

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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Raleigh Court – Care Home is a residential care home. It can provide personal care to 56 people aged 65 and over, who may be living with dementia. At the time of the inspection 51 people were receiving the service. People are accommodated on two floors in one building.

### People's experience of using this service and what we found

A new management team in place in the last 12 months meant the service was better managed and directed. Breaches found at last year's inspection had been met and shortfalls were now being identified by the registered manager and put right. Staff told us they felt better supported and able to call on all managers for assistance when needed.

Staffing vacancies were being safely recruited to, risk was reviewed and reduced and needs assessments and care plans better completed. People were monitored more closely and effectively to improve the management of accidents and incidents. This kept people safe from harm.

Some minor infection control and management issues were found when viewing the premises. We discussed them with the deputy manager and they were given immediate attention.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were well supported and trained to carry out their roles and met people's needs for suitable nourishment and effective health care.

People's privacy, dignity and independence were respected and encouraged. Their care plans were now up-to-date and person-centred, complaints listened to, communication needs met, and end of life support available when needed.

Quality monitoring was improved. People were asked their views of care and support, governance systems met the requirements of registration and there was a positive desire to learn from lessons and improve the quality of the service. The registered manager had made some changes in how the service was run and had motivated staff to sign up to them with the aim of providing better care to everyone.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 23 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Raleigh Court - Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and one assistant inspector carried out this inspection.

#### Service and service type

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

The service had a manager registered with the CQC, which had not been the case at the last inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we had already received from the provider, local authorities and people who had contacted us since the last inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people and six relatives or friends. We spoke with five care staff, two cleaners, the registered manager, deputy manager, quality control manager and an area manager.

We looked at a selection of documents from care files for 16 people and at recruitment files, supervision records and training records for six staff. We viewed records and documentation relating to the running of the service, including records held on the quality assurance and monitoring systems, the management of medicines and the safety of the premises. We also looked at records for equipment maintenance and in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people and staff. We looked around the premises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and the latest accident information and analysis sheets.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly manage risks relating to the health, safety and welfare of people: in respect of relationships, medicines and accidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff followed risk assessments more closely.
- They had improved their practice in observing and supervising people in the service. Deployment of one-to-one staffing for some people had helped, so people experienced fewer incidents of risk or harm. People said, "I feel safe here", "Staff are protective" and "I've no need to worry."
- Staff had also reduced the risks of people having accidents, which was reflected in the records held.
- The provider safely maintained the premises and kept safety certificates up-to-date.
- Staff managed the risks more safely around ordering, stock controlling and recording of medicines. Minor improvements were required with returning of unused medicines. The registered manager was made aware of this and action was immediately taken.
- People received their medication safely. It was given as prescribed. Staff who administered medication were trained to do so and had their competency assessed. Records showed when people had taken medicines and who had supported them in doing so.

Systems and processes to safeguard people from the risk of abuse

- The provider safeguarded people from abuse. Systems were in place to manage suspected or actual incidents of abuse and staff knew their responsibilities to report them.
- A much smaller number of incidents than last year had arisen that required safeguarding procedures to be instigated. These had been appropriately managed.

Staffing and recruitment

- People were supported by a sufficient number of suitable staff on duty.
- Staffing rotas supported this. Staff on duty told us they covered vacancies when needed to.
- Recruitment procedures and practices were robust. The provider followed their systems.

Preventing and controlling infection

- People were protected from infection risks by staff operating good infection prevention and control practices.
- The premises and equipment were clean, with the exception of everyday use of bathrooms and minor findings were quickly addressed.
- Catering staff followed food hygiene guidelines and were trained in this area.

#### Learning lessons when things go wrong

- The provider encouraged management and staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur.
- Much improvement was seen in people's safety within the service, because of lessons learnt. We expect this improvement to be sustained.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement and we made some recommendations about assessing needs and following the law on capacity. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good. People's feedback, and that of their relatives, confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed and met.
- Improvements were made in the questions asked on pre-admission and admission assessment forms. This ensured details sought were thorough, and discussion around any concerning information could be held.
- People's rights were respected and their diverse needs supported, so they were not discriminated against for any reason. Relatives told us, "[Name] gets the help they need, as soon as staff are able" and "No matter what my relative needs, staff respect their preferences."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider acted within the mental capacity legislation. Everyone who used the service had assessments of capacity completed and DoLS authorised, when they were required. Staff had completed MCA training.
- Staff had a good understanding of consent and gave examples of how they ensured consent was obtained from people before carrying out tasks.

Staff support: induction, training, skills and experience

- Staff had access to a range of training suitable for their role. The training record identified who had completed training and when, so that updates could be booked when required. As well as essential training, other important training for staff such as mental health awareness, dignity, dementia, equality and diversity,

continence and data protection were sourced.

- Staff received supervision and support from the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional and health care needs were met.
- Meals were provided four times a day, as well as snacks. Menus and meal choices were based on healthy eating as provided by an outside caterer.
- Records showed people had access to a range of health care professionals. They attended appointments or consultations and saw their doctor, dentist, optician or chiropodist upon request or when necessary.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked with other agencies to ensure people's needs were met.
- Visiting health care professionals told us staff collaborated well, listened to advice and followed instructions to assist people with health and support needs.

Adapting service, design, decoration to meet people's needs

- The design of the service was suitable for people's needs.
- Care had been taken to ensure the premises were suitable for those people living with dementia. Corridors were accessible to people in wheelchairs. Bedrooms were personalised.
- Communal rooms were available for activities. Garden space was equipped with furniture and enclosed for people's safety. Some work was needed to tidy up the garden areas, but they would not be used again until spring.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff. Families we spoke to all told us they felt people were treated well. They said, "My relative has been so much happier here than their previous care home. Staff are lovely here", "Staff are caring and dedicated", "I hear staff talking to people politely and have seen them providing good care" and "All the staff are brilliant."
- People's diverse needs around age, religion, culture, disabilities and gender were understood by the staff that supported them. Staff were fully aware of diversity having completed equality, diversity and human rights training. They respected people and each other's differences and gave examples to support their practice.

Supporting people to express their views and be involved in making decisions about their care

- People were included in decisions about their care and encouraged to make choices. We saw people being asked to decide about the foods they ate, activities they took part in and whether they wanted to stay in their bedrooms or mix with others.
- People's care plans detailed their preferences for care and support. They contained evidence that they and their relatives had been involved in providing information. People had reviews of their care plan to check they were still accurate and up to date.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected by staff.
- Staff understood about supporting people to live their lives discreetly and so staff practice was considerate of this. People were guided during personal care to maintain their dignity and privacy.
- Staff encouraged people to be independent wherever possible by enabling them to make decisions and do what they could for themselves.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to ensure people's histories and care needs were accurately recorded in care plans and that care plan instructions were followed. This was a breach of regulation 9: (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider was responsive to and met people's needs.
- Support plans were devised from information gathered about people. They were person-centred and instructed staff how to assist people. Support plans had been reviewed and updated since the last inspection and they now reflected people's past lives and histories.
- People's choices were recorded and respected and relatives confirmed with us people received the support they needed, as staff were better at following care plan instructions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed people's communication needs and put measures in place to meet them. These included measures to meet needs with hearing, sight and living with dementia.
- In the main, people made their views known verbally, but some living with dementia used actions and refusals to demonstrate their views or needs. Staff respected people's ways of communicating.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ensured people had activity and occupation available. Coordinators supervised activities, which included both physical events to join in with as well as electronic ones to enjoy. During the inspection, some people were baking and reminiscing. Others were watching a London staged musical on a large screen while one person was on a visual head set experiencing being in the audience.
- Many visitors were seen in the service across the three days of the inspection and those that spoke with us

told us they were very happy with the care their relatives received. We observed enthusiastic staff supporting people to stay engaged.

#### Improving care quality in response to complaints or concerns

- The provider responded well to complaints. There was a policy and procedure on display, which explained to people how to make complaints. The service had received five formal complaints last year. These were recorded and addressed so that improvements could be made. Apologies were given when shortfalls were identified.
- People and their relatives told us they felt they could raise concerns and complaints, and they were listened to. One relative explained in detail how they had worked with the staff to improve the service their family member received.

#### End of life care and support

- The provider supported people with end of life care when required. People's choice to remain in the service or go to hospital was respected. Details were recorded in care plans. Some staff had experience of, and completed training in, end of life support.
- Healthcare professionals were accessed as necessary to provide advice and support to staff when needed. Specialist medicines were supplied and administered by these professionals to help people have a pain-free death.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure service shortfalls and risk to people were identified and addressed, which was a breach of regulation 17: (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider used appropriate systems to assess and monitor how well the service was being delivered. The registered manager used systems each month to determine shortfalls and risks to people, so these could be addressed and reduced. Action plans were continuously amended and added to as areas for improvement were identified.
- Systems included a plan of audits throughout the year, which involved daily, weekly and monthly checks.
- The provider's organisational structure meant senior management also completed quality checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People's outcomes had improved. The provider's visions and values for the service were now better reflected in the culture among the staff. Staff attitude had improved since the last inspection. They now set a culture that was inclusive and supportive but needed further development to ensure it was sustainable in the long-term.
- The provider continued to meet their duty of candour. When things in the service went wrong the provider and staff understood how to manage them to show transparency and honesty. We saw evidence that several issues had been addressed when problems and dissatisfaction were raised by people and their relatives.
- The registered manager and staff were keen to improve the care provided. Staff felt supported by management and wanted to develop and learn.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider effectively asked people and relatives for their views on the care they received. Satisfaction surveys, one-to-one conversations and relatives' quality meetings were all used to gain information. Staff views were sought through staff surveys, meetings and supervision.
- Information gleaned took into account people's diverse needs or views, so as to avoid discrimination against them, and was analysed to look for ways of improving care and support.
- Staff worked well with other social and health care organisations to provide improved care.
- Whenever recommendations were made, for example, following safeguarding incidents, management addressed issues and instructed staff to act accordingly.
- Healthcare professionals we spoke with were satisfied with how the staff shared information and listened to advice.