

Prima Healthcare Limited

Ranelagh House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 7 and 8 November 2017.

Ranelagh House is a residential care home registered to provide support for up to 26 older people. At the time of our inspection 24 people were living there. The home is located in the Aigburth area of Liverpool and is near to local amenities and public transport. The accommodation is split over two floors, with a lift for people to use and most bedrooms having en-suite facilities.

The home had recently recruited a new manager who was in the process of registering with the Care Quality Commission. 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. The new manager was absent at the time of our inspection so the deputy manager and operations manager assisted us in their absence.

We last inspected the home in September 2016 and gave it an overall rating of 'requires improvement'. On that inspection we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that parts of the environment were not safely managed and the systems in place for auditing the quality of the service provided were not always effective.

During this inspection we also found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches relate to the safety of the environment at the home and ineffective systems to monitor and maintain the safety and quality of service at the home. For services rated Requires Improvement on one or more occasions, we will take proportionate action to help encourage prompt improvement. Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires a provider to give us information – when we ask them to do so - about how they plan to improve the quality and safety of services and the experience of people using services. You can see what action we told the provider to take at the back of the full version of the report.

The safety of the premises and the quality of care provided was checked through a range of audits. However, at the time of our inspection these audits were not up-to-date and were ineffective, as they had failed to identify a number of issues that we saw on our inspection. Failure to identify and act upon these risks to people's health and safety meant that the environment at the home was not always safe.

People living at the home had personalised care plans and risk assessments. People's care plans and risk assessments had been regularly reviewed by the previous registered manager until they left their role around September 2017. However, these reviews had not been kept up-to-date in the time since the previous registered manager leaving the home and our inspection. This meant that people's care plans and risk assessments potentially contained information that was not up-to-date or accurate.

Staffing levels during our inspection were sufficient to meet the basic needs of the people living there. However, we saw that there was a significant lack of interaction between staff and the people living at the home.

The activities at the home were limited to watching daytime television in the communal lounges. We saw that people were left in these rooms for long periods of time without interacting with any staff. We noted that the home had recently recruited an activities coordinator to improve in this area and they were due to start soon after our inspection. We were told that the home had not employed anyone in this type of role for around 12 months and we saw this was desperately needed.

Staff training records at the home were not up-to-date and there was not a clear system to document and plan staff training. We saw that most staff had completed training considered mandatory. This included health and safety, fire safety, infection control, medication administration, moving and handling and the Mental Capacity Act 2005 and the associated DoLS but many staff were due refresher training.

Medication was correctly administered, stored and recorded. We looked at three people's medication administration records (MARs) and medication stocks and found that the MARs had been appropriately completed medication stocks were accurately accounted for. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff.

Staff were safely recruited and were supported with an induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files.

The people we spoke with and their relatives told us they enjoyed the food and drink at the home. We saw that people were given a choice of suitable nutritious foods to meet their dietary needs and preferences. Relevant information regarding anyone who required special diets, such as diabetic or soft diets, was clearly displayed in the kitchen.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff had had training on this and information about how to raise safeguarding concerns was readily available. Staff told us that they felt people living at the home were safe, as did the people living there and their relatives. They said that if they ever had any concerns they could raise them with staff and the issues would be resolved.

There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS. The staff we spoke with demonstrated a basic understanding of the principles of the Mental Capacity Act 2005 and the associated DoLS. We saw that staff had been booked onto refresher training but the training data had not been updated so it was unclear when this training had taken place.

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 not always safe.

Environmental risks to people's health and safety were not always identified and addressed.

Staff were recruited safely.

People said they felt safe living at the home. Staff and relatives also felt people were safe. Information was available to raise any concerns if necessary.

There was a sufficient number of staff working to meet the basic needs of the people living at the home.

Medication was correctly administered, stored and recorded.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training relevant to their roles but the training records at the home were not up-to-date.

Staff supervisions and appraisals were not up-to-date.

There were policies and procedures in place and appropriate steps had been taken to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS.

People were given a choice of suitable nutritious foods to meet their dietary needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives told us that they felt the staff knew them well and staff were able to tell us about the people they were supporting.

We saw caring and friendly interactions between the people

Good ●

living at the home and staff.

We saw that people's dignity and privacy was maintained.
People were clean and well-dressed.

Is the service responsive?

The service was not always responsive.

People had personalised care plans and risk assessments but these were not up-to-date at the time of our inspection.

We saw that people were left for long periods of time without interaction with staff and, aside from daytime television, there were no activities on offer to help people to enjoy themselves or interact with others.

People and their relatives told us they were able to raise a complaint if necessary and were confident any issues would be dealt with by staff.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Systems to monitor and improve the health and safety as well as quality of home at the home were ineffective and not up-to-date.

There was a lack of leadership and accountability to maintain and improve the quality of home at the home.

There was a caring culture at the home.

Staff, people living at the home and their relatives told us that senior staff were caring, approachable and listened to them.

Requires Improvement 

Ranelagh 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 was 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 was carried out on 7 and 8 November 2017 by one adult social care inspector.

At the time of our inspection there were 24 people living at the home. During the inspection we looked around the premises and observed the support provided to people in the communal areas of the home. We spoke with seven people who lived at the home four people's relatives, five members of staff who held different roles within the home, four health professionals visiting people living at the home and a pest control contractor. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation including three people's care records, medication records, five staff recruitment files, staff training records, accident and incident report forms, health and safety records, complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

We contacted the local authority, who told us they did not have any concerns about the home.

Is the service safe?

Our findings

We asked the people living at the home and their relatives if they felt the home was safe. They said, "Yes, I feel very safe" and "[Relative] is very safe and looked after here." Staff told us they felt people were safe at the home and they ensured people were safe and knew what to do if they were worried about people's health and wellbeing. something.

On our last inspection we found that a number of doors around the home were wedged open and the home lacked up-to-date gas safety and legionella certificates.

During this inspection we found that the home lacked a robust and reliable system to regularly risk assess and audit the health and safety of the premises. This was demonstrated by the range of issues we identified during our inspection. For example, we saw that several bedroom doors were propped open with items that included chairs and door stops; the ramp out to the garden from the dining room was a trip and/or slip hazard because it was uneven and unsecure; a number of the radiators that included some in people's bedrooms near their beds were uncovered that posed a potential burns risk, some water temperatures had been recorded as exceeding safe limits which posed a potential scald risk but no action had been taken. Failure to identify and act upon these risks to people's health and safety meant that the environment at the home was not always safe. The fact that some doors were still being wedged open, an issue highlighted during our last inspection, demonstrated a lack of learning and improvement at the home.

A fire risk assessment of the premises had been carried out by a professional contractor and this was regularly reviewed by staff at the home. There was a fire evacuation plan that had been reviewed and updated. Fire safety equipment, including the fire alarm and emergency lighting, had been regularly tested. However, the home lacked a robust system to regularly monitor fire safety at the home. For example, a lack of regular and effective environmental checks meant that issues were not always identified and addressed, such as the doors we saw had been wedged open.

There were Personal Emergency Evacuation Plans (PEEPs) for each person in place but these were very brief and contained very little detail about them or their support needs. The PEEPs were also not readily available to staff or emergency services in the event of an emergency. The home's emergency 'grab bag' had not been reviewed for some time. We found that, risk of injury in the event of fire was reduced as the home carried out regular fire drills. This meant that, whilst the PEEP information was not readily available, the people living at the home and the staff had practised what to do in an emergency.

These examples represent a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the premises were not kept safe.

Not all staff had recieved formal training on infection control. However, the staff we spoke with were knowledgeable about infection prevention and control and told us that they were competent using personal protective equipment (PPE). We saw that PPE was worn by staff when necessary. For example, at lunchtime when serving people their food, staff wore disposable aprons and gloves. The home also employed a

cleaner, who we saw working in various areas of the home during our inspection. We saw that the home was clean, well-maintained and there were no offensive odours. We noted that the home had been given a 4-star hygiene rating by Environmental Health in March 2017.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We saw legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems. We saw that firefighting equipment at the home had been regularly checked and maintained.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff had received training on this and information about how to raise safeguarding concerns was readily available. Staff told us that they felt people living at the home were safe, as did the people living there and their relatives. They said that if they ever had any concerns they could raise them with staff and the issues would be resolved.

We saw that accident and incident policies and procedures were in place and there was an effective system to record any accidents and incidents that had occurred. We had been appropriately notified of any accidents or incidents that had occurred since our last inspection. We saw that appropriate action had been taken following any accidents and incidents. For example, one person's falls risk assessment and moving and handling risk assessment had been reviewed and updated following a fall to help reduce the risk of them falling again.

People living at the home relatives and staff said that they felt there were enough staff available when people needed them, both during the day and at night. We saw during our inspection and in the staff rota records that there was an adequate number of staff working to meet the basic needs of the people living at the home.

Staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files. This meant that the home could be confident about who they were employing and that they were both competent and suitable for the role. The home had a disciplinary policy and procedure in place and we saw evidence that this had been followed since our last inspection.

Medication was correctly administered, stored and recorded. We looked at three people's medication administration records (MARs) and medication stocks. We found that the MARs had been appropriately completed and medication stocks were accurately accounted for. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. We saw that relevant staff had received training on medication administration and their competency had been periodically assessed. There were also policies and procedures in place to support staff. This meant people received their medicines as prescribed by staff that were competent to administer them.

The pest control contractor that we spoke with explained that there were no issues at the home and their visit was routine.

Is the service effective?

Our findings

We asked the people living at the home and their relatives if they thought staff had the skills and knowledge to do their jobs well. They told us, "Yes definitely, the staff know what they are doing" and "I trust the staff, they do a good job."

On our last inspection we found that staff supervisions were not up-to-date and had not taken place for several months. During this inspection we saw that supervisions and annual appraisals had been carried out with staff since our last inspection. These meetings provide staff with a formal opportunity to discuss performance, any concerns and plan future training needs. However, we found that supervisions had not been undertaken since September 2017 following the departure of the last registered manager. Staff told us they felt well supported and would speak to a member of the management team should they need to until supervisions recommenced. We noted that the home had made some improvements in this area but they were not being sustained at the time of this inspection.

On our last inspection we found that staff training was not up-to-date. During this inspection we saw that staff training records were still not up-to-date and the home lacked a clear system to document and plan staff training. We saw that most staff had completed training in the areas considered mandatory. These topics included health and safety, fire safety, infection control, medication administration, moving and handling and the Mental Capacity Act 2005 and the associated DoLS. Staff had not all undertaken refresher training and this was overdue. We discussed staff training with the operations manager, who agreed that updating the training data was a priority. This meant people were at risk of receiving support from staff that did not have the most up to date knowledge and skills.

Some of the people living at the home were living with dementia. We saw that there were very few dementia-friendly adaptations that had been made to the environment to help make people's lives easier, safer or more comfortable. For example, easy-read noticeboards or clocks to help people know the time and date and clearly visible signage to help people navigate their way around the home.

All new staff had completed an induction in line with the requirements of the care certificate. The care certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Staff told us that they felt well-supported through their induction process.

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 found that the appropriate applications for those people who had been assessed as lacking capacity had been made to the local authority and they were monitored by staff at the home. The staff we spoke with demonstrated a basic

understanding of the principles of the Mental Capacity Act 2005 and the associated DoLS.

There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS.

People told us that staff asked for their consent when it was needed and they respected their choices. For example, what they wanted to wear or what they wanted to eat or drink.

We asked people about the food on offer at the home and if they got enough to eat and drink. One person told us, "The food is fine and I can have as much or as little as I want." Another person said, "I like the food, I get all I need to eat and drink. If I want something I can just ask one of the staff." The relatives we spoke with told us that the food at the home was good as far as they were aware and their relatives had never complained about it. We saw that people's dietary needs were recorded in their care plans, such as diabetic and soft diets, along with any relevant guidance from dietitians. The kitchen staff were aware of who had special dietary requirements and were able to cater for these needs, as this information was also clearly displayed in the kitchen. We saw that people were given a choice about what they ate and drank to help them maintain a nutritious balanced diet.

Is the service caring?

Our findings

People living at the home said the staff were, "Lovely, very helpful" and "The carers are very good and I think they know me quite well but they're so busy they don't have long to stay and chat." The relatives we spoke with said that staff were, "Very caring and always there for [Relative] when they need them." and "The staff are great."

The staff we spoke with had worked at the home for varying lengths of time, ranging from a couple of months to several years. They were all able to tell us about the people they supported at the home. We saw that staff had caring relationships with the people living at the home. We saw that when staff did interact with people they communicated in a friendly and caring way.

The relatives we spoke with said that they were always made to feel welcome when they visited the home and there was a friendly atmosphere.

One person living at the home was partially sighted and they were also hearing impaired. We noted that staff tailored their communication to meet this person's needs. For example, we saw how staff ensured they firmly knocked on the person's door and clearly introduced themselves when greeting this person. This helped to ensure that this person felt comfortable both in their surroundings and with the staff that supported them. This person and their relatives told us that they felt well cared-for and their health had significantly improved since moving into the home.

The people we spoke with said that staff respected their privacy and dignity. The staff we spoke with told us that they were aware of how important it was to maintain and encourage people's privacy and dignity. Staff described examples of how they achieved this that included communicating discretely when people needed assistance with toileting and personal care.

We saw that confidential information was kept securely supervised or locked in the office. This included people's care plans and staff records.

We saw that people living at the home were clean, well-dressed and staff supported people as required to maintain their personal hygiene.

Staff at the home told us that people living at the home had not yet needed the support of an independent advocate. However, they were aware of the importance of advocacy and said that they would enable this if as and when it was necessary.

We saw that people had been supported to personalise their own rooms. The people we spoke with and their relatives told us they were happy with their rooms. We saw that people had family photos and other items that were important to them in their rooms to make them feel homely.

All of the health professionals that we spoke to whilst they were visiting people at the home told us that the

staff were caring. One health professional said, "The staff are very caring here, it's one of the best that I visit. It's a very homely and family-orientated home."

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to people's needs. One person said, "Staff are on the ball if I have any issues with my health and they get me the help I need." People living at the home told us staff helped them when they needed them. One person said, "I can get help whenever I need it. I feel well-supported and cared for. I quite like it here."

People living at the home had personalised care plans and risk assessments and we saw evidence to show that people's needs were being assessed prior to them moving into the home. We saw that, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. The care plans we looked at gave staff the information they needed to meet people's basic needs but they lacked person-centred details, such as information about people's life and social history which would enable staff to get to know the people living at the home better.

People's care plans and risk assessments had been regularly reviewed by the previous registered manager until they left their role in September 2017. However, these reviews had not been kept up-to-date in the time since the previous registered manager left the home and our inspection in November 2017. This meant that people's care plans and risk assessments may have contained information that was not up-to-date or accurate. The home had appointed a new manager but they were temporarily and unavoidably absent during this transition period and at the time of our inspection.

The activities at the home were limited to watching daytime television in the communal lounges. We saw that people were left in these rooms for long periods of time without any interaction from staff. We noted that the home had recently recruited an activities coordinator to improve this area and they were due to start soon after our inspection. We were told that the home had not employed anyone in this role for approximately 12 months and we saw this was essential for people to have the opportunity to undertake activities of their choice. One person who lived at the home commented, "I've been here in my room on my own for a long time. It's a good job I've got my TV, as it's very boring here and there's nothing to do." This meant that people were at risk of suffering from social isolation and the detrimental effects this can have on people's wellbeing.

We saw that the home helped some people to do things they liked to do. For example, one person's care plan noted they enjoyed listening to the radio in their room. During our inspection we saw that staff had helped this person to do this and they told us that this was how they enjoyed spending their time.

There had not been any formal complaints since our last inspection. The home had a complaints policy and process in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. People told us that they felt comfortable raising a complaint or concern with staff if they needed to. People's relatives told us that communication with staff and management at the home was very good. They said, "We've never had any issues but I'm sure staff would resolve any concerns if we had any."

None of the people living at the home required end of life care. However, staff told us that the necessary training and processes would be put in place, along with liaison with the relevant health professionals, to address this if anybody needed it.

Is the service well-led?

Our findings

We asked people and their relatives if they felt the home was well-led. They said, "Yes, I think the place is well run", "I'd say so yes, if there are any issues they usually get sorted out" and "Yes, we've never had any problems with the management of the home."

The home had recently recruited a new manager who was in the process of registering with the Care Quality Commission. 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. The new manager was absent at the time of our inspection so the deputy manager and operations manager assisted us in their absence.

On our last inspection we found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that parts of the environment were not safely managed and the systems in place for auditing the quality of the service provided were not always effective. During this inspection we found similar problems. We saw that the audits carried out to check the safety of the premises and the quality of care provided were not up-to-date and were ineffective. The registered provider had failed to identify and address a number of health and safety issues which we have detailed earlier in this report. This demonstrates that the home has not learned lessons from our last inspection. Therefore, the home was not well-led.

People's care plans and risk assessments had been regularly reviewed by the previous registered manager until they left their role in September 2017. These reviews had not been kept up-to-date in the time since the previous registered manager left the home and our inspection in November 2017. This meant that people's care plans and risk assessments potentially contained information that was not up-to-date or accurate. It also indicated that during this transition period between managers there was a lack of leadership and accountability to maintain and improve the quality of service at the home.

The home did not have a formal system in place to gather feedback about the home from the people living there or their relatives. This meant that opportunities to identify any areas for improvement and development were being missed.

These examples represent a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the home had ineffective systems to monitor and maintain the safety and quality of the service.

Staff had access to key policies and procedures on areas of practice such as safeguarding, whistleblowing and safe handling of medicines. These were regularly reviewed by the home and provided staff with up-to-date guidance.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service. Since our last inspection the home had sent us notifications as required. All of these events were appropriately managed by staff to keep people safe at the home and they were promptly reported. Senior staff at the home were aware of their responsibility to send us notifications of significant events. The home was also meeting the legal requirement to display its most recent CQC rating at the premises. We noted that the home's website did not clearly display its CQC rating or provide a link to the report. We highlighted this to the operations manager who ensured this was added to their website immediately.

We saw that regular staff meetings had been held since our last inspection. These meetings were documented and provided staff with a good platform to communicate any important information.

Staff, people living at the home and their relatives told us that senior staff were caring, approachable and listened to them.

Staff told us and we saw during our inspection that they were confident working in partnership with other local health services to ensure all of people's needs are met, such as GP services, district nurses, dietitians, physiotherapists, occupational therapists and hospital services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises of the home were not kept safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The home had ineffective systems to monitor and maintain the safety and quality of the service.