Derby City Council

Raynesway View

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

Summary of findings

Overall summary

We inspected Raynesway View on 20 June 2017. This was an unannounced inspection. The service is registered to provide accommodation and care for up to 35 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 18 people living at the service, including one person who was in hospital.

At our last inspection on 15 June 2016 the service was found to require improvement in areas relating to staffing levels, the management of certain medicines and there were inconsistencies in assessing people's ability to make their own decisions. .At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.
The service was clean, well maintained and readily accessible throughout. There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Raynesway View

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

The inspection took place on 20 June 2017 and was unannounced. The inspection team consisted of 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who lived in the home, three relatives and one health care professional. We also spoke with three care workers, the cook and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe and very comfortable at Raynesway View. One person told us, "I really do feel safe living here. I know if I am sick in the night, there will be someone to help me. There was no-one at home." Another person said, "I'm very happy and comfortable here and couldn't have it better really. I don't have to cook, shop or clean. It's all done for me, so less to worry about."

Relatives we spoke with said they felt confident their family members were safe and had no concerns regarding their welfare. One relative told us, "I looked after [Family member] for 10 years at home and worked full-time, so apart from the guilt of having to put her in a home now her dementia has got worse, I do have a much greater peace of mind these days." Another relative spoke very positively about communication with the service and felt they were kept well informed. They told us, "I know that if anything is wrong with [Family member], they (Care staff) will be on the phone to me straight away."

We saw there was sufficient staff on duty in the communal areas and people did not have to wait for any required help or support. Throughout the day we observed the call bells did not ring for too long before they were answered. Each member of staff seemed to have their individual pager and it was a team effort to ensure any call bell was responded to immediately. One member of staff told us. "We are a good team, we support each other and I can definitely say that residents here are safe and well cared for." We spoke with the registered manager who confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare.

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required. We also saw people were free to move around both floors and had choice about which lounge they liked to sit in and which dining area they preferred to use. Although there were only four people accommodated on the first floor, there was a stair lift and passenger lift which provided easy access to both floors and meant people were able to move safely around the premises.

Medicines were managed safely and consistently. People and their relatives we spoke with were happy and confident their medicines were handled safely. One relative told us, "[Family member] gets her medication four times a day. Depends on who is doing it as to how it arrives, but either put in her hand or in a little pot and given to her, but they always watch her take it.". The registered manger confirmed all senior staff involved in administering medicines had received appropriate training and their competency was regularly assessed." This was supported by training records we were shown.

During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. We saw staff were respectful and clear in their approach; they carefully explained what they were doing, knelt down beside the person at the dining table and encouraged them to take their medicine. They then patiently waited with the individual and ensured they had swallowed the liquid or tablet. This demonstrated that medicines were managed and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw all areas of the service were very clean, well-maintained and easily accessible. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person said, "The staff do a good job and they know what they're doing." Another person said, "The staff here are lovely and work hard to make sure we have everything we need." A relative we spoke with was also positive regarding how the staff supported their family member. They told us, "I think they (staff) make a hard job look quite easy sometimes."

During our inspection we spoke with a visiting health care professional who had been attending the service for the last two years and spoke positively about the staff and the care and support people received. They also said they had confidence in the registered manager and staff team. They told us, "To be honest it is one of the better homes we go to. Communication is good and the staff here are very proactive; they will contact us straight away with any concerns and are always very receptive to any recommendations we make."

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Approachable and very supportive." They also confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance.

The registered manager ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside (shadowed) more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed there was currently one DoLS authorisations in place and, following individual assessments, a further three applications had been forwarded to the local authority.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. We saw the appropriate documentation, including best interest meetings, was in place to support this.

We observed lunchtime in the main dining area and saw people were offered a selection of drinks before and during the meal. We observed staff provided discreet support with eating to people, as necessary. People spoke positively about the standard of the meals they received and the choice available. One person told us, "The foods pretty good here; I'd give it eight out of ten," Another person said they had, "No complaints" about the quality of the food provided. This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Good

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "Everyone is very kind and helpful and I really like living here." Another person said," It's a good place to be. They (The staff) are so good to me and they often stop and have a laugh with me which I enjoy." A relative we spoke with told us, "The staff here go the extra mile. You only have to mention something and if they can do it, they will. It must be difficult for them given the situation with the sale, but I'm always made very welcome when I come here." Another relative said, "[Family member] has really settled here; he's very happy and has got to know staff well." They went on to say, "If I was in my [family member's] position, I would be happy to be looked after here."

Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff were patient with people, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. Staff told us they always ensured people's privacy and dignity was maintained when providing personal care. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment is carried out to establish people's individual care and support needs to help ensure any such needs can be met in a structured and consistent manner. One person we spoke to told us, "The staff here all know me and what I like to do." A relative we spoke with told us, "From the beginning they (Care staff0 were so nice and very supportive to [family member] and me. The, communication has always been good and I can always talk to the manager if I was feeling low about things and as I live on my own now that [family member] is in here, it's a really nice feeling."

There was no dedicated activities co-ordinator employed at Raynesway View. One member of staff we spoke with about this told us, "DCC don't do activity co-ordinators, but there's usually something going on here and we make sure residents don't miss out." This was supported by another member of staff who told us, "This service is not dictated by the council – this service is dictated by those residents." People and their relatives who spoke positively about the entertainment provided. One person told us, "We do have a lady who comes in and gives us a sing song, but they wouldn't want me to sing!" A relative told us, "I did pop in on New Year's Eve as I am on my own and they were having a right old party. I stayed for a while and everyone looked like they were really enjoying it. Staff were dressed up and everything. I suppose more goes on here, by way of activities, than I know about." Another relative told us, "I think [family member] gets mental stimulation here, but to be honest, five minutes later she has forgotten it anyway."

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning and reviewing their care. This was supported by people and relatives we spoke with and documentation we looked at. We saw individual care plans were reviewed monthly and any changes appropriately recorded. Plans, including consent forms were in place and signed to confirm, 'I have participated fully in the completion of this care plan.'

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

Care plans we looked at were personalised to reflect people's wishes, preferences, goals and what was important to them. We saw Individual care plans contained details regarding people's health needs, their likes and dislikes and their individual preferences. Care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and choices and we saw people were directly involved in this process.. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner, in accordance with their identified

choices and preferences.

We also saw an individual 'Log folder' in each person's room, which provide staff with concise and readily accessible information about how the person wished to be supported. The folders contained accurate and updated personal details in a section called 'All about me,' day and night-time routines and logs; cream and medicine recording sheets and a personal emergency evacuation plan. This demonstrated the service was responsive to people's individual needs.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received. This demonstrated the service was responsive and sensitive to people's needs.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. Staff told us they felt supported by the registered manager, who they described as very approachable. They felt able to raise any concerns or issues they had. One member of staff told us, ""I find the other staff supportive and the Manager is very open. You just know where you stand." Another member of staff said "We all work together here. Everyone joins in to get the job done."

During the inspection several members of staff spoke to us about the proposed sale or closure of the service; one member of staff described the situation as, "Very unsettling – and very sad." They told us, "I feel supported and valued by the manager here - but not by the council – because we just don't know where we are and what's happening." Another member of staff said, "I have been supported by the Council in the past and the care home continues to support me, but given what is happening and how it is being handled (closure/sale), I feel that the Council has let us and the residents down badly." They went on to say, "I have to make up my hours by going to another Home to work and that has just closed, but nothing was said to me. Some staff who have come here today only got a week's notice. It's shocking really. And they just expect us to carry on."

The registered manager emphasised the importance of an open and inclusive culture and ensured, wherever practicable, staff were directly involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.