

Raleigh House Ltd

Raleigh House

Inspection report

9 Raleigh Avenue
Wallington
Surrey
SM6 8HE

Date of inspection visit:
08 December 2016

Date of publication:
11 January 2017

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

Raleigh House is a residential care home for four people with learning disabilities and other needs such as those associated with autism. There were three people living in the home at the time of our visit. Some people had limited verbal communication.

When we last visited the home on 12 December 2014 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

Risks to people and the premises were managed well. There were enough staff to care for people appropriately and staff were recruited safely. Medicines management was safe. Staff understood how to keep people safe from abuse.

Staff received the right training and support to care for people. People received food and drink of their choice and had access to healthcare they required. Staff were providing care in line with the Mental Capacity Act 2005.

Staff knew the people they were caring for including the best way to communicate with them. Staff treated people with dignity and respect and supported people to build independent living skills.

People were provided with a range activities they were interested in by staff. People's care plans were current and were involved in their care reviews. A suitable complaints policy was in place and people, relatives and professionals were encouraged to provide feedback on the service to the provider.

Clear line management was in place and the two registered managers and staff understood their roles and responsibilities well. A range of suitable audits were in place to assess and monitor the quality of service delivery.

The service met all the fundamental standards. Further information is in the detailed findings section of the report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 was a comprehensive inspection. The inspection took place on 8 December 2016 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection 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. We also received feedback from a social worker who supports people using the service.

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

After the inspection we received feedback from a second social worker, a community nurse and a relative of a person who used the service.

Is the service safe?

Our findings

Although people had limited verbal communication they indicated to us through some words and facial expressions they were happy in the home and felt safe. Social workers and a relative also told us they believed people were safe at Raleigh House. Staff understood how to keep people safe from abuse and neglect and had received training in this. Suitable safeguarding and whistleblowing policies were in place which staff were aware of, for them to follow if required, to keep people safe in line with best practice.

Recruitment practices remained safe as the provider carried out all the necessary pre-employment checks for each staff member before offering them employment. These included obtaining a completed application form, criminal records check, references from former employers and two forms of identity.

Staff, relatives and professionals told us there were enough staff at the home to meet people's needs. Rotas showed the registered managers varied the numbers of staff on shift according to the activities planned for each day to ensure there were enough staff to support people. On the day of our inspection additional staff were available to drive people to, and support them during, a yoga session in the community.

Medicines management in the service was safe. Our checks of stocks and records showed people received their medicines as prescribed. Medicines were stored safely. Staff received training in medicines administration and our discussions with them showed they understood how to administer medicines safely.

The registered managers ensured people had suitable risk assessments in place. These detailed how staff should support people by minimising risks such as those relating to choking or fire safety. People were also supported to take risks in a positive way, by assessing and mitigating these such as those relating to laundry and preparing food and drink as part of promoting people's independence.

Our checks of records and the premises showed the registered managers managed risks associated with the premises and equipment well. A range of checks were in place including those relating to fire safety, gas safety, electrical installation and hot water temperatures.. Maintenance workers were available to carry out repairs when necessary to ensure the premises were maintained and remained safe.

Is the service effective?

Our findings

People were cared for by staff who received a range of suitable training and support. Staff told us they felt well supported by their managers. Staff received supervision with a manager regularly where they were able to discuss any concerns and review their training requirements. The provider supported all staff to achieve the Diploma's in Health and Social Care to expand their expertise in the area.

Staff understood the importance of gaining people's consent and the importance of the Mental Capacity Act before providing personal care and support. We observed staff understood the particular ways in which people in the home gave or refused consent to ensure people were always involved in decisions about their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers understood these and applied for authorisations to deprive people of their liberty as part of keeping them safe, renewing applications as necessary.

We observed a mealtime and saw people received meals of their choice in sufficient quantities. In addition the registered managers promoted healthy living. People had health action plans in place which were reviewed by a learning disability nurse. These action plans detailed how people can remain healthy. Staff provided people with a fresh fruit and vegetable smoothie every day which we observed they drank readily, as part of staff supporting people to eat and drink healthily. Staff monitored people's weight monthly. When staff observed a person was putting on weight they followed guidance from the GP to support them to maintain a healthy weight.

People had access to a range of healthcare professionals including their GP, dentists, psychologists and occupational therapists. Staff kept clear records of appointments people had with healthcare professionals including actions they should take to support people.

Is the service caring?

Our findings

People, a relative and professionals told us the staff were caring and people were happy with the levels of care and support. Our observations were in line with this as we observed staff interacting with people with warmth and compassion. Most staff had worked at the service for many years and had come to know the people living there very well, building good relationships with them. Staff knew people's preferences and offered them choices in their daily lives. Special events such as birthdays were celebrated in a way staff knew people would enjoy.

Staff communicated with people in a way they could understand following their communication care plans. This included using Makaton, a modified form of sign language to support verbal communication and using visual prompts such as photographs of important people in their lives. Staff understood people's particular ways of communicating through working with them closely.

Staff respected people's dignity. Staff supported people to maintain their appearance with appropriate clothes, regular visits to the hairdresser and manicures for those who needed these. One person showed us their jewellery and indicated it was an important part of their lives which staff supported them with. The provider also arranged for people to have weekly aromatherapy massages to help with relaxation.

People were supported to keep in contact with their relatives and friends where possible. Where people did not have family involvement in their care, the provider had arranged for a volunteer to build up a special relationship with them over time to reduce their risk of social isolation.

People were supported to be as independent as they wanted to be. We observed people involved in household chores such as laying the table. Staff told us how one person enjoyed folding their clothes away after they had been washed. Other people took pleasure in baking cakes each week with staff support.

Is the service responsive?

Our findings

Staff supported people to attend a range of activities including dancing, cycling, keep fit and one person worked in a café. Professionals told us they were impressed that people were supported to follow their interests well and build skills. A professional also told us staff supported people to visit their friends in another local service regularly so they could maintain their friendships.

Care plans reflected people's current needs as the registered managers reviewed them regularly. This meant staff had access to accurate information about how to care for people. Care plans were focused on people as individuals and were person-centred. They included people's personal history, individual preferences, interests and aspirations. The registered managers involved people and their relatives in their care plan reviews. People's care was also reviewed annually by social services to ensure the service remained suitable to meet their needs. Professionals who provided us with feedback on the service confirmed people's needs were being met.

The registered managers had arrangements in place to encourage feedback. A relative told us the staff and the registered managers always took time to listen to them and also included them in regular outings where they could express any issues. Feedback was gathered via annual questionnaires. We viewed the most recent questionnaire responses and saw that feedback was positive about all aspects of the service.

The service had a complaints policy in an easy read and pictorial format to make it accessible to people. Staff told us people were assertive and would approach them directly with any concerns which they would usually resolve straight away. No formal complaints had been received in the last 12 months although suitable processes were in place to investigate any that may arise.

Is the service well-led?

Our findings

There were two registered managers at the service who shared the management of the home, one of whom was available at all times to support the service. One registered manager was also the owner. 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. The registered managers and staff understood their roles and responsibilities well.

Records showed staff were delegated areas of the service to audit, such as health and safety, each month. The registered managers oversaw these audits and took action where required. They had implemented an electronic system for recording care plans and staff supervision and appraisal which they checked to ensure records were up to date. Electronic reminders alerted the registered managers when updates were due. Our inspection of this service showed these checks were effective in assessing and monitoring the quality of service and in keeping records up to date.

Resources to develop the team and service were in place. Staff told us how money was invested in upgrading the home each year. In the past year the patio area and fish pond had been replaced and some additional internal improvements had been made. The registered managers also invested in staff training and development to help staff understand their roles better and to improve service delivery.

The registered managers encouraged open communication with people and staff. They both worked closely with people and staff and were always available to hear any issues they wished to raise. In addition regular team meetings were held. Staff told us they felt they could add any items to the agenda for discussion. Staff told us the registered managers were approachable and always listened to them, making them feel well supported.