

Prima Healthcare Limited

Ranelagh House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 27 and 30 September 2016. The first day of the inspection was unannounced.

Ranelagh House was registered to provide support for up to 26 people. At the time of our inspection 23 people were living there. Situated in the Aigburth area of Liverpool the home is near to local amenities and on bus routes. Seventeen of the bedrooms have en-suite facilities. Accommodation is over two floors with a passenger lift available for people to use.

The home required a registered manager. At the time of our inspection the home did not have 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. A manager had been appointed in June 2016 and was awaiting interview with the Care Quality Commission (CQC) to become the registered manager of the home.

During the inspection we spoke individually with six of the people living at the home and with two of their relatives. We spoke individually with seven members of staff who held different roles within the home. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

We found breaches relating to the premises and equipment being safe to use and being used in a safe way. You can see what action we told the provider to take at the back of the full version of the report. Ranelagh House provided a comfortable environment for people to live in with adaptations available to support people with their health care needs. However parts of the environment were unsafe for people. This included wedges being used to keep fire doors open in high risk areas and a lack of a current gas certificate.

Systems were in place for auditing the quality of the service but these had not always worked effectively. For example they had not identified issues with the safety of the homes environment, the need to update some of the information available in the home and a need to ensure all staff received one to one supervision.

A choice of meals were available for people and staff ensured people had sufficient to drink throughout the day and night. However people did not always like the quality of meals provided, describing this as variable. Action was being taken by the manager to address this issue.

People who lived at Ranelagh House told us they felt safe living there and were confident to raise any concerns or complaints they had with staff. Staff had received training in safeguarding adults and knew how to report any safeguarding concerns that arose.

People received the support they needed with their personal and health care and their medication was

safely managed.

There were sufficient staff working at Ranelagh House to meet people's needs although staff felt that at times they were too busy to spend as much time as they would like with the people living there. Robust recruitment procedures were followed to check the suitability of new staff. A training programme for staff had commenced with further training planned to increase staff knowledge and skills.

People living at the home liked and trusted the staff team and told us they were always responsive to requests for help. Staff knew people well and provided support based on people's individual needs and choices.

Staff supported people to make every day decisions for themselves. This was backed up with good care plan documentation which described the person's ability to make certain decisions. Where people lacked the ability to make larger decisions for themselves, such as where to live then the home had followed regulations to ensure the person's legal rights were protected.

People knew the manager well and found her easy to talk with. The manager was aware of some of the improvements that were needed to the service and had started working on these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Parts of the environment were not safely managed.

People felt safe living at Ranelagh House and staff knew how to report and manage any safeguarding concerns that arose.

Medication was safely managed.

Sufficient staff worked at the home to meet peoples care needs.
Robust procedures were followed to recruit new staff.

Is the service effective?

Requires Improvement ●

The service was effective.

Peoples nutritional needs were met although they did not always enjoy the meals provided.

People received the support they needed with their health care.

Staff had a good understanding of their role and were undertaking training to increase their knowledge.

Peoples legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People liked and trusted the staff team.

Staff knew people well and provided support based on the person's individual needs and choices.

Is the service responsive?

Good ●

The service was responsive.

People received the support they needed in a timely manner.

Up to date information was available to guide staff on how to support people safely and well.

People felt confident to raise concerns or complaints with staff.

Is the service well-led?

The service was not always well led.

Systems for auditing the quality of the service provided were not always effective.

The home had a manager who had applied to register with CQC.

Plans were in place to improve the quality of the service provided.

Requires Improvement 

Ranelagh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 27 and 30 September 2016. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, six of whom we spoke with individually. We spoke with relatives of two people living at the home and with seven members of staff who held different roles within the home.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People living at Ranelagh House told us that they felt safe living there. One person explained, "Being in here makes me less worried. It's best to be looked after."

On the first day of our inspection we saw a number of doors wedged open within the home. This meant that in the event of a fire occurring the doors would be unable to close causing a fire to spread more quickly. Doors wedged open included the laundry door, kitchen door and a door to a room containing oxygen, these are all areas that are more at risk of fire. On the second day of the inspection we saw that door guards were being fitted to these doors so that they could remain open but would automatically close if a fire alarm sounds.

An up to date gas safety certificate was not available and the legionella certificate we were shown was only valid until August 2016. On the second day of the inspection the manager advised us that arrangements had been made for a gas safety check to be carried out.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the premises and equipment used within it were not safe.

Up-to-date checks and certificates were in place for mains electrics, small electrical appliances, fire equipment, the lift and hoists.

Polices on safeguarding and whistle blowing were available at the home to provide guidance for staff. Staff we spoke with were aware of how to report a potential safeguarding incident and told us that they would do so. One member of staff gave us an example of a safeguarding referral she had been involved in and another member of staff explained she would report concerns to a senior member of staff or the local authority explaining, "You expect everyone to be treated as your own family."

Some of the staff we spoke with were unsure what the whistle blowing policy entailed. Whistle blowing protects staff who report something they believe is wrong in the work place and is in the public interest. Although a copy of the safeguarding policy was available the phone number for Careline to report potential incidents was not on display and contact details for whistle blowing were not included with the policy. We discussed this with the manager who assured us she would provide this information.

People told us that they got their medication on time and when they needed it. Their comments included, "I get them regularly, no problem, they are prompt," and "You get them when you need them."

We looked at how medication was stored, administered and recorded within the home. Medication trollies were secured to the wall in the dining room with a small locked room available for storage of additional medications. On the first day of the inspection the storage room was untidy and cluttered. This had been rectified by the second day of our inspection. We looked at a sample of records for medications including medication stored in blister packs and in boxes. We found that clear records were maintained of medication

prescribed and given to people and that these tallied with remaining stocks. The manager had carried out a series of audits on medication to check it was being managed safely and quickly address any issues that arose.

We observed part of a medication round and saw that medication was offered to people in an unrushed manner. Staff ensured the medication trolley was safely locked when not in use and took their time giving people their medication before signing for it.

A monthly audit of accident and incidents in the home had been carried out. This meant that any patterns in the times, dates or people involved could be identified and addressed. In discussions with staff they were able to tell us the actions they would take in the event of an emergency such as a fire or accident. They also knew the location of fire points and first aid boxes. A 'grab bag' was available that contained information and equipment useful in the event the home needed evacuating.

People living at the home told us that staff were busy but responded quickly to any requests for help that they made.

The manager told us and rota's confirmed that staffing at the home was generally one senior carer and two care staff during the day and two staff at night. In addition the manager worked Monday to Friday and a cook and domestic worked seven days a week with a handyman available three days per week. During our inspection we saw that staff were busy but able to meet people's support needs.

Staff had varying ideas as to whether there were sufficient staff available to support people. One member of staff told us, ""Staffing levels are okay. You do get time to sit with the residents. Some days are hectic." However other staff told us that they thought the care needs of people living at the home had increased and staffing levels did not always reflect that. They said that this meant they did not always get time to spend with people living at the home. The manager explained that there had been issues with staff sickness but wherever possible the shifts were covered and they had interviewed for a new carer and domestic with further interviews arranged.

We looked at recruitment records for three members of staff who had recently commenced working at the home. We found that prior to commencing work a series of checks had been carried out to check the persons suitably to work with people who may be vulnerable. This had included obtaining references and a Disclosure and Barring Services (DBS) check. Copies of the person's application form and interview notes had also been retained on file.

Is the service effective?

Our findings

People living at Ranelagh House told us that they thought staff had the knowledge and skills to support them effectively. One person told us, "They do their job more than thorough."

A staff notice board advertised training for September and October 2016 including, fire, moving and handling, safeguarding, health and safety and a six week medication course.

A training matrix showed that the majority of staff held a national vocational qualification in care (NVQ) and that a newer member of staff was undertaking a nationally recognised care certificate. The matrix also showed that some staff had undertaken the training courses listed above with other staff booked on them. Records of a staff meeting held in June 2016 recorded that the manager acknowledged staff training was out of date and had informed staff, 'we will develop a programme of proper training over the next 12 months.'

Staff told us that they had been undertaking training via computer programmes which some staff explained they did not enjoy or feel they learn as much from. However a member of staff explained, "They intend to build on the DVD training and get people in. There is a training plan," this was confirmed by the manager.

We asked the manager if staff had received supervision sessions and she explained that these were not up to date. Staff told us that they had not received a 1-1 supervision with senior staff for several months but felt confident to speak to the manager about any issues that arose.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Assessments had been carried out to see if people required the protection of a DoLS these recorded that they had been discussed with the person and/or their family. Where an assessment indicated that the person would benefit from a DoLS then an application had been made to the relevant authorities.

Care plans contained an assessment of the person's ability to make decisions for themselves. For example one plan we looked at recorded that the person could make everyday decisions but lacked the ability to decide where to live. We also saw that people and/or their family had been asked to consent to the care they received at the home. Where people had verbally consented, for example to the use of bedrails, this

was recorded along with information on whether the person had given their family permission to sign consent on their behalf. This is good practice as it helps to support people to make as many decisions for themselves as possible.

People living at the home told us that they found the quality of the meals variable. Their comments included, "It's adequate. The cooked meals are very good." "Sometimes it's nice. It varies. A nice breakfast," and "It varies. I eat it." A member of staff described the quality of meals as, "variable."

Throughout the two days of our inspection we saw that people were given drinks at regular intervals and people who chose to stay in their bedroom always had access to a drink. One person explained, "If I wake up in the night I get a cup of tea."

A two week menu was on display in the hall on the first day of our inspection. This was not easily accessible for the people living there. The menu showed that one meal was served at lunch and tea time and stated alternatives were available on request. People told us and we observed that alternatives were provided for people who requested them.

We asked several people what they were having for their lunchtime meal and none of them could tell us. One person said, "I am generally not told what is for lunch." On the second day of the inspection the manager had arranged for menus to be placed on each dining table and for a board to be located in the main lounge so people could see the days meals.

People were served their breakfast when they chose and could have a drink or snack on request. We observed staff providing unrushed support to people to eat their meals or have a drink. We spoke to the cook who had a good understanding of people's likes and dislikes and any specific diets people needed.

The manager told us that she was aware of people's views regarding meals and had recently held a tasting session with an outside company who could provide meals to the home. The tast test had included people living at the home and some of their relatives.

People living at the home told us that they received the support they needed with their health. One person told us, "They are on the ball with clinical visits."

Care records showed that people's health had been monitored. People had been weighed regularly and assessments had been carried out and reviewed to check on their general health including their skin integrity, risk of falls and nutrition. Records confirmed that when an issue was noted with the person's health, advice was obtained quickly from relevant health professionals. For example one person's records showed they had received input from a speech and language therapist, nurse, GP and dentist.

Where people had been prescribed equipment to support their health such as pressure mattresses or cushions these were in place. We observed that staff had ensured people sitting in the lounge had their pressure cushions with them.

People who were cared for in bed had charts in place that stated when they should be turned and we saw that these instructions had been followed.

Ranelagh House is converted from three original houses. Everyone living there has their own bedroom many of which have en-suite toilets. Although two of the bedrooms are designated as double rooms the manager explained that they were not used as such. A dining room is located near to the kitchen with a lounge at the

other end of the home. A second lounge was currently used as an activities room. Parts of the home appeared shabby and would benefit from refurbishment. For example carpets in one lounge were threadbare in places. The manager told us that she was waiting for quotes to be returned to replace carpets and plans were in place to decorate the second lounge.

Equipment was available in the home to support people with their mobility and care. This included a lift, hoists, adapted shower room, call bells and a stair lift. Bedrooms doors were numbered but did not have people's names on them. This may help people to find their way around the home more easily.

Externally there was a small car park and enclosed back garden. This provided seating areas and was very well maintained with colourful plants and flowers. Some of the flags to the side of the garden were uneven and the manager advised us that plans were in place to have these re-laid.

Is the service caring?

Our findings

People living at Ranelagh House told us that they would recommend living there. One person told us, "I would come here again," Another person commented, "So far so good. They are good."

Comments we received from people about the staff team included, "I couldn't praise them enough," "They suit me. Down to earth" and "Staff are very friendly and helpful."

People told us that staff were kind to them and treated them with respect. They said, "The attention is very good," "Marvellous. They do any little thing they can for you." "Very, very nice. They chat, check I am all right," and "They have been understanding with me. They are caring."

We saw that people were able to spend their time as they chose. Some people liked to spend time in their room whilst others spent time in the lounges or dining room. One person we spoke with liked to get up later in the morning and staff accommodate this providing breakfast for her at a later time.

Staff knew people well and were able to explain the different ways people liked their support provided. They were also knowledgeable about the things that could cause concern for individuals and how to minimise this for the person.

The interactions we saw between staff and people living at the home were warm and friendly. Staff spent time with people and supported them in an unrushed manner. This included time spent talking with people who needed reassurance as well as providing physical support.

Information about the home was made available to people via a service user guide, statement of purpose and notice boards in the foyer. This included copies of both documents as well as information about past and future events.

No formal system was in place for gaining the views of people living at the home about the service they received. However we saw and were told by people that the manager spent time talking with people on an individual basis.

Is the service responsive?

Our findings

People living at Ranelagh House told us that staff were responsive to their needs. Their comments included, "If you want anyone in the night you press your buzzer and they are there in no time," "It's marvellous, they are always here, if you call they are there," and "There is nobody not doing their job. When you press the buzzer they are prompt."

Individual care plans were in place for people living at Ranelagh House. These contained information about the person including their history and likes and dislikes. Assessments of the person's support needs had been undertaken and where they identified support was needed a care plan was in place to guide staff. This included providing information about the support the person required with their health, personal care and daily activities. Care records were written in a person centred way and reflected the person's choices and lifestyle as well as their immediate support needs. Information had been recorded on plans as and when it became available and had been reviewed regularly. This showed us that the care plans were a 'live' document that was used to help plan and deliver the support people needed.

We found that the information recorded in care plans and daily notes tallied with the information people themselves gave us about their care and the support staff described the person as needing.

A notice board advertised a weekly armchair exercise session. In addition the home employed a member of staff two afternoons per week to provide activities for people living there. These included crafts and quizzes. Photographs showed recent activities had included, birthday parties and craft sessions and a member of staff told us people had recently enjoyed making cakes. A second lounge in the home contained some activity equipment and the manager informed us she intended to redecorate this area and make it more of an activity lounge.

People living at the home and their relatives said they knew how to raise a concern or complaint and would feel comfortable doing so with staff. One person told us, "Of course I would I would tell them."

A complaints log showed no recorded complaints for 2016. Information on how to raise a concern was made available to people living at the home via a service user guide. A complaints policy was available however this needed updating as it stated that if a complaint could not be resolved within seven days the person could refer to the Care Quality Commission (CQC). The Home's statement of purpose advised that they would investigate and respond to complaints within 28 days and if the person was not satisfied they could contact CQC. No mention was made of the person's right to contact the ombudsman or social services. The information regarding CQC required updating as people can contact CQC at any time if they have a concern or complaint. CQC cannot investigate an individual complaint but can signpost people, refer to other agencies and use the information to help plan an inspection at the home.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A manager had commenced work at the home in June 2016 and had applied to CQC to become the registered manager.

A number of systems were in place for checking the quality of the service currently provided. However not all of these had been implemented or worked effectively.

No formal system was in place for gaining feedback from people living at the home and their relatives. We were told that no recent meetings had been held with people living there. A care plan audit tool was available but had not been used to audit care plans in the home. Audits that were in place had failed to pick up, plan and take action on some of the issues we noted during the inspection. This included use of door wedges, policies that required updating and lack of formal staff supervision.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes were ineffective at assessing monitoring and improving the quality and safety of the service people had received. There was no system for seeking and acting on feedback from relevant persons.

People living at the home and their relatives knew the manager and felt comfortable approaching her. During our inspection two of the people living there asked to speak with her and on both occasions the manager made sure she found the time to do so.

Staff told us that they found the manager approachable, their comments included, "Very understanding. Always a phone call away," and "Seems fair if you are doing your job. You can speak to her, she is professional."

We found that the manager had a good understanding of the home and had plans to improve the service it provided. For example action was being taken to recruit new staff and to increase training provided to staff. We also found that she had a good knowledge of the people living there and the support they required.

The manager told us that she found the providers supportive and had regularly met with them or their representative. We saw copies of a weekly report the manager sent to the providers which included information on audits carried out on medications, infection control, the kitchen and any on-going repairs or issues. For example one report we looked at included information about the on-going work to replace carpets.

A computer system was also in place to list tasks that needed completing. This was a clear system that recorded updates and actions taken as well as recording when an issue had been resolved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises and equipment used within it were not safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were ineffective at assessing monitoring and improving the quality and safety of the service people had received and seeking and acting on feedback from relevant persons.