

Prima Healthcare Limited

Ranelagh House

Inspection report

533 Aigburth Road
Liverpool
Merseyside
L19 9DN

Tel: 01514274486
Website: www.ranelaghhouse.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 21 January 2019 and was carried out by one adult social care inspector, one adult social care inspection manager and an expert-by-experience.

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

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

On our last inspection in November 2017 we found breaches of Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to the safety of the environment at the home and ineffective systems to monitor and maintain the safety and quality of service at the home. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to address the issues identified.

During this inspection we found the home had made some improvements, as set out in its action plan. However, there were continued breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, along with an additional breach of Regulation 19 (fit and proper persons employed).

The safety and cleanliness of the environment had deteriorated. The home was served an enforcement notice by Merseyside Fire and Rescue Service in November 2018. We noted that it was cooperating with the fire service and was in the process of addressing fire safety concerns identified. However, at the time of our inspection the home was not safe from a fire safety perspective. Parts of the home were hazardous and dirty. We also observed some very poor infection control practice.

Medicines were not always administered or stored safely. We observed poor administration practice and the medicines trolley was left open and unattended for a period of five minutes.

Quality assurance processes had improved at the home but they still failed to identify and address the serious issues we identified during our inspection.

Recruitment processes were not robust and did not always gather the evidence required to ensure new staff were suitable to work at the home.

Confidential information was not always stored securely at the home.

The home did not currently have a registered manager. We found the home had had difficulty in recruiting a suitable candidate for the role and were currently advertising the role of registered manager.

People living at the home and their relatives told us that they felt safe there. We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had received training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. Staff at the home took appropriate action when any such concerns arose.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions when they were able, in line with the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation.

Staff received regular training relevant to their roles and were supported with regular supervision and appraisal meetings.

People gave us generally positive feedback about the quality and choice of food at the home. They said, "The roast yesterday was quite good", "The food's okay" and "I think the choice [of food] is good and it's cooked well, but it's a bit 'samey'."

The care plan files we looked at were very detailed and informative, regularly reviewed and reflected the needs of the people living at the home.

People gave us positive feedback about the care they received at the home. One person commented, "I have no problem with the care here; I get what I need, when I need it."

Activities at the home had significantly improved since our last inspection. There was a good range of activities on offer to people living at the home, which were provided enthusiastically by the staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

The premises were unsafe and in parts unclean.

Medicines were not always administered or stored safely.

Recruitment processes were not robust.

We saw poor infection control practice.

Is the service effective?

Good 

The service was effective.

Staff received regular training relevant to their roles and were supported with regular supervision and appraisal meetings.

People's rights were respected in line with the Mental Capacity Act 2005 (MCA) and the associated DoLS.

Staff at the home worked with other health services to meet people's needs.

Is the service caring?

Requires Improvement 

The service was not always caring.

Confidential information was not always stored securely at the home.

Staff at the home were friendly and caring.

People were supported to maintain their dignity and staff treated people with respect.

Is the service responsive?

Good 

The service was responsive.

Activities at the home had significantly improved and there was now a good range of activities for people to enjoy.

People's care plans were person-centred and regularly reviewed.

The home had a procedure for receiving and responding to complaints about the service.

Is the service well-led?

The service was not well-led.

The service remained in breach of the Regulations.

Quality assurance processes had improved but ultimately remained ineffective.

The home did not have a registered manager.

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 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 unannounced comprehensive inspection took place on 21 January 2019 and was carried out by one adult social care inspector, one adult social care inspection manager 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.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from the local authority and fire service.

We looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people living at the home, three people's relatives, a visiting health professional and several staff who held various roles at the home, including the registered provider, operations manager, acting manager, deputy manager, carers, activities coordinator and cook. We looked at a range of documentation including three people's care records, medication storage and records, four staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

At our last inspection the service was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises were not kept safe. At this inspection we found that there were continued breaches of this regulation.

The home was served an enforcement notice by Merseyside Fire and Rescue Service in November 2018. This was because the fire service inspected the home and found it had failed to comply with the provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire. This gave the home six weeks to make improvements to make the home safe for the people who lived there. We noted that the home was cooperating with the fire service, was in the process of addressing fire safety concerns identified and had agreed an extension to complete the works.

During our inspection we found a seriously unsafe fire escape door that could not be opened more than a couple of inches, as it was getting stuck on the carpet. The door was also bolted shut. The height of the top bolt may also have been out of some people's reach preventing them from opening the door in an emergency. The people whose bedrooms were nearby would have had to evacuate the building through a different fire exit in the event of a fire which would have placed them at unnecessary and avoidable risk from harm. We asked the registered provider to take immediate action to fix the door, which was done later that day.

During the inspection we saw that objects were being used to prop open important fire doors such as to the kitchen and laundry where a fire could start. This meant that in the event of a fire the fire doors would not be able to close and any fire would be able to rapidly spread throughout the building. Coupled with the other deficiencies already highlighted by the fire service, this placed people at increased risk of harm and caused us considerable concern. This was also the third inspection that we had identified this issue.

We also raised concerns about the fire door improvement works taking place as these appeared disorganised and put people at additional risk of harm. For example, we found part of a wooden bedroom door frame had been removed and the removed part of the frame had been left in the person's bedroom. This had also left several nails sticking out of the wall and posed a significant risk of injury to people. The contractors on site on the day of our inspection confirmed this was not a door they had been working on and was not on their list of works. Therefore, this had not only just occurred and it was difficult to say exactly how long people had been exposed to this hazard. The contractors removed the remaining nails to prevent someone from injuring themselves.

We looked at how the medicines were managed and found a number of concerns. We observed a medicine round and saw the staff member dispense medicine into their hand and then put it on the table for the person to take. This was not in accordance with safe administration policies. We observed people's creams and other medicines left on bed side tables in people's bedrooms for them to access at any time. There were no risk assessments completed in relation to these medicines. We also saw the medicine cabinet was left unattended with the key left in the lock for a period of five minutes when anyone would have been able to

access it. We reported our concerns to the acting manager. They showed us monthly audits that they carried out and competency assessments that they had completed, yet these issues had not been previously identified.

Parts of the home were dirty and neglected. We found some bedrooms in a very poor state of cleanliness. For example, in one bedroom there was a pool of liquid in the corner of the en-suite toilet floor. The wall, toilet frame and toilet were smeared with faeces. We also saw that the bar of soap on the sink was encrusted with a brown substance, most likely faeces. Other examples included, faeces-stained bedding in one room; a urine-stained toilet seat in a communal toilet and a commode in a bedroom which had not been used but remained smeared with faeces.

During our inspection we also observed very poor infection control practice. We saw a member of staff who was not wearing any personal protective equipment (PPE), such as gloves or an apron, transport a used commode bowl from someone's bedroom to a communal toilet. After disposing of the contents of the commode bowl in the toilet the commode bowl was rinsed in the sink where people wash their hands. We asked the member of staff if this was their regular practice. The member of staff confirmed that it was and there was nowhere else specifically designated to carry out this task. These examples of poor cleanliness and poor infection control practice demonstrated that staff and people were not protected from the risk of infection being spread.

The décor in some areas of the home was poorly maintained. We saw ripped wall paper, damaged walls, a broken towel rail and some areas of the home did not smell very pleasant.

The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We also saw there were regular water temperature checks to monitor and prevent the risk of legionella developing. Legionella is a water-borne bacterium, often found in poorly maintained water systems. These water temperature checks should also reduce the risk of scalding as they identify hot water temperatures that exceed the recommended safe limit. However, we saw several instances where the recorded temperatures exceeded the safe limit and there was no evidence of any action being taken. This put people at risk of harm from scalding. We were concerned that this was highlighted on our last inspection but remains a problem.

These examples are all continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we had some concerns over the way that a member of staff had been recruited. The process followed was not robust. For example, the service had not obtained satisfactory evidence of the person's conduct from previous employers, particularly with those whom they had undertaken the same role. We had shared our concerns with the operations manager.

At this inspection we looked at staff recruitment processes and looked at four files for staff members who had been recruited since our last inspection. We had concerns about all four. None of the files contained an adequate employment history. There were many gaps and none of these were explained. The references were often provided by different people named on application forms and there were no reasons why the references had not been sought from the most recent employer. We saw that one person had a restriction on the number of hours that this person could work in the UK. This restriction had not been applied.

These examples were a of breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at risk assessments and saw that these records were details and well-recorded. We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events. We saw that documents were regularly reviewed and updated to make changes as required when people's needs changed. For example, one person had left the building unsupported which was a risk to them. The acting manager had investigated the incident and put systems in place to minimise the risk of the same incident happening again.

We looked at how the home managed safeguarding and saw that the acting manager understood their role and the regulations in relation to keeping people safe from harm. The staff we spoke with had a clear understanding of their responsibilities to keep people safe. We saw that there had been very few safeguarding concerns at the service but when they occurred they were managed well.

We received mixed reviews about the staffing levels at the home from the people living there and their relatives. During our inspection we observed that there was an adequate number of staff to meet people's needs and staff generally attended to people promptly when they needed assistance. We tested a call bell in one bedroom at random and found that a member of staff responded very promptly.

Is the service effective?

Our findings

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

All the staff had received training in understanding consent and capacity and the application of the MCA. We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions when they were able. One person said, "Staff ask you first [before giving support]; they always tell you what they've come to you for, so you do know what you're agreeing to."

We looked at the support that staff received and saw that it was good. All staff were supported with regular supervision and appraisal meetings. Staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as dementia training. Staff told us that they enjoyed training as it was important to keep their knowledge updated. The acting manager had a training matrix so they could easily see when training was due to be completed.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support. We saw that one person had been assessed by a number of different services as the home's request so they were able to give the person the support that they needed.

People gave us generally positive feedback about the quality and choice of food at the home. They said, "The roast yesterday was quite good", "The food's okay" and "I think the choice [of food] is good and it's cooked well, but it's a bit 'samey'." We observed that people were offered hot and cold drinks and snacks

throughout the day. People who required some assistance eating and drinking were appropriately supported by staff.

We saw that most people had been supported to personalise their rooms with their own pictures, items and furniture. Some of the people living at the home were living with dementia. We saw there were some dementia friendly adaptations at the home, such as easy-read signage and pictorial noticeboards. We also found that accessibility to the garden area had improved. The home had removed the unsafe ramp we saw on our last inspection and now had a fit-for-purpose moveable ramp.

Is the service caring?

Our findings

Confidential information was not always stored securely at the home. Therefore, people's rights to confidentiality was not maintained. The office where people's care files and other personal information was stored was left open and unattended at various times throughout the day. The controlled drugs book had been left unattended in the dining room. This meant that people's personal information was not stored safely and their privacy was not respected. We also found the home's second office where staff information was stored had also been left open.

People spoke positively about the staff at the home. Comments included, "[The staff are] pretty good; they don't have much time to stop and talk, always rushing here and there [but] they're friendly enough. Most of them know me well", "They're nice girls, friendly and kind. I have a laugh and a joke with them" and "The people are nice and friendly; there's always someone to talk to."

The care staff understood how to respect people's privacy and dignity when delivering care. We saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary. One person said, "[The staff] always knock on the door before they go in your room. They knock on toilet doors and make sure nobody's in there before they go in."

We saw that the staff were skilled in recognising what people needed. For example, during an activity we saw a staff member quickly recognise that one person was cold and they got them a blanket for their legs. Staff showed that they were attentive to people's needs.

Throughout the inspection staff demonstrated that they were aware of the needs of people who have dementia and how to support them. We observed one person suddenly get very upset by our presence. The staff supported the person and helped us to explain why we were visiting the home. It was apparent that staff knew people well and how to reassure them when they were distressed.

We found that the improvements in activities at the home had helped to involve people and reduce social isolation. For example, staff told us about how one person who is partially sighted and has a hearing impairment enjoyed getting involved in the bingo. They explained that the person was able to feel the numbers on the balls and assist with calling the numbers.

People told us that they knew the staff supporting them. One person said, "There's good continuity of staff, so they know the people by name and know what they need."

Relatives visiting the home told us they felt welcome when they visited and they were able to visit when they wished. We saw this was the case throughout our inspection.

Is the service responsive?

Our findings

The care plan files we looked at were very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how they liked to be cared for.

We could see that people's choices had been documented. For some people this meant that they were choosing to take risks. The care plans reflected the person's right to choose what they wanted to do and make an unwise decision if they were deemed to have the capacity to do so. One person commented, "I have no problem with the care here; I get what I need, when I need it."

Staff knew how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This included ensuring any such aids were regularly tested and checked to make sure they were working properly. One person told us, "The [staff] know I don't hear too well and they don't mind saying things again, and speaking up." This meant the service was acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Activities at the home had significantly improved since our last inspection. During our last inspection we saw that people were largely limited to watching daytime television and there were few interactions between staff and the people living at the home throughout the day.

On this inspection we saw staff regularly interacting with people in a caring way and we found there was a good range of activities on offer to people living at the home, which were provided enthusiastically by the staff. This included the introduction of pictorial activities noticeboards to help inform people what was planned. We also saw the home had a very well-maintained garden and patio area ideal for people to enjoy in good weather. The acting manager told us that people had enjoyed doing some planting in the Summer.

The home had a procedure for receiving and responding to complaints about the service. The complaints procedure was displayed on the notice board in the home. The acting manager told us that there had not been any complaints since the last inspection. One relative commented, "I have no complaints. Communication is good."

At the time of our inspection none of the people living at the home were receiving end of life care. Staff had access to appropriate training and information to manage these needs and would work closely with relevant health professionals to meet any end of life care needs.

Is the service well-led?

Our findings

At our last inspection the service was in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were ineffective systems to monitor and maintain the safety and quality of the service. At this inspection we found that there were continued breaches of this regulation.

We looked at several quality assurance processes in the home and saw that many of these had been introduced since our last inspection. The audits looked for patterns and trends in accidents, incidents and actions were taken to avoid repeat incidences. We saw that care plan audits had successfully identified problems with care plans and improvements had been made as required. However, we had concerns that the current audits did not identify the issues that we found at this inspection. The problems with the building safety and the environment had not been recognised by any of the home's quality assurance systems.

We noted that the home was cooperating with the fire service, was in the process of addressing fire safety concerns identified and had agreed an extension to complete the works. However, at the time of our inspection the home remained unsafe from a fire safety perspective. We have clearly explained the various and significant fire safety concerns we identified on our inspection earlier in this report.

Parts of the home were dirty and had been left in an unsanitary condition. This had been left for the domestic staff rather than be dealt with by a member of staff. We also observed poor infection control practice. This placed people at risk from potential harm.

The home did not have robust arrangements in place to ensure confidential information was stored securely at the home. As we have explained earlier in this report, personal information relating to both people who lived at the home and staff was not always stored securely.

These are continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not currently 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. We found the home had had difficulty in recruiting a suitable candidate for the role. The operations manager had maintained contact with CQC and explained the difficulties that they were having. We had shared our concerns regarding the robustness of the recruitment processes used to check a manager's suitability for the role. We were told that they were currently advertising the role of registered manager.

We saw that the acting manager observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. We saw that

they were constantly engaged with people, relatives or staff and we were told that this was daily and that they were always accessible for people.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The acting manager understood the incidents that had to be reported to us and had completed notifications when they were required.

The current CQC rating was displayed on the notice board in the home and on the it's website, in accordance with legal requirements. One relative also commented, "They gave a copy of the last CQC report to everybody." This demonstrated good openness and transparency.

The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. These included policies on safeguarding, medication administration, whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.

The acting manager held regular staff meetings. These meetings provided staff with the opportunity to receive and share any important information.

The home had systems in place to gather feedback about the home, such as satisfaction questionnaires. One relative commented, "I've had a few questionnaires, plus the yearly review meeting. I'd like to see more improvements; the furniture is pretty tired for instance but they're moving in the right direction."

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 were unsafe and in parts unclean. Medicines were not always administered or stored safely. Recruitment processes were not robust. We saw poor infection control practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service remained in breach of the Regulations. Quality assurance processes had improved but ultimately remained ineffective. Confidential information was not always stored securely at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust and did not always gather the evidence required to ensure new staff were suitable to work at the home.

