

Leong E N T Limited

Ralphland Care Home

Inspection report

Ralphs Lane
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Boston
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PE20 1QU

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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

This was an unannounced inspection carried out on 6 January 2017.

Ralphland Care Home can provide accommodation and personal care for 39 adults of all ages including people who live with dementia and/or who have a physical disability. There were 37 older people living in the service at the time of our inspection half of whom lived with dementia.

The service was operated by a company who was the registered provider. The registered provider had appointed a business manager. They were based in the service and dealt with financial and administrative matters. There was also an acting manager and they were responsible for supervising the care provided in the service. The acting manager had applied to be registered by 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. In this report, when we speak about the company who ran the service we refer to them as being, 'the registered person'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including the risk of financial mistreatment. People had been helped to avoid the risk of accidents and medicines were safely managed. There were enough staff on duty and most of the necessary background checks had been completed before new staff were appointed.

Staff knew how to care for people in the right way and they had received most of the training and guidance they needed. People had been assisted to eat and drink enough to stay well and they had been supported to receive all of the healthcare assistance they needed.

The acting manager had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the acting manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff promoted positive outcomes for people who lived with dementia. Although some people wanted more support to go out into the community most people were satisfied with the hobbies and interests they could enjoy. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way so that good team work was promoted. Staff were supported to speak out if they had any concerns and people had benefited from staff acting upon good practice guidance.

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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and most background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff knew how to care for people in the right way and had received most of the training and guidance they needed.

People enjoyed their meals and had been assisted to eat and drink enough.

People had been assisted to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests so that their legal rights were respected.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed.

Staff promoted positive outcomes for people who lived with dementia.

Most people were satisfied with the assistance they received to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well led.

People and their relatives had been invited to suggest improvements to the service.

Quality checks were regularly completed to make sure that people reliably received the care they needed.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Ralphland 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 person 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 6 January 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection we spoke with nine people who lived in the service and with three relatives. We also spoke with two senior care workers, three care workers, the chef, a housekeeper, the business manager and the acting manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we 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 speak with us.

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm fine here and don't have any problems with the place." In addition, we witnessed a number of occasions when people went out of their way to be close to staff. An example of this was a person chatting with a member of staff and walking with them while they folded some items of laundry and put them away to air. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm very pleased with Ralphland because the staff are genuinely kind."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we saw that windows located above the ground floor were fitted with safety latches so that they did not open too wide and could be used safely. We also noted that staff knew how to enable each person to safely and quickly leave the building or move to a safe area in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the acting manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were reliable arrangements for ordering, storing, administering and disposing of

medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. We noted that the acting manager had responded promptly when a person had repeatedly declined to use medicines that had been prescribed for them. They had alerted the person's doctor who had changed the medicines in a way that made it easier for the person to use them. This helped to ensure that the person benefited fully from the medical treatment they needed.

People who lived in the service said that there were enough staff on duty to promptly meet their needs. One of them commented, "I'm looked after pretty well here and the staff are always around." Relatives were also confident about the way the service was staffed. One of them said, "The staff are busy, but I'm happy that my family member gets all of the care they need."

We were told that the business manager and acting manager had reviewed the care each person required and had calculated how many staff were needed. On the day of our inspection visit we noted that all of the planned shifts had been filled. In addition, records showed that all shifts had been filled during the seven days preceding our inspection. We concluded that there were enough staff on duty because we saw people promptly being given all of the care they needed and wanted to receive.

We looked at the way in which the business manager and acting manager had recruited two members of staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have relevant criminal convictions. However, we noted that in one case the service had not obtained full and suitable assurances about the applicant's previous good conduct when working in care settings. Nevertheless, the acting manager told us that no concerns had been raised about any aspect of the performance of the member of staff in question. In addition, the business manager said that the registered person would immediately complete all of the remaining checks for the member of staff concerned. They also said that the service's recruitment procedure would be strengthened to ensure that a similar oversight did not happen again.

Is the service effective?

Our findings

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I get on okay with the staff and they look after us all." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I can see from when I call to the home that the people are well cared for. If the staff didn't know what they were doing it would immediately be apparent as the place just wouldn't work."

Staff told us that the acting manager spent a lot of time in the service and regularly worked alongside them to provide care for people. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that all of the care workers had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. However, this training did not comply fully with the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. The business manager assured us that this oversight would be quickly addressed and we saw them taking immediate action to make the necessary changes.

Records showed that established staff had completed most of the refresher training the registered person considered to be necessary. The acting manager said that the refresher training was needed so that staff knew how to safely care for people in the right way. This included key subjects such as how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. Although several staff had not completed some of the required training records showed that plans were in place to address the oversight in the near future.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to quickly identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that as a result of this measure some people had been invited to use high calorie food supplements to help them build up and maintain their strength. We also noted that the acting manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People told us that they enjoyed their meals with one of them remarking, "The food is okay actually and there's always enough." We asked a person who lived with dementia and who used sign assisted language about their experience of dining in the service. We saw them point towards the kitchen, motion as if they were eating and smile.

Records showed that people were offered a choice of dish at each meal time. When we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and remarked, "The staff call up the doctor straight away if I need it." During the course of our inspection we heard the acting manager contacting doctors on behalf of two people so that home visits could be arranged. We noted that in each case staff had quickly identified that the people concerned were unwell and had immediately brought the matter to the acting manager's attention. This arrangement helped to ensure that people reliably received all of the medical attention they needed.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the acting manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to use medicines at the times prescribed by their doctor. They reminded the person why the medicines had been prescribed and gently described how they helped to keep the person comfortable. We noted that after this the person was reassured and was happy to use the medicines that had been offered to them.

Records showed that the acting manager recognised the need to work with key people when a person lacked mental capacity and a decision needed to be made about their care. We saw that they had liaised with health and social care professionals and relatives to make sure that important decisions were taken in a person's best interests. An example of this was the acting manager working with care managers (social workers) and relatives to ensure that a person only returned home when it was safe for them to do so.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the acting manager knew about the requirements of the Deprivation of Liberty Safeguards and recognised the importance of ensuring that people were only provided with care that protected their legal rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the acting manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The care is good here, I've settled here without any problems." Relatives also told us that they were confident that their family members were treated with genuine kindness. One of them said, "I do think that the staff are very kind and of course I find that reassuring. I've never seen anything at all that has caused me any concern."

During our inspection we saw that people were treated with respect and courtesy. Staff were not rushed and made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we saw a member of staff sitting with a person while they both looked out of the window. They chatted about the windy weather and pointed with interest to some birds who trying to eat some fat balls that had been hung from various branches.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this was a member of staff speaking with a person about one of their relatives who they did not see regularly because they lived in another part of the country. The member of staff encouraged the person to enjoy recalling when they were younger and regularly visited their relatives.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

We saw that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "I can see my family member wherever I want. The staff always welcome me, they know my name and it's first name terms which I like. If I wanted to speak in private to my family member in their bedroom it wouldn't be a problem."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a

need-to-know basis.

Is the service responsive?

Our findings

People said that staff had consulted with them about the care they wanted to receive. We noted that the results of this process were recorded in an individual care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their care plan. An example of this was people being helped to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said and records confirmed that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. Speaking about the care they received a person said, "All I can say is that I get the help I need." Another person who lived with dementia and who used sign assisted language waved towards a member of staff who then approached them and danced with them. The person laughed and smiled while other people who were nearby clapped along to the music that was playing.

We noted that staff promoted positive outcomes for people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when they would be assisted to go to the dining room for their tea time meal. The member of staff quietly explained to the person that their meal would be served later on and pointed to the hands of a clock to indicate when this would be. The member of staff then offered to make the person a hot drink and a sandwich. The person declined the offer as they were reassured that their next meal would be served in due course. The member of staff had known how to provide the person with the reassurance they needed.

People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's something going on most days and I like doing things such as the fat balls we made to feed the birds." Records showed that people had been supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. In addition, we noted that entertainers called to the service to play music and engage people in singing along to their favourite tunes. However, some people said that they would like to be offered more opportunities to go out to events in the community. One of them remarked, "We didn't even get the chance to go to the local pantomime at Christmas which I would have enjoyed." We raised this matter with the business manager and acting manager. They recognised that more provision needed to be made to support people to access community resources. They assured us that more opportunities for people to enjoy going out of the service would be made available in the near future.

We noted that people's individuality was respected and promoted. We were told that a religious service was held regularly to support people who wished to meet their spiritual needs in this way. In addition, the acting manager was aware of how to support people who had English as their second language. This included being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People and their relatives said that they would be confident speaking to the acting manager if they had any complaints about the service. A relative said, "I've not really had to complain as such. If there are minor things as you go along they get sorted out without any fuss."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered person had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered person had received one formal complaint in the 12 months preceding our inspection. We noted that the business manager had properly investigated the matter. They had also politely responded to the complainant explaining what had occurred and what action had been taken to help prevent the same thing from happening again.

Is the service well-led?

Our findings

People who lived in the service told us that the service was well managed. Speaking about this a person commented, "The place is well run I suppose in that the staff are kind and I get helped with what I need." Relatives were also complimentary about this with one of them saying, "I'm confident about the service and I'm pleased I found it for my family member."

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "You can have a good old chat with the staff, it's not formal here at all." In addition, we noted that people had been invited to suggest improvements to their home by contributing to regular house meetings and by completing an annual quality assurance questionnaire. We saw that the registered person had listened to people's suggestions so that they could be acted upon. An example of this was people commenting on the small size of the lounge which they said made the space feel rather cramped. We noted that the registered person had told people that they accepted the problem needed to be addressed. They had also assured people that they were considering what changes could be made to the building to create more space in the lounge.

Records showed that the registered person, business manager and acting manager had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff had the knowledge and skills they needed. We also noted that checks were also being made of the accommodation and included making sure that the fire safety equipment, hoists and the passenger lift were well maintained. Other checks included making sure that hot water was suitably temperature controlled to reduce the risk of scalds and radiators were not hot enough to burn people.

People and their relatives said that they knew who the business manager and the acting manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with staff. The acting manager and senior staff had a thorough knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively run the service so that people received all of the care they needed and wanted.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the right care. There was a senior care worker in charge of each shift and during out of office hours the business manager and acting manager were on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered persons. They were confident they could speak to the registered person, business manager and acting manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The acting manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this was the activities manager being able to use new ideas they had obtained from the internet when engaging the interests of people who lived with dementia. As a result of this we noted that a number of people had been supported to plant indoor bulbs that they were enjoying watching grow into flowers. Another example was the activities manager planning to further assist people to find their way around the accommodation by using photographs and other means to identify both communal rooms and bedrooms.