Raymond House Care Homes Limited

Raymond 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?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 26 March 2015. Raymond House is care home for up to 39 older people who require support and personal care. People living at Raymond House may have care needs associated with living with dementia. At the time of our inspection 36 people were living at the service.

The service had a registered manager in post. 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. At Raymond House the registered manager is also the owner/provider of the service.

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training. However, action to address any issues may not be appropriate or timely.

The manager has a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards

Summary of findings

(DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Although the provider understood the legislation we found that further work was needed to ensure that people's rights were always fully protected.

The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care. People were supported with their medication in a way that met their needs. There were safe systems in place for receiving, administering and disposing of medicines.

People were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their friends and families were happy with the care that was provided at the service.

Staff demonstrated knowledge and skills in carrying out their role. Staff were properly recruited before they started work at the service to ensure their suitability for the role. They received initial and ongoing training and support to help ensure that they had the right skills to support people effectively.

Staff interacted with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to their non-verbal requests and had an understanding of their individual care and support needs. People were supported to be able to eat and drink sufficient amounts to meet their needs. Most people told us they liked the food and were provided with a variety of meals.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had some opportunities to participate in activities but these were not geared towards people's individual needs and interests. Care tasks were carried out in ways that respected people's privacy and dignity.

Systems were in place to assess and monitor the quality of the service. People's views were sought and some audits were carried out to identify any improvements needed.

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?

Requires Improvement

The service was not consistently safe

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare.

Risks were assessed and staff were aware of the risks and knew how to manage them.

Views about staffing levels were mixed and some people felt that not enough trained and experienced staff were available to them.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective

The service understood and met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received training and support to help them carry out their roles effectively.

People were provided with a healthy diet and were supported to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and privacy.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People or their families were not fully involved in planning and making decisions about their care.

The service was not responsive in identifying and meeting people's individual occupational needs.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Summary of findings

Is the service well-led?

Good

The service was well led

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

The provider/registered manager monitored the service to assess and improve its quality.

Raymond 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 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 26 March 2015 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed other information that we hold about the service such as notifications. These are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with 12 people who used the service, four relatives, 12 members of care and support staff and the registered manager who was also the owner of the service. We spoke with two social work professionals supporting people who lived in the service.

Some people were unable to communicate with us verbally to tell us about the service and how they were cared for. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed four people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at Raymond House. One person said, “They look after me well here, I feel very safe.” Another person told us, “It’s very nice here I must say. The staff are kind and I feel very safe.” People looked relaxed and at ease when interacting with staff. Information was available to people so that if they did have concerns they would know where they could get support and advice.

The staff team had a good awareness of safeguarding issues and also whistleblowing. This was supported by appropriate policies and procedures being in place. All staff had received training in adult protection so were aware of how to ensure that people were protected and what actions to take if there were any concerns. Staff spoken with confirmed that they had undertaken training and demonstrated a good awareness of safeguarding matters. Staff told us, “If I am worried about any service user I would contact the manager or the team leader straight away.”

People were involved in initial discussions and decisions about care and any potential risks associated with their care needs or behaviours. Assessments had been undertaken to identify risks and plans put in place to manage these; for example, relating to falls or nutritional needs.

Throughout our inspection we saw that people were being given good levels of choice and having their independence encouraged. At the same time staff were alert to any concerns or dangers resulting from people’s choices or behaviours and provided the support needed.

People’s views on staffing levels at the service were mixed. One person told us, “It’s all good here but the only issue would be the lack of staff. I am not sure what the levels are but they seem to be short regularly.” Another person told us that they sometimes had to wait 20 minutes for their call bell to be answered at night. Other people said that staffing levels were sufficient to meet their needs. One person said, “There is always someone around and I never have to wait long for help.” Throughout the day there were sufficient staff available to people. One visitor told us that, "There seems more staff about today than usual." Staff were pleasant and engaged in a natural, relaxed manner with people and their relatives. Where people preferred to remain in their rooms we noted that staff called in to check that they were alright and have a quick chat.

Views on staffing levels were also mixed in the staff team. Some staff told us that staffing levels were acceptable and meant they could meet people’s day to day needs. Staff said, “In my opinion I think we have enough staff on duty to meet people’s needs,” and "Staffing is adequate most of the time. The managers help out and we work well as a team." One member of staff told us, “If someone goes sick the person in charge will try and get relief staff to cover the shift. If they can’t get cover we are sometimes short on that shift which can be stressful.” Other staff were less positive and felt that staffing levels were inadequate, compared to what they were used to with the previous provider. One said, “There are not enough staff here and we have to rush things. I am concerned that the quality of care has dropped.”

Although the service had systems in place to formally assess people’s level of dependency and the levels of staffing needed to meet people’s needs there were mixed views as to the effectiveness of this. On the staffing rotas viewed we saw that planned minimum staffing levels had been adhered to.

People and their relatives spoke well of the staff team and said that they were skilled and competent. The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that that staff were safe and suitable to work with people in a care setting. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff told us, “When I applied for this job I came for interview, I had to give two referees and do a criminal record check. After I started I had induction training and I spent a week working with an experienced member of staff to ensure that I understood my role.” People received their medication as prescribed. Staff administered medicines to people in a way that showed respect for people’s individual needs. They explained what was happening, sought people’s consent and stayed with them while they took their medicines to ensure that all was well.

People received their medicines safely because the service had effective systems for the ordering, booking in, storing and disposing of medicines. Staff had received training in

Requires Improvement

Is the service safe?

administering medicines and had their practice checked periodically. Regular audits were undertaken to monitor and ensure that safe systems and practices were being maintained.

Good

Is the service effective?

Our findings

People were well supported by staff who understood their needs. One person told us, "The carers are very nice and look after me well." We received some positive comments about the care and support provided to people such as, "All the staff are very nice," and "I'd come back here if I needed to come back into a home like this."

Staff received effective support through an initial induction programme, ongoing training, one to one support, team meetings and daily handovers. Staff told us they had received the right training for their roles. Training records showed us that staff had undertaken training in relevant areas such as dementia care and managing challenging behaviours to enable them to provide effective and consistent support to people. One person told us, "The induction training I had when I first got the job was fine and covered the areas it needed for me to be able to work with the people living here. We also get ongoing training."

Staff told us that they were well supported. One said, "I get regular one to one meetings about every three months. These are good for discussing things about my work." Another said, "I feel very supported in my work and if I speak to the managers about any issues I feel they take notice of my opinion."

Throughout the day staff showed a skilled approach to supporting people in an individual and person centred way. For example, staff noticed when one person was becoming agitated and needed assistance, which was then provided. Another member of staff ensured that a resident had a favourite item with them.

The registered manager had an understanding of the principles and practice of the MCA and DoLS. A visiting professional told us that they had worked with the service in undertaking a DoLS assessment and that the service was clear about people's needs and rights. The service had policies and guidance available to guide practice. Staff had received training in MCA and DoLS and understood that they needed to respect people's decisions. During the inspection we saw that staff always explained what was happening and consulted with people about what they wanted.

People's capacity needs had been assessed and staff understood how they needed to make 'best interest' decisions for those who lacked capacity to make specific decisions. Staff sought people's consent before carrying out daily living tasks. For example, staff asked, "Is it alright if we use the hoist to get you into a comfy chair now."

The majority of people enjoyed the food provided at the service and made comments such as, "I am not much of an eater, but the food here is good," and "The lunch today was very nice." Two people however still felt that there were issues due to the kitchen providing only kosher food. The provider is aware of the issues and tires to cater for everyone's individual cultural needs.

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were aware of people's individual needs. They provided the level of support and monitoring needed. Lunch time was a social experience for people. People were given an explanation of the food available and offered choices. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed.

When observations, assessments or care planning indicated the need for additional support in relation to people's skincare and nutrition or fluid intake this was sought from other professionals such as the person's doctor or community nursing services.

People received healthcare support to meet their diverse needs. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as a dementia nurse specialist and diabetes nurse specialist.

Relatives were happy with the level of healthcare support provided. People told us that they were kept informed about people's health and wellbeing. One said, "They always let me know how [my relative] is and what is going on."

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "It's very nice here I'll say, the staff are so kind." Another said, "The staff are genuinely kind hearted."

People were treated with kindness and care. Staff had a knowledge of people's individual care needs and some knowledge of their histories and backgrounds. A relative told us that staff had 'taken an interest' and wanted to find out about their relatives interests and backgrounds. Staff knowledge was demonstrated in how people were supported and staff adapted their approach to different situations with different people. For example, giving more or less support at mealtimes, ensuring that one person had a comforting object that they always liked and assisting people with mobility or giving them space to manoeuvre themselves. Staff listened to people and responded appropriately.

Although staff had some knowledge of people's histories this aspect of people's individuality was not well supported by care planning. Documentation such as 'social history' was at best basically completed on the files viewed. Development in this area would assist staff in better understanding people's needs and behaviours. The provider told us that they were planning to introduce, 'Who Am I' documentation in the near future to address this.

People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. Relatives we spoke with confirmed that they had been involved in care planning and felt their views were listened to. One relative told us, "I was asked to review [my relatives] care plans and make any suggestions. The manager and care manager are always around if I have any questions."

The service sought advocacy support when needed to ensure that people had an independent voice. Advocates support and enable people to express their views and concerns and may provide independent advice and assistance.

People told us that staff treated them with dignity and respect. One person said, "They always knock on my door." People's privacy was respected and they were able to spend time in their rooms or in communal areas as they preferred. Staff practice demonstrated an understanding of the need to treat everyone with dignity and respect. For example, when using a hoist staff were caring and patient, they explained everything and constantly reassured the person whilst completing the manoeuvre as quickly as possible for them.

People were able maintain contact and continue to be supported by their friends and relatives. People's relatives all told us that they were able to visit the service at any time without restrictions. One relative said, "You can come and go as you like."

Requires Improvement

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. Throughout the day good levels of choice were given to people, including those who were frail or living with dementia. People were asked for their views and permission before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

People told us that they received the care they needed. One person said, "It has been really good here, the staff have been very supportive." Families were also happy with the service and made comments such as, "It has been very good so far."

Care plans were of a generic nature and adapted to each individual as needed. This meant that they did not always have a person centred approach, for example care plans were in place for 'breathing' and 'continence' even if these things were not an issue for the person. We discussed this with the manager who agreed and said that this practice would be being reviewed. Care records were however easy to read and would assist the staff in identifying what individual support was needed by each person. Any care needs due to the person's diversity such as language had also been recorded. Care plans had been reviewed and updated when changes were needed.

There was little to show that, where people were able, that they were actively involved in the care planning process. None of the care records indicated, as the format allowed, how people were involved in the review of their ongoing care. People spoken with did not have an awareness about their care plans and one person told us that they, "Did not have a clue about care plans" when we asked them about this. A number of people spoken with appeared to be more than capable of being involved and participating in saying how they wished their care needs to be met. We discussed this with the manager who felt that people were involved in discussions about their needs but did not want to review their care documentation.

People's care plans identified their interests and likes at a basic level. One person's care plan identified their past occupation and identified an activity that they enjoyed. It was not clear however if they ever did this, or if their needs were met. The last entry made on their 'activity record' had been on 11 January 2015. One person told us, "We used to have outings and other activities and it was good. Nothing happens now." Staff engaged well with people on a one to one basis. From comments made such as, "I am waiting for [name of staff member] to take me up to the bank," It was clear that staff did support people in areas other than providing care, and supported them to engage in activities and accessing he community.

A member of staff was employed to facilitate activities in the service. It was clear however that they concentrated on general group activities rather than meeting individual needs. They did not have an understanding of developing a person centred approach to meeting individual occupational and social needs through assessment and care planning. The manager said that they were quite new in post so were still learning their role.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was readily available to people. We saw that complaints made had been recorded, investigated and people responded to. However, there was no clear process whereby outcomes, any actions needed or lessons learnt were noted, to prevent similar events occurring. The manager agreed to adapt the format to make this process clearer.

Staff knew about the services' complaints procedure and explained what they would do if someone complained to them.

Good

Is the service well-led?

Our findings

People said that the service was well led and managed. People felt that staff and the management team were approachable. One person told us, "[The manager] is always around to help with anything."

We had mixed feedback from staff as to the management of the home, for example one staff member told us, "The manager is approachable if we need any advice." Another staff member said, "One of the management team is always available for advice, even at weekends we can get hold of one of the managers and they will come in to help if we need them here." A further staff member told us in conversation, "I've talked to management and they don't want to know if we are short. They don't support us. Management tell me to write up the paperwork rather than support residents." This showed us that some staff had strong views about the support they received from the management team. Management confirmed that since taking over the service two years ago they have continued to try to work with staff and those that are unhappy about the changes they have made to ensure that we work together as a team but this remained difficult at times.

In spite of the views expressed by some staff there was good teamwork in the service and staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people's needs.

Throughout the inspection we saw that the management, care and support staff had positive relationships with people living in the service. There was a friendly atmosphere in the service with good interaction between staff, residents and visitors.

The ethos of the service was made clear to people through their Aims and Objectives and Philosophy of Care being available. This told people how they should expect to be treated. Staff had a clear understanding of the standards and values people should expect and enacted them in their daily practice.

People had the opportunity to comment on the service through one to one discussions with the manager and staff, and regular residents/relatives meetings. Items discussed included food, activities and future plans for the service. People's views were recorded and any actions needed noted.

Annual surveys were undertaken to gauge people's general satisfaction with the service. The last one had been undertaken in December 2014, and contained positive comments about the service. The provider had analysed the survey results and identified actions needed in response to people's views.

The provider who was also the registered manager was very aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided.

The provider was in the service on most days. They were constantly monitoring the quality and effectiveness of the service and ensuring that people's needs were being met. Audits were being undertaken to formalise this process, for example regular audits for premises, medication, and infection control. Health and safety checks were undertaken and any actions needed were noted and completed to continually improve the service people received.

Risk assessments relating to the premises were in place, and any accidents or incidents were recorded and monitored to identify if any remedial actions were needed to keep people safe.

Overall people were satisfied with the quality of the service and made comments such as ,"We get excellent care here," and, "They are ever so good here."