to describe how staff had gone out of their way to support a person to attend a special service at the local church. They also told us how staff had been very responsive to one person's needs and that of their family. They had arrived at the service to support the relatives of a person on end of life care. They found people round the person's bed holding their hand and thought they were relatives. However, they were staff who had come in on their day off; they said they were very moved by this act of kindness and compassion.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. People's care files were kept in a lockable cupboard in an office, where they were accessible to staff but held securely. Medication administration records were secured in the medicine rooms. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff records were held securely in lockable cupboards in the main office.

Outstanding ☆

Is the service responsive?

Our findings

We saw there was a range of flexible and creative activities both in-house and in the community to provide meaningful occupation, to stimulate interest and to help people feel part of the local community. We saw from photographs of people participating in these activities that they really enjoyed them and this increased their wellbeing and the quality of their lives. The three activity co-ordinators had a full weekly schedule which included, quizzes, baking, bingo, reminiscence, craft work, flower arranging, manicures, sing-a-longs, slide shows, church services, seasonal parties, board games, and soft ball, hoopla and parachute games. Canine partners visited each month to give people the opportunity to make a fuss of dogs and staff had been trained to facilitate 'Oomph sessions' which were fun, exercise activities. We observed one of these Oomph sessions during the inspection and participants enjoyed themselves exercising to music using a range of objects. We observed one person engaged in doll therapy and saw they gained much comfort from this, talking to the doll and cradling it in her arms. We saw two other people enjoyed washing up and tidying the kitchenette on a regular basis; this had been made safe for people to use. There were rummage boxes in communal areas and in some bedrooms for people to pick up and handle items. The service also had mobile sensory equipment that could be manoeuvred where it was most needed, for example in people's own bedrooms if they preferred to use this on a one to one basis with staff. The activity co-ordinators provided newspapers for some people, had one to one chats with others and had supported 14 people so far in completing life story books. The life story books were used to help people with dementia to recognise family, friends and locations and to remind them of important stages of their life.

Some people who used the service had contributed to the company's garden in bloom competition by planting flowers and painting benches. The photographs showed people engrossed in their tasks and pleased with the results. During 'hydration week' four people had made a selection of drinks each day and these were taken to other people who used the service to sample. The Salvation Army, entertainers and local schools had connections and visited the service. Local clergy held a Remembrance Service within Raleigh Court in November 2015, which was very popular with people. Staff had supported people to make poppies to wear and all held a minute's silence. This helped people to feel part of our national day of remembrance.

Each month, the service held a 'food cruise' which consisted of a virtual cruise liner stop at different destinations. Staff dressed up for the occasion and decorated the dining room. Samples of food from the destination were prepared for people to taste. For example in September 2015 the theme was Thailand and people sampled Thai green curry and coconut ice-cream and in November 2015 the theme was Mexican food and margaritas. The registered manager told us the destinations for the 'cruise stops' had been planned in advance by senior managers, however the food choices were chosen from a selection by people who used the service. There was also a cheese and wine evening for relatives in October 2015 to give them the opportunity to speak with senior managers.

We saw staff had created a 'wedding wall' in one of the corridors. This was filled with the wedding photographs of people who used the service and they often stopped to locate their own picture. The wall prompted discussions with people about their own wedding day and was also appreciated by relatives. Staff told us they helped couples to celebrate milestone wedding anniversaries by putting on parties for them. This was confirmed in a discussion with a relative. We saw there was a hand cart on wheels with sweets which was taken round the service for people to make purchases of their choice. Some people also went out to local shops to make purchases.

People had accessed the community such as joining in ping-pong and bowls competitions at sports venues, making mosaic table tops with a local artist and visiting landmarks. The activity co-ordinators spoke about how they supported one person each week to place a bet at the bookmakers to ensure a previous interest was maintained. They supported a person who was an ex seaman to attend a service for the 'Bell of Norland' (merchant navy ship) held at Holy Trinity church and 10 others to attend a tea party held by the High Sheriff of Hull's office. Several people had attended a pantomime, a street party and the annual 'care homes games' at a local park. Six people and four staff attended a 'black and white ball' at a local hotel for the company's annual awards ceremony. This included the final of the garden in bloom competition of which Raleigh

Outstanding ☆

Is the service responsive?

Court was a finalist. There was a harvest festival in October 2015 and people who used the service took part and donated foodstuffs to the Church and Salvation Army to distribute to people in need. Twenty-six people, and eight staff and relatives, attended a Christmas party at a local hotel. The service also held a summer and Christmas fayre each year to raise money for the 'resident's fund'. Some people were able to attend Hull Fair in October 2015 with staff, whilst others participated in 'Hull Fair at Home' the following day. This was provided by the activity co-ordinators and consisted of games and sweet treats brought back from the actual fair.

People told us staff provided them with care and support that met their needs and preferences. They said there were lots of activities to participate in and people accessed community facilities with staff or their friends and relatives. Comments included, "I always choose when I get up and go to bed and I eat my meals in the dining room", "Yes I do [feel in control], I help staff as much as I can too", "Yes, I can do as I like; it is comfy", "I feel quite healthy, I can do what I want to do" and "I went to a church service this morning." Visitors said, "He has been provided with a new chair and it's wonderful", "She went out to a Christmas party a few days ago", "Yes, she does as she likes", "It really is an excellent place" and "They [activity co-ordinators] are lovely and are always doing something; they have memorabilia days."

We saw in care files, people had assessments of their needs completed prior to admission to the service. These were kept under review and updated annually or sooner when people's needs changed. There were also risk assessments completed on admission. Information from the assessments was used to complete plans of care. Other documentation showed people who used the service and their relatives had contributed to the assessments and care plans. For example, there was a 'map of life' and a 'getting to know you' document, which detailed the person's family, interests, previous holidays and important issues. The care plans described likes and dislikes, and preferences for how people wished care to be provided. For example, we saw one person's care plan described how they preferred a quiet environment and how their relative had pre-selected their meals for them based on their knowledge of previous likes and dislikes; the person was unable to make these decisions by themselves so the choices were made in their best interest. Another person's care plan described their preference of gender of care worker and how they were a very private person which was to be respected.

We saw people received care that was person-centred. For example, liaison with one person's GP and their family regarding the use of covert medicines, which had helped to reduce their anxieties and the number of incidents with other people who used the service; staff kept this under review. Another person had a very clear behaviour management plan which directed staff in what made them anxious and frustrated, the importance to the person of feeling valued and how to make the environment safe for them. The same person had a clear care plan to guide staff when supporting them with personal care. It described distraction techniques, approaches to use, explanations to give and preferences for clothing. This had a positive impact on the person who used the service and had helped to relieve their anxieties.

During the inspection we spoke with a community psychiatric nurse. They told us the way the service had responded to their patient's needs had been significant and had made a positive impact on the quality of their life. They said, "My patient was depressed at their previous home but they have come here and what a difference. He is accepted here and they deal with the risk. Care is individualised. They have worked and engaged with [person's name] and deliver very good person-centred care."

Staff in discussions, described how they provided care that was person-centred and based on people's choices, wishes and their knowledge of their needs. This has had a positive impact on specific people who used the service. Comments included, "We use distraction techniques [during personal care tasks] for one specific person and it works; it's all written down in their care plan", "We know who are prone to infections and we monitor them closely", "One service user [name], likes Dr Who so we are trying to get her bedroom door to look like a Tardis", "[Person's name] rings their cousin in Malta each month and [person's name] rings her daughter in Australia; it's important we support them to keep in touch" and "Some service users are able to contribute to planning their care and we have a lot of input from families and previous social workers. We speak to service users and ask them if they like what is provided."

Outstanding ☆

Is the service responsive?

The estates manager told us staff were personalising people's bedrooms and they had choice about the colour of walls and carpets. The activity co-ordinators spoke with us about this and said they had engaged with relatives to provide things to personalise bedrooms and provided pictures and other items for people who did not have relatives or who were unable to assist. We saw the environment was very responsive to people's needs. For example, bedroom doors were painted different colours and there was signage for toilets and bathroom doors as an aid for people living with dementia. There were hand rails in corridors and grab rails in toilets and bathrooms. There were patio/garden areas with raised flower beds, tubs, seating and walk ways. The registered manager told us people were able to walk around the service in a circuit; some people living with dementia found this comforting. One corridor on the ground floor had the appearance of a short street with a grocers shop front and a hairdresser's salon next door. The salon was well-used by people as a place to sit and chat whilst having their hair done. The service had a separate room for people who wished to smoke.

There was a complaints procedure on display in the entrance and this was provided to people in a 'service user guide'. The policy and procedure described timescales for acknowledgement, investigation and resolution. It also provided information of where people could escalate complaints if they were unhappy with the outcome of an investigation. Staff knew how to manage complaints. People confirmed they would feel able to raise concerns and complaints as required. Comments included, "I would speak to [staff and manager's names], they would put it right", "I can talk to them, they listen to you", "I would tell the top one, they are really nice", "I would tell the boss here she would listen" and "I would see the manager, and I have and it was sorted."

Good

Is the service well-led?

Our findings

We found the service was well-managed. People spoken with knew the registered manager's name and told us they would raise any concerns with them if required. Comments included, "If you need any help they are there for you, I can't fault the staff. There is nothing I would change."

Visitors said, "[Registered manager's name] is excellent and ever so nice. To be honest I don't think there is anything to improve on", "Since [registered manager's name] took over it has come on leaps and bounds" and "Yes, I have always thought so [well-managed], if it wasn't it wouldn't be as good as it is."

Health and social care professionals said, "The manager is very good" and "If we do have any issues we speak to the manager [name] and she deals with the problem swiftly."

We spoke with the registered manager about the values and culture of the organisation. We found they were very enthusiastic about their role and attention was focussed on the people who used the service. They said the organisation had a very open and supportive culture driven by wanting to improve the quality of life for people who used services. There was an organisational commitment to 'continuous improvement' and to encourage departments and individuals to make a difference through 'innovation, involvement and improvement'. We saw within Raleigh Court this commitment had been put into practice especially in the area of involving people in activities and community access. There was a senior management structure in place and the registered manager told us they visited regularly to provide them with guidance, support and formal supervision meetings. There was also a system where registered managers met monthly to share ideas, discuss issues and generally have an 'open clinic'. There was an induction booklet for new staff which included the values of the organisation and expectations of behaviour.

Staff told us they felt very supported by the registered manager. Comments included, "Very approachable and accommodating", "She listens to you", "Morale is good. You can speak to the manager confidentially and she tells us never to be afraid to ask her to help with people's personal care", "Since [registered manager's name] it has been a lot better – cleanliness, tidiness, just generally overall", "Yes, it's a nice place to work. I'll happily drop things and come to work. The manager is very good – amazing in fact and very supportive", "I love my job even though it's very hard; I feel rewarded and have a sense of satisfaction. The service users are very thankful", "Families are thankful, they notice we are doing our best" and "We are able to see senior managers and they have said we can ring them at any time."

We saw the quality monitoring system consisted of audits and meetings to seek people's views. The administrator told us how they managed finances and these were audited by 'head office' recently. We looked at an audit for infection prevention and control and saw there was a plan in place to prevent the outbreak of infections and also to deal with one if it occurred; the audit highlighted any shortfalls and they were re-checked to ensure they were addressed. We saw there was a full environmental audit completed in June 2015 and medication audits were completed weekly. Moving and handling equipment was audited monthly. Action plans were produced to address any shortfalls from the audits.

We saw meetings took place for people who used the service, relatives and staff. This enabled people to make suggestions and express their views. A member of staff said, "We have staff meetings monthly and can raise issues; it's a chance for us to speak out." There were also questionnaires completed in 2015 by people who used the service, relatives, staff and health professionals. We saw the responses were analysed and comments addressed. We saw responses were discussed in the meetings held for people who used the service and relatives. The registered manager held a file of 'satisfaction comments' received from people; the comments were from a range of visitors such as doctors, community nurses, social workers, ambulance crews, local clergy and relatives. The comments were very positive about the manager, staff, their approach with people, their record keeping, activities and the service provided to people in general.

The Chief Executive Officer (CEO) was present in the service on the first day of the inspection. They told us they made themselves known to staff, people who used the service and their relatives. We discussed the changes made within the service and how these had benefited both people who used the service and staff; the staff team was now stable and morale was high. The CEO spoke about the reward schemes in place to show appreciation to staff and help retention. We spoke with a member of the Board of Trustees and they told us formal visits to the service were

Good

Is the service well-led?

to be re-started as part of quality monitoring. These would include discussions with people and staff and reports generated for the Board. They told us they felt the care, staff commitment, activities and cleanliness were all good and they were happy with the refurbishment plans. They also told us the Board received reports for each service which included the updates from regional managers and the CEO's overview. These included serious complaints, which remained in the body of the report until resolved.

Staff told us communication was good. Staff received a weekly briefing from the CEO which included quality issues, health and safety and human resources updates. There was also a staff magazine. The registered manager told us they had a handover each day when they were on shift to ensure they were kept up to date. This included a discussion about the people who used the service, for example, falls, infections, GP visits and any safeguarding incidents. There were shift handovers to exchange information and senior care staff maintained a 'communication book' for important messages.

We saw learning from incidents had taken place and measures put in place to minimise risks. For example, the registered manager told us they moved the staff office to a more prominent place. This was because some people had an increase in falls in the evening and liked to spend this time of day in a specific area of the service. The new staff office looked onto this area and as staff were in and out of this in the evening, they were able to monitor people more effectively. This had resulted in a reduction of falls for them.

The registered manager was aware of their responsibilities regarding notifying the Care Quality Commission and other agencies of incidents that affected the welfare of people who used the service. We received notifications in a timely way.