

Leong E N T Limited







# Ralphland Care Home

## Inspection report

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Website:

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

Ralphland Care Home provides accommodation for up to 37 people who need support with their personal care. The service provides care for older people and people who are living with dementia. The accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor.

There were 33 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 29 October 2014. There was a registered manager. 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.

We last inspected Ralphland Care Home in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

# Summary of findings

People said that they felt safe in the service and that they received all of the care they needed. They had received a wide range of personal care such as help with washing and dressing, using the bathroom and moving about safely.

People and their families had been included in planning and agreeing to the care provided. People had an individual care plan, detailing the assistance they needed and how they wanted this to be provided.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. People enjoyed talking to staff and were relaxed in their company. Staff knew how to support people who lived with dementia.

Medicines were safely managed.

People were provided with a range of meals that they enjoyed.

People were offered the opportunity to pursue their interests and hobbies.

# 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?

The service was safe.

People had been helped to stay safe by avoiding risks to their health and safety. There were enough staff on duty to give people the care they needed. Background checks had been completed before staff were employed. Medicines were safely managed.

Good



### Is the service effective?

The service was effective.

Staff knew the people they were supporting and the care they needed. People were supported to receive all the medical attention they needed. People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



### Is the service caring?

The service was caring.

People said that staff were caring, kind and compassionate. Staff were friendly, patient and discreet when providing care for people. They took time to speak with people and to engage positively with them. People and their families were included in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's needs and wishes had been assessed. People made choices about their lives in the service and could pursue their hobbies and interests. There was a good system to receive and handle complaints or concerns.

Good



### Is the service well-led?

The service was well-led.

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care. People and their relatives had been asked for their opinions of the service so that their views could be taken into account. There was a registered manager and staff were well supported.

Good



# Ralphland Care Home

## 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.

We visited the service on 29 October 2014. The inspection was completed by a single inspector.

During the inspection we spoke with 10 people who lived in the service and with five relatives. In addition, we spoke with the registered manager, 8 care workers, the activities manager and the chef. We observed care and support in

communal areas and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a local district nursing team who supported some people who lived in the service to obtain their views about it.

# Is the service safe?

## Our findings

People said that they felt safe living in the service. A person said, "I do feel safe here because I'm not on my own and there are staff to help me if I need it." Relatives were reassured that their parents were safe in the service. One of them said, "I am reassured that my mother is safe here. The staff are all very kind and she tells me they're like it all the time not just when there are visitors in the service."

Staff said that they had completed training to keep people safe. They had been provided with guidance and they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff said that they had not witnessed any ill treatment of people in the service. They said they would challenge any unkindness or poor practice and would not tolerate abuse. All the staff said they would be confident reporting any concerns to a senior person in the service or to an external agency such as CQC and the police.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We saw that staff had identified possible risks to each person's safety and had taken action to reduce the risk of them having accidents. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, they usually accompanied them when they were walking from room to room or assisted them to use a wheelchair. Some people had rails fitted to the side of their bed. This had been done with the agreement of the people concerned so that they could be comfortable in bed and not have to worry about rolling out. Records showed that the rails had been checked to make sure that they remained in the correct position and were safe to use.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, staff had supported a person to use their call bell when in bed by making sure they knew where it was located. This helped to reduce the risk that the person would attempt to get out of bed without assistance and be at risk of falling.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and they correctly followed the provider's written guidance to make sure that people were given the right medicines at the right times. A person said, "The staff bring me my tablets as regular as clockwork and they sort of politely hang around until I've taken them."

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks that had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The provider had assessed how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received the care they needed. Records showed that the number of staff on duty during the two weeks preceding our inspection matched the level of staff cover which the provider said was necessary. Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, "There always seems to be staff about. Although they're busy I don't think things are unduly rushed. I've never felt that the service is obviously understaffed."

# Is the service effective?

## Our findings

People said that they were well cared for in the service. A person said, "The staff give me all the help I need and they're nice about it so you don't feel that you're being a nuisance. I don't have any problems at all with the staff." A relative said, "I can see with my own eyes that my father is being well cared for. He obviously likes the staff and gets on well with them."

The provider said that staff needed to receive training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. They said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. Staff were confident about supporting people who lived with dementia and they had received training. We saw that when a person became distressed, staff followed the guidance described in the person's care plan. This included quietly answering the person's questions and suggesting alternative things to do that involved them leaving a potentially difficult situation. After this event the person was seen to be calm and reassured.

During our inspection we saw that people were provided with enough to eat and drink. Some people required special assistance to make sure that they were eating and drinking enough. We saw that these people received the support they needed. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow. In addition, some people were having their drinks thickened so there was less risk of them choking.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist

health services. Care records we looked at showed that some people had received support from a range of specialist services such as mental health and occupational therapy teams.

We contacted a representative of a district nursing team that was local to the service before our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make particular decisions. For example, the registered manager had identified that some people who lived in the service were not able to make important decisions about their care due to living with dementia.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests.

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty.

# Is the service caring?

## Our findings

People we spoke with made many positive comments about the care provided at Ralphland Care Home. None of the people who lived in the service, their visitors or the staff we spoke with raised any concerns about the quality of the care. A person said, “The staff are all very nice and they’re chatty and informal.” Relatives were reassured by the caring nature of the service. One of them said, “There has been quite a turnover in staff recently but I don’t think its affected things. I call a lot to the service and I’ve only ever seen people being treated with kindness.”

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. For example, we observed an occasion in the main lounge when a member of staff noticed that someone was having problems reading their newspaper. This was because they had mislaid their spectacles. The member of staff stopped what they were doing and searched for the spectacles until they found them under the person’s chair.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. People who lived in the service and their relatives confirmed that the staff knew the support people

needed and their preferences about their care. For example, we saw that some people were supported to dine in their bedrooms because they preferred to be in their own private space.

Throughout our inspection we saw that the staff were able to communicate in a caring way with the people who lived there. Staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. Some people lived with dementia, had reduced comprehension skills and had complex communication needs. We noted how staff had learnt to understand what people wanted to say and were able to use special techniques to communicate. For example, a person who pointed along a hallway was pleased when staff recognised that they wanted to be assisted to use the bathroom.

Relatives said that they were able to visit their relatives whenever they wanted. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Throughout our inspection we saw that the staff protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

# Is the service responsive?

## Our findings

People who could speak with us told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, "I have a chat with the staff everyday just like people do at home. If I want something I've only got to ask and staff will try to get it for me."

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. A person said, "The staff help me a lot and they do it willingly. I don't think they do this job for the money it's because they want to care for people." A relative said, "I'm confident that my mother is well cared and she tells me that staff do all sorts of things for her. I can see that she's well cared for."

People said that they were provided with a choice of meals that reflected their preferences. They commented positively on how the cook regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person said, "Our meals are very good really we always get enough and cooks come out to see us like at home and ask how we like the food. There's plenty of choice, I have what I want."

We saw that each person's care plan was regularly reviewed to make sure that it accurately described the care to be provided. However, the care plans were not written in a user-friendly way. They presented information using technical and management terms with which most people who lived in the service would not be familiar. In addition, they were long documents and no attempt had been made to summarise them so that people could be supported to access the information they contained.

Family members told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "I really appreciate the way staff keep in touch with me if there are any changes with my father. I want to be involved in decisions made about his care and I am."

The staff we spoke with showed that they were knowledgeable about the people living in the service and the things that were important to them in their lives.

People's care records included information about their life before they came to live in the service. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families, their jobs or where they used to live..

We saw that staff respected people's individual preferences and so people who wanted to use their bedrooms were left without too many interruptions. Another example was staff acknowledging that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally. Some people told us that they had particular preferences about their early morning routines including having a cup of tea in bed. Staff were aware of these preferences and people said that on most mornings their wishes were fulfilled. We noted that a married couple had said that they wanted to share a bedroom. The registered manager had ensured that they had enough space by offering them two rooms next to each other. They told us that they were pleased with this arrangement and used one of the rooms as their bedroom and the other as their private lounge.

We observed how care was provided during a period of 30 minutes for a number of people who were using one of the lounges. On each occasion when someone asked for assistance from staff this was provided promptly. For example, when a person said that they needed to use the bathroom a member of staff quickly assisted them.

Staff had supported people in a number of ways to pursue their interests and hobbies. People had been offered the opportunity to take part in activities such as games, quizzes and craft work. Staff had assisted some people to access community resources. Arrangements had been made for some people to have their own newspapers and magazines delivered to the service. There was a selection of library books. In addition, large print books and audio books could be obtained.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. Each person and their relatives had received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the provider. This meant people could raise their concerns with an appropriately senior person within the organisation.



## Is the service responsive?

The provider had not received any formal complaints since our last inspection. The registered manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis. Doing this had helped to reassure people that their voice

would be heard if they had any concerns. A relative said, "I've never had cause to complain. There's going to be the odd niggle which is inevitable but they get sorted out straight away and without any fuss."

# Is the service well-led?

## Our findings

The provider had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the provider had completed checks to make sure that people were protected from the risk of fire and that equipment such as the passenger lift remained safe to use.

People who lived in the service told us that they were asked for their views about their home. A relative said, "I have been asked to attend relatives' meetings. But more important to me is the fact that the manager is always around and easy to talk to. I can raise any points I need to without there being any problem." We saw that people's suggestions had been acted upon, examples being changes to the menu and the destinations chosen for trips out into the community.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a detailed knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Good team work was promoted so that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

The atmosphere was open and inclusive. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that the registered manager had impressed upon them that it was their duty to speak out if they witnessed poor practice or were concerned about anything. Staff considered that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A member of staff said, "The manager is approachable and she wants to know what's going on. If I was concerned about something I'd go straight to her because I'm confident she would listen and do something."