Raleigh House Ltd

Raleigh 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 12 December 2014. When we last visited the home on the 3 January 2014 we found the service was meeting the regulations we looked at.

Raleigh House is a care home that provides accommodation and personal care for up to four people with learning disabilities, some of whom had limited verbal communication. At the time of our visit, there were four people living at the home.

The service had two registered managers in post who job share. 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.

People using the service told us they felt safe. Relatives and professionals commented on the 'home from home atmosphere' of the service. On the day of our inspection we found the service to be calm and relaxed.

Staff received regular training and support and were knowledgeable about their roles and responsibilities in caring for people living at Raleigh House. The provider

Summary of findings

had made sure staff had sufficient skills and experience to do their job effectively. Staff were knowledgeable in recognising signs of potential abuse and the action to take if they suspect people were being abused.

People's needs were assessed and plans put into place so their needs could be met. This included people's health needs and making sure they stayed well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were supported to eat and drink sufficient amounts.

All staff that were on duty were caring and attentive. There was a great deal of attention to detail to make sure everyone in the home was well groomed and appropriately dressed.

People who used the service were encouraged to be as independent as possible. There were a range of activities for people to participate in, if they wanted to. People and their relatives knew how to make a complaint if they were not happy with the service they were receiving.

The registered managers were very approachable. People and staff we spoke with told us the registered managers listened to their views and acted on them.

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 told us they felt safe. There were procedures in place for safeguarding adults and staff knew what to do to keep people safe. Staff were appropriately recruited and there were enough staff on duty to care for people.

People were given the medicines they needed, when they needed them.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

The service's environment was well maintained. So people were able to move around freely in a safe manner.

Is the service effective?

Good

The service was effective. Staff had adequate training and were supported to do their job.

People were helped to maintain good health. They received a variety of meals that met their needs.

The service complied with requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. During our visit staff were caring and attentive respecting people's privacy and promoting their dignity. There was a great deal of attention to detail, making sure people looked their best at all times.

People were involved in making decisions about their care, and the support they received.

The service had their own informal advocacy service so that people had an independent person to represent them.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and their care records were reviewed regularly to ensure these appropriately reflected people's current needs.

People had opportunities to be involved in a range of activities.

People were encouraged to say what they thought about the service and felt staff and managers would listen and act upon their views.

Is the service well-led?

Good

The service was well-led. The managers were approachable and ran the service in an open and transparent way.

All staff were aware of their roles and responsibilities within the service.

There were systems in place to monitor the safety and quality of the service people received.

Raleigh 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 November 2014 and was unannounced. A single inspector undertook this inspection.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with two people who used the service, both registered managers and a member of the care staff. We looked at a number of records including the care plans of two people, two staff files and other records relating to the management of the home.

After the inspection, we received feedback about the service from a relative of someone who used the service, a GP and an aromatherapist who provided a service to the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. A relative told us they considered their family member to be safe and happy living at the home. They told us, "I do think she's happy". When we asked someone using the service, "Do you feel safe living here" they replied "Yes".

We talked with care staff about safeguarding adults at risk of abuse and what they would do in given scenarios'. We were assured they understood what abuse was and what they would do if they suspected abuse. Staff told us they had received safeguarding adults at risk training within the last year and this was confirmed by records we looked at. The provider had policies and procedures in place so staff had the necessary information about what to do if they witnessed possible abuse or heard about allegations of abuse. There was also a whistleblowing policy to inform staff about how to raise any concerns they had about the safety of people. Therefore the provider had arrangements in place to safeguard people living at the home from the risk of abuse.

The service followed safe recruitment processes. We saw staff files contained a check list which identified all the pre-employment checks the provider obtained for each staff member. The files included two references from former employers, two forms of identity, a completed application form and notes from interview and evidence of a criminal records check. In this way the provider was ensuring that only suitable staff where employed.

Where people were at risk either as part of their daily living or as part of promoting their independence, there were clear risk assessments and support plans for each person living at the home to minimise the risks. The two sets of information we looked were detailed, up to date and had been reviewed monthly. There was a risk assessment for someone who could choke whilst eating or drinking. There was guidance from the dysphagia nurse (specialist nurse in swallowing). Throughout the day we observed staff following the guidelines to minimise the risks for the individual.

We talked with relatives and professionals about the levels of staffing available to meet the needs of people and they told us there were enough staff on duty. One person said, "There always seems to be two or three on duty". On the day of our visit, as people who used the service were going out for lunch there more staff than usual to support people.

We saw from weekly staff rotas that numbers of care staff varied throughout the day dependent upon activities that people were involved in and the needs of people. The managers were additional to these staffing levels. We were told by the manager and staff there was a very low staff turnover within the service with some care staff having worked at the home for over 10 years. This level of continuity ensured people who used the service received consistency of care from care staff that were aware how to support people's needs effectively.

People received their medicines as prescribed. We spoke with staff and looked at training records which confirmed staff had all completed recent training in the administration of medicines. We saw that medicines were stored appropriately in a locked cabinet secured to the wall. We found no recording errors in any of the medicines administration records we looked at. The individual records had a photograph of each person. In this way risks of people being administered the wrong medicines were minimised. There was also a record of side effects listed which could alert care staff to possible areas of concern that may need to be followed up by medical professionals.

We looked at the accidents and incidents records. The registered managers analysed all accidents to see if there were specific areas of the home where people fell for example. Care staff confirmed they talked about any accidents and incidents that occurred in the home and whilst in the community so learning could take place.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. A relatively new member of care staff who had been in post for two years, told us their induction had been thorough and they felt it had prepared them well for their role. They had been introduced to people who used the service and given an opportunity to read information about them. There was then a period of reading through policies and procedures, and shadowing more experienced care staff until they felt comfortable and one of the managers assessed them as being competent to provide care.

We were shown the training and development records which identified 24 courses the provider required staff to undertake. Some of these courses were presented in different formats including e-learning, some taught and others provided by the local authority. One manager showed us how they monitored staff training needs to make sure they received refresher training according to the training plan. Staff told us they had plenty of opportunities to continuously update training they had previously undertaken, as well as learn new skills.

We saw the service had a commitment to providing a high quality service to people. In addition to the number of training courses available, the vast majority of care staff had national vocational training in health and social care.

Staff had effective support and supervision. Records showed staff regularly attended team meetings and had individual meetings with their line manager. Staff we spoke with told us they felt well supported by their managers and had regular meetings.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with one of the registered managers who understood her responsibility for making sure staff considered the least restrictive options when supporting people and to ensure that people's liberty was not unduly restricted. The service was in the process of referring people for an assessment of their capacity to make specific decisions by the local authority in accordance with the Mental Capacity Act 2005.

Where people were able, they had given consent to their care and treatment. We saw the staff offered people choices for example what hot drink they wanted and the biscuits they wold like. People's consent to aspects of their care had been recorded in their care plans. Staff also gave people the time and opportunity to make decisions about how they wanted to be supported. For people who could not communicate verbally, we saw that staff had gathered knowledge over time about the best way to provide care and this had been recorded in their care plan.

We received positive feedback from people about the quality of food they were offered. There was a summer and winter menu which was on a four week rotation. We were told by staff that the menu was decided by people who used the service and by thoroughly considering people's likes and dislikes. People were given alternative meals if they did not like the main meal being served. They also had the opportunity to have meals out. We saw throughout our visit people were regularly offered hot and cold drinks.

We saw that care plans included information about people's food preferences. People's weight was monitored regularly as a way of making sure they were having enough to eat and drink to stay healthy. Specialist advice was sought if staff had concerns about people's nutrition.

People were supported to maintain good health and to access to healthcare services when required. Care records we examined each contained a health action plan. These plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in health action plans that people were in regular contact with a range of community based healthcare professionals such as GP's, opticians, dentists, psychologists and occupational therapists. We saw that all appointments with health care professionals and the outcomes were recorded so staff could monitor the support people required with their healthcare needs.

Everyone using the service also had a 'hospital passport'. This passport is used in the event of a person having to go to hospital to make sure healthcare professional have relevant information on the persons likes, dislikes and preferences particularly when the person cannot speak for themselves.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were happy with the level of care and support provided by the home. Throughout our inspection we observed staff interacting with people in a warm and compassionate manner.

Staff communicated with people in a way they would understand, sometimes repeating information and sometimes using other forms of communication such as Makaton, a basic form of sign language. Information about people was written in an accessible way, with photographs of important people in their lives and pictures. One person's care plan outlined communication needs and stated, 'offer me a choice of two things and check I've understood'.

One of the managers had known three people for over 25 years. Subsequently when they needed another placement the service was able to offer them a home. The phrase we heard most often from people about the care was 'the provider regarded people as her family and cared for them as such'. We saw people were well dressed, they visited the hairdresser weekly, had manicures and the provider arranged for an aroma therapist to visit weekly. A professional gave us an example which related to the possible benefits of a particular piece of equipment recommended by them for someone using the service. They told us it had been mentioned to the provider, who had immediately arranged for this to be provided.

Some people within the home had little family contact. The service previously had involvement from an advocacy service to help people make decisions, but this had been withdrawn by the advocacy service. The service had encouraged a volunteer who had built up a special relationship and acted as an advocate for those people.

Staff used the information that had been gathered by the provider which outlined people's likes and dislikes and preferences and responded accordingly. We saw many examples of people making choices in their day to day life. One person said they liked helping to make a cake every week and they always choose to make chocolate cake. People's bedrooms were individualised reflecting their preferences and interests.

Staff respected people's privacy and dignity. Staff we talked with were able to tell us what actions they undertook to make sure people's privacy and dignity were maintained. This included keeping doors and curtains closed whilst people received care and talking to people whilst they were providing the care. We also observed staff always knocked on bedroom doors and sought people's permission before entering.

Care plans were centred on people as individuals and contained detailed information about their diverse needs and were written in the first person. For example, one person's care plan outlined communication needs and stated, 'offer me a choice of two things and check I've understood'.

Good

Is the service responsive?

Our findings

A relative told us, "If I have a problem then I would go to [the manager's name], she always encourages me to talk to her." The service sent out surveys to relatives and professionals involved with the home. This was done on an annual basis. We saw the completed responses to the survey undertaken in January 2014. The manager told us they looked at the responses and addressed any issues that arose.

People and relatives told us they had not made a formal complaint about the service, although relatives stated that if they did have to make a complaint they felt it would be taken seriously. The home had a complaints policy which outlined the process and timescales for dealing with complaints. This had been made accessible to people using the service being available in easy to read and pictorial format. The service kept a log which showed there had been no complaints for a number of years. The service is run by a provider who is both the owner and one of the managers of the home. We discussed with the registered manager the investigation of complaints should there be one about them so these were carried out as independently as possible. The manager agreed to consider an appointment of an independent arbitrator should the situation arise.

We saw care plans were reviewed regularly. Annual reviews with social services had been completed. In these ways the service made sure care plans reflected people's current needs so staff had access to up to date information about the care people needed. People who used the service and their relatives were involved with care plan reviews.

People were supported to take part in a number of social, recreational and leisure activities. One person told us about their weekly activities which included attending a keep fit class, a cookery club, going out for a weekly meal with other people who lived in the home and visiting their family. In this way, the possibility of social isolation was reduced and people could live as full and meaningful lives as possible.

We saw staff supported people to be as independent as possible. One person told us how they dusted their bedroom whilst the care worker vacuumed. We observed and heard care staff encouraging people to be as independent as possible, for example, "Try and find your gloves, its cold outside, I'll help you if you can't find them".

During the inspection we toured the building and looked at some bedrooms with people's agreement. The service was an extended house in a residential area with no identifying features to single it out as a care home. The premises were safe and adequately maintained. People's bedrooms were personalised which reflected their likes and interests.

Good

Is the service well-led?

Our findings

We spoke with external professionals who supported people using the service. They told us the manager worked alongside them to promote best practice and where professionals identified issues about the service the manager took these views and board and made the necessary changes.

There was a clear management structure within the home which consisted of two registered managers who job share. The provider had decided on this structure, as they wanted a registered manager overseeing the home at all times. In the PIR we received, it was documented there was either a manager on shift every day, or available if emergencies arose within 10 minutes. This was verified by staff we spoke with and the duty rotas we looked at. Whilst working effectively together, the registered managers had clear roles and responsibilities which complimented each other's strengths and interests.

One of the registered managers conducted an out of hours visit to the service at least once a week to check people were appropriately supported and cared for. However this was not documented. We discussed this with them and they agreed that they would do so in the future.

The registered managers and staff we spoke with understood the structure and the roles and responsibilities they held within the organisation, and there were clear lines of accountability. Relatives of people who used the service, commented on how 'open and approachable the managers were' and if they had to raise any concerns or comments they would feel comfortable doing so. Care staff also told us if any issues arose they felt comfortable in talking with the managers. This management style ensured a culture of openness and honesty within the home.

Records showed there were systems in place to monitor the quality and safety of the service for people living at the home. For example, there was a daily audit of medicines completed by the care staff. We were shown a list of audits that were undertaken by the service and which member of care staff had particular responsibility for them. In this way the delegation of responsibility made sure that all staff understood the importance of quality monitoring and what action needed to be taken if standards were not maintained.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.