

Prima Healthcare Limited

Ranelagh House

Inspection report

533 Aigburth Road
Liverpool
Merseyside
L19 9DN

Tel: 01514274486
Website: www.ranelaghhouse.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

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

People's experience of using this service and what we found

People told us they felt safe living at the home and there were enough staff to support them. One person said, "Everything feels safe, I feel very safe." Systems were in place to protect people from abuse and new staff were safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were effectively assessed before they were supported by the home and staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Overall, the feedback about the food and drink at the home was positive. One person said, "The food is lovely, all home-cooked."

All the people we spoke with gave us positive feedback about the staff at the home and we saw the staff knew the people they were supporting well. One person commented, "The carers, if I tell them I want something, will get it. They are very kind, very gentle with you."

People's care plans reflected their needs and gave staff the information they needed to support them. People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred. There was also a good range of activities on offer to people living at the home.

There was a kind and caring culture amongst staff at the home and the healthcare professional we spoke with gave us positive feedback about the leadership of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At the last inspection the safe domain was rated as inadequate. At this inspection this domain has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ranelagh House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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.

Service and service type

Ranelagh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, the provider had recently recruited a new manager who was due to start the registration process shortly after our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived at the service about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, senior care worker and other care workers. We also spoke with a visiting health professional.

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 talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "Everything feels safe, I feel very safe."
- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available in various places throughout the home.
- Records showed that staff at the home took appropriate action when any such concerns arose.

Assessing risk, safety monitoring and management

- We found that the home was well-maintained, and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.
- Fire safety at the home was now well-managed and significant improvements had been made since our last inspection.
- People had personalised risk assessments in place and these were reviewed regularly.

Staffing and recruitment

- We looked at staff rotas and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly throughout our inspection. One person told us, "There's plenty of staff and they're always willing to help you."
- Staff were safely recruited by the home. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- People and their relatives told us that staff supported them with their medicines correctly and at the right times.
- The home also had systems in place to ensure the safety and quality of medicines administration was maintained.

Preventing and controlling infection

- During our inspection the home was clean and free from unpleasant odours. The cleanliness and appearance of the home had significantly improved since our last inspection.
- We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care.
- This meant staff and people were protected from the risk of infection being spread.

Learning lessons when things go wrong

- We saw accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred. Staff we spoke with knew how to safely and effectively manage these situations.
- Appropriate action had been taken in response to any accidents and incidents that had occurred. Staff regularly reviewed this information to help identify any emerging patterns or trends that needed addressing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed before they were supported by the home. This ensured staff had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the home and staff received ongoing training relevant to their roles.
- Staff were supported with regular supervisions and annual appraisals. This provided staff and senior staff with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us they felt well-supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Overall, the feedback about the food and drink at the home was positive. One person said, "The food is lovely, all home-cooked."
- People were supported to have enough to eat and drink and this was appropriately recorded by staff.
- People were offered drinks and snacks regularly throughout our inspection.
- We found that people's preferences and needs were considered, and staff had access to this information both in people's care plans and in a summarised format in the kitchen.
- We observed positive mealtime experiences, during which staff attentively supported people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. This included assisting people to access other healthcare services when necessary. One person said, "I have needed to see the doctor once, and the staff called him right away."
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare professionals in a timely manner, such as GPs, district nurses, dietitians, speech and language therapists.
- The health and social care professional visiting people at the home on the day of our inspection gave us positive feedback about the home and told us staff always listened and acted upon their advice.

Adapting service, design, decoration to meet people's needs

- People had been supported to personalise their rooms with their own pictures, items and furniture.

- The atmosphere and appearance of the home was homely and people looked comfortable and relaxed in their surroundings.
- There were adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with gave us positive feedback about the staff at the home. Comments included, "[The staff] know you intimately, they understand you" and "The carers, if I tell them I want something, will get it. They are very kind, very gentle with you."
- Staff knew the people they were supporting well, including their needs and preferences. For example, one person liked sweet tea and they told us they regularly laughed and joked with staff about this.
- Staff at the home treated people as individuals with individual needs.
- We observed many warm, friendly and caring interactions between staff and the people living at the home throughout our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff supported them to make decision about their care and how they spent their time. For example, one person explained they had recently discussed and agreed with staff their views on resuscitation and their care plan had been updated accordingly.
- People and their relatives were involved in making decisions about their care and we were told there was good communication between staff, people living at the home and their relatives.
- Staff supported people to access advocacy services where this was needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected people's privacy, treated them with dignity and respect and supported them to be independent. We saw examples of this, such as discreetly communicating with people when assisting them to the toilet from communal areas.
- People commented, "[The staff] always knock on my door before entering my room" and "I have a wash on my own every day, but if I have a shower, the staff will help me."
- People living at the home had been supported by staff to maintain their appearance and wore suitable clothing for the weather.
- We found that people's confidential information, such as care plans, was stored securely in the office and only people who required access could do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans reflected the needs of the people living at the home and were regularly reviewed. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information on how to support people with any communication needs, such as ensuring people who wore hearing aids or glasses were supported to wear them.
- We also found the provider had installed a hearing loop at the home to assist a person who had a hearing impairment and staff had assisted people to access larger text reading books.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a good range of activities on offer to people living at the home which, those who wanted to take part, enjoyed. One person said, "We have darts, all kinds of board games, so we don't get bored!"
- During the inspection we observed a group of people playing bingo and enjoying themselves.
- The home also assisted people to keep up with their religious preferences. For example, representatives from local churches regularly visited the home.

Improving care quality in response to complaints or concerns

- The home had not received any complaints since our last inspection. However, there were relevant policies and procedures to manage this when required.
- People told us they would feel comfortable raising concerns if necessary and we saw information about making a complaint was accessible.

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in

place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.

- Staff were supported with relevant training to meet people's needs when necessary and the home had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a kind and caring culture amongst staff at the home. Staff treated people with respect and there was a very good rapport between the staff and people living at the home.
- Staff and the visiting healthcare professional gave us positive feedback about the manager and staff at the home.
- The manager understood their responsibility regarding the duty of candour and there was an open and transparent culture at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home did not have a registered manager at the time of this inspection. However, reasonable steps were being taken by the recently appointed manager to complete the registration process.
- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- The provider had notified the CQC of all significant events which had occurred in line with their legal obligations.
- There were clear lines of accountability at the home and staff could access senior advice and support when needed.
- The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to give their feedback about the home through questionnaires and residents' and relatives' meetings.
- Records showed that the registered provider also held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

Continuous learning and improving care

- The manager had a range of regular audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to medicines audits.
- The manager received regular support from senior staff based at the provider's head office and the

provider's oversight of the standard of service being provided at the home had improved.

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- We saw that referrals to other health services were managed well and appropriately followed up on.