The RAF Association (RAFA)

Richard Peck House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 27 October 2014. Richard Peck House is owned by The Royal Air Force Association (RAFA). The service provides short welfare breaks for service personnel and their relatives in a comfortable, hotel style environment. The service provides nine beds for people who require help with their personal care needs. The sea front is within easy walking distance and public transport links are nearby.

People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and to take risks. Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life.

People who used the service felt that the risks associated with their care were managed appropriately and that they were involved in making decisions about any risks they wanted to take. The systems and procedures operated at the home were designed to enable people to live their

Summary of findings

lives in the way they chose, so they could be as independent as possible. The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

People received their medicines as prescribed, because they were stored, administered and disposed of safely, in line with current and relevant regulations and guidance. Staff were provided with effective support, induction, supervision, appraisal and training. People told us they had enough to eat and drink throughout the day, and at night if required. The management team and staff had a clear vision and set of values based on involvement, compassion, dignity, independence, respect, equality and safety.

The service had a system to manage and report accidents and incidents and where required, action plans were developed and monitored to ensure people's safety was promoted and protected. Quality was seen to be integral to the service's approach and staff were aware of potential risks to the quality of the service. Robust quality assurance and, where appropriate, governance systems were in place and these were used to drive continuous improvement. The service had appropriate data management systems in place.

There was a registered manager in place at the time of our inspection. 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. We last inspected this service on 10 December 2013 and the home was found to be fully compliant.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and take risks. Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life.

People who used the service felt that the risks associated with their care were managed appropriately and that they were involved in making decisions about any risks they wanted to take.

People who used the service had their medicines well managed by the service, and if they wanted to manage their own medicines, they were supported to do this.

Is the service effective?

Good

The service was effective. Staff were provided with effective support, induction, supervision, appraisal and training.

People told us they had enough to eat and drink throughout the day, and at night if required.

The premises were well maintained, and appropriately adapted to meet people's mobility requirements.

Is the service caring?

Outstanding

The service was caring. The systems and procedures operated at the home were designed to enable people to live their lives in the way they choose, so that they could be as independent as possible.

The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

Is the service responsive?

Good

The service was responsive. The management team and staff had a clear vision and set of values based on involvement, compassion, dignity, independence, respect, equality and safety. People were supported to take part in a range of activities whilst staying at the home. The service had an appropriate complaints procedure, and handled complaints appropriately.

Is the service well-led?

Good

The service was well-led. There were a clear set of vision and values that included involvement, compassion, dignity, independence, respect, equality and safety. Quality was integral to the service's approach and staff were aware of potential risks to the quality of the service.

Summary of findings

Robust quality assurance and, where appropriate, governance systems were in place and these were used to drive continuous improvement.

The service had appropriate data management systems in place that protected the confidentiality of the people using the service.

Richard Peck 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 checked 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.The inspection was carried out by the lead inspector for the service.

Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. The registered manager had completed a provider information return (PIR). The PIR helps us plan our inspections, by asking the service to provide us with data and some written information under our five questions; Is the service safe, effective, caring, responsive and well-led? We used the PIR and other information held by the Commission to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about the service, such as the deputy manager, five staff members, ten people who used the service and one visiting family member. Following the inspection we spoke with one of the district nurses, who visited the home on a regular basis and the local GP practice. Prior to this inspection we contacted the contracts unit at the local authority in order to ascertain if there were any issues from their perspective. We also spent time looking at records, which included the care records of three people, three of the staff training records and a number of management and audit records relating to the running of the home.

Good

Is the service safe?

Our findings

We checked our records before we visited the service and found that the registered manager had appropriately notified us of any incidents, which had occurred, such as when people fell and were admitted to hospital or when people had unexpectedly passed away. When we visited the home we found the service had appropriate systems in place to identify safety issues and correct procedures in place to ensure relevant notifications were sent to the Care Quality Commission and other organisations, such as the Local Authority.

People who lived at the home said they felt safe. One person told us they felt well cared for and looked after. This made them feel safe. Another said, "I am treated like a VIP and very safe when I am here. The staff are always very polite and treat me like a real person, and make sure that I am safe and secure.

There were enough qualified, skilled and experienced staff to meet people's needs. We examined the rota for the previous two month period, and this showed that appropriate staffing levels had been maintained during that period. We observed members of staff at work and found that they were meeting people's support and care needs in an unhurried way. For instance, people were supported to eat and drink without being rushed. We also noted that members of staff had time to engage with people in a social manner. Members of staff told us that there was always sufficient number of staff on duty. The registered manager advised us that measures were in place to cover unplanned staff absences, with the use of permanent members of staff.

We looked at how medicines were stored and administered. We saw people's medication needs were checked and confirmed on admission to the service. The deputy manager explained that where new medicines had been prescribed for a person who uses the service, the details of these were appropriately recorded in people's files and on the Medicines Administration Record (MAR). She added, that if there was any confusion over a person's medication needs, then there was a procedure in place for staff to discuss this issue with the person's GP. We saw records to support this information. We found individualised care records showed that pain monitoring systems were in place where needed and written guidance was in place for medicines prescribed as 'when required'.

The staff explained that these guidelines helped to ensure consistency in the use of medicines. The records showed that only trained staff administered medications. This was confirmed by talking with staff members.

The deputy manager explained that there was a system in place to ensure staff were competent in this area. She explained that once training had been completed, staff members were observed when administering medications to ensure they were competent undertaking the task. The deputy manager confirmed that periodic medication audits took place. This meant there was a system in place to ensure medication was ordered, administered and recorded in line with the home's policy and procedure in respect of medication administration. We saw records related to these audits, and they were completed to help ensure that should any shortfalls arise, they could be promptly addressed. The member of staff who prepared the medicine and signed the record observed that the person had taken their medication.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helped to prevent mishandling and misuse. We spoke with people about the management of their medicines. They told us they were happy for staff to administer their medication and had no concerns. One person told us they liked to self-administer some of their own medicines and confirmed they had everything they needed. Written assessments of safe self-administration had been completed, to help ensure that should any support be needed, it would be consistently provided.

We spoke with staff members about staffing levels at the home. One staff member told us, "I like to spend time with the people using the service. They like to talk to us and there is always time to do this, and to help them with their activities and interests." People who were staying at the home told us they felt safe when being supported. One person told us, "They come and check on me at night. I feel really safe." One person who had stayed at the home on a number of occasions told us, "There is certainly no neglect here. Staff are very patient, and if I had concerns or worries I would not hesitate to raise my concerns, and I know that the manager and staff would listen, and do something about my problems." The service had procedures in place for dealing with allegations of abuse.

Good

Is the service safe?

Since the last inspection, the registered manager had not raised any safeguarding alerts with the local authority. Staff were able to confidently describe to us what constituted abuse and the action they would take to escalate concerns. Training records confirmed staff had received training on safeguarding vulnerable adults. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed.

Good

Is the service effective?

Our findings

Staff confirmed they had access to a structured training and development programme. One staff member told us, “The training is very good. I have all the training I need do a good job and look after the people who use the service properly.” The staff member then went on to tell us, “The training helps me to give each person the care and support they need.” Staff training records showed staff had received training in safeguarding vulnerable adults, food safety, moving and handling, health and safety, medication, infection control, fire training and customer care.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I had a full breakfast this morning and when I say a full breakfast I mean a full breakfast. The chef is good here.” People who stayed at the home said the food was well presented, that it always looked and smelt appetising. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room, others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal. We observed lunch being served in a relaxed and unhurried manner. Tables were set with linen tablecloths.

People were given the choice of what they wanted to eat or drink. Some people had wine with their meal. We saw staff members were attentive to the needs of people who required assistance. We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody’s dietary needs changed. Staff at the home explained they worked very closely with people and their relatives to understand people’s likes and dislikes. The records showed that care plans contained detailed information about people’s food and drink preferences, and also assessments relating to people’s nutritional requirements.

We did not observe any potential restrictions or deprivations of liberty during our visit. The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of issues linked to people’s personal capacity, such as making personal decisions about their daily routine. There were clear procedures in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. There had been no applications made to deprive a person of their liberty in order to safeguard them. However the registered manager understood when an application should be made and how to submit one.

The premises were well maintained, and appropriately adapted to meet people’s mobility requirements. People told us that they believed they were cared for in safe and accessible building that support their health and welfare. Appropriate environmental risk assessments had been completed in relation to the use of the building, and we found that safety checks took place on a regular basis to ensure that building and the equipment within it, was safe.

Outstanding ☆

Is the service caring?

Our findings

The staff we spoke with had a strong committed to working with people in a person centred manner. One staff member said, “We try and work with people in an individualised way. Each person will like their care and support to be given to them in a personalised manner. That means that we, as carers, have to follow their direction, and work with them in the way they want, at their pace and under their control.” The people who used the service said that they felt consulted, empowered and listened to. One person said, “I’ve only just arrived at the home, and before I came I spoke with the deputy manager over the phone, and told them about how I like to be supported. They asked a lot of questions and I was able to give them all the information they needs. To be honest, I feel very valued, and it’s like the home is really interested in me.” We found that family members and advocates were actively involved in the home. Family members were able to visit the home, and stay with the family member if required. One family member said that they had been asked if they thought a new staff member was suitable to be working in the home. They said that they thought this was a “nice touch” as it meant they could give their opinion about the staff. Staff at the home said that they were encouraged to reflect on their practice during supervision, and during staff meetings and handovers. One said “We regularly sit down and talk to the service users and together as a staff team, to look at ways in which we can ensure the service we provide is of a high standard. One thing we have found is that people like to have a flexible routine, so we have put this into place. People staying here can do things at the times they like, and we follow this routine and work flexibly with people.” People told us they had a good relationship with staff, who they described as “Caring, kind, friendly and patient.” A family member we spoke with told us, “I have nothing but praise for the staff. Everybody is nice and kind.” Staff spoke fondly and knowledgeably about the people they cared for and supported. They showed a good understanding of the individual choices, wishes and support needs of people within their care. All were respectful of people’s needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people residing at the home.

One staff member said, “I like working here. It’s like a family.” Staff showed warmth and compassion in how they spoke with people who stayed at the home. Staff were seen to be attentive and dealt with requests without delay.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people’s comfort and welfare throughout the visit, responding promptly if they required any assistance. When we spoke with staff about the culture of the home, we found they were fully committed to a person centred approach and would establish innovative ways to make it a reality for each person who used the service. People who stayed at the home said they valued their relationships with the staff team and felt they often went ‘the extra mile’ for them, when providing care and support. Examples of this were when the management team transported a service user's personal chair from their home, so that they would be comfortable during their two week short break at Richard Peck House. Another was when a relative was enabled to stay at the home for an extended period of time, before their loved one passed away.

People who used the service had nothing but praise for the staff and management team. One person said, “They are all like angels", and another said, "If you want something, or want to do something like go for a walk, or go to a show, then all you need to do is ask, and the staff will sort it out for you. This home is like a top class hotel with care staff.”

Good

Is the service responsive?

Our findings

The service had a complaints procedure, which was made available to people they supported and their family members. We saw that the service had not received any complaints during the previous 12 month period. Information packs were available in each person's room which described the home's philosophy of care and included sections on privacy, confidentiality, dignity and personal choice. The information pack contained details of how people could raise concerns, comments or complaints about the service. Details were available to show how people could raise issues with external organisations, such as the Care Quality Commission (CQC) and Local Government Ombudsman (LGO).

We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaging in activities, such as reading the paper, socialising, talking about events and organising local trips. We received positive comments from people who were staying at the home about the amount of time staff had to spend with them. One person told us, "The staff are fantastic. We don't have to wait for things to be done." Another person told us, "There are always staff around to help and they always talk to me, that's what I really enjoy." Another person we spoke with explained they needed staff support when they went out. They told us they always got this support. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support.

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "I know who to go to if I have any problems, in fact it could be any member of staff here as they are all so caring. This is a kind home and a good home and the staff reflect that."

People who used the service told us that call bells were responded to quickly, when people required assistance. People were able to access advocacy services if they needed to via the RAFA's home's welfare officer. The registered manager explained that the welfare officer was a national role: the welfare officer visited people in their own homes or at Richard Peck House as and when required, and offered support and advice to people on a range of health and care issues. We saw that information was available on notice boards and within the reception/ entrance area of the home with regards to support from an external advocate. This provided people with the opportunity to access this support, if they needed to.

People who used the service told us they felt the communication within the home was very good and they were kept up to date with any changes to the way the service operated.

We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People's likes and dislikes were recorded clearly within care records. We spoke with two healthcare professionals who regularly visited the home and their feedback was that the home consistently focused on providing a positive service for people, which was clearly based on their assessed needs, choices and desires.

We found documentary evidence to show that where there had been changes to a person's care needs, the care plans had been updated to reflect these changes. We saw that appropriate referrals had been made to other health professionals, where there had been concerns about a person's care and health needs. The records showed that people's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. During the inspection process we spoke with a community nurse and a GP practice, and the feedback from each professional was positive. They told us relationships with staff at the home were supportive and any communications or referrals regarding a person's health were timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

Good

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection. All the people who used the service told us they thought all the staff had a commitment to providing a good quality service. Staff confirmed they had handover meetings at the start and end of each shift so they were aware of any issues during the previous shift. We saw appropriate records to support this. Staff told us they had received regular supervision sessions and they were able to raise issues within this forum, including discussions about their personal development and any additional training they felt they needed. We found evidence of staff supervisions being recorded consistently. Staff told us that regular staff meetings took place. We found notes of the last team meeting which had taken place. This had covered areas such as Quality Assurance, training and development and rotas. Within the minutes it was evident that staff were able to talk freely as a number of questions were asked and recorded within the meeting notes. Staff we spoke with told us they felt able to raise issues at staff meetings and found them useful to attend.

We found evidence of audits taking place. Examples included a catering/cleaning schedule and audit, medication audit and care plan audit. We found an administration audit and action plan, which included checks on the accident book, complaints, petty cash and daily logs.

We talked to staff about their understanding of the vision and values of the organisation, and it was clear they had a very good understanding. Staff spoke of the need to ensure people's rights were always protected, and this involved knowing their care needs, and treating them with dignity and respect.

One staff member said that the culture of the service was very open, and that they could speak to the management team about any issue. They said that they would be listened to, and that their issues would be listened to, and action taken it correct problems if this was required.

We talked to people who used the service about their involvement in quality assurance system within the home. People told us that the staff regularly sought their feedback about how the home operated. Topics covered included the food, the care, the environment and activities. We saw completed feedback forms that were used when people left the home. The comments were all positive.