

SBL Care Ltd

Rayleigh House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Rayleigh House provides personal care and accommodation to up to 15 older people across two floors in one converted residential terrace. There were 13 people living at the service at the time of our inspection, some of whom were living with dementia.

People's experience of using this service and what we found

Care plans had been reordered to ensure they were more accessible for staff. The content of care plans and risks assessments was in need of review to ensure they were detailed with person-centred information. Staff demonstrated an excellent and up to date awareness of people's needs.

People enjoyed activities on offer but felt more could be done to offer a wider range of activities relevant to their interests.

Medicines were managed safely, in line with best practice.

The premises were well maintained, and appropriate health and safety checks were in place. Emergency procedures and contingency plans were in place. Risk assessments were in place and well understood by staff.

The registered manager worked proactively with external healthcare professionals. They ensured people had access to primary healthcare services.

The home felt welcoming, personalised and vibrant. Feedback was positive regarding the compassionate, affectionate and sensitive approach of staff.

The registered manager ensured people were involved in the planning of their care. They used a variety of meetings, one to one time and surveys to involve people in how the service was run.

People ate well and had a choice of meals and snacks.

People's rooms were clean, well decorated and highly personalised; refurbishment of communal spaces continued and was to a high standard.

Staff received training relevant to people's needs. They demonstrated a comprehensive knowledge of people's health, physical and emotional needs.

Staff received end of life care training. The registered manager ensured external accreditation and links with external healthcare professionals were in place. End of life care was regarded as a key strength by external professionals.

The registered manager worked well with staff and there was a strong team ethic. The registered manager was open and supportive with staff. They were appreciative of the support of a dedicated staff team.

People's capacity was assumed unless there were reasons to consider otherwise, and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rayleigh House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rayleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted social workers, professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports. We reviewed the 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives. We observed interactions between staff and people who used the service. We spoke with five members of staff: the registered manager, the owner, the administration officer and two members of care staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection

We telephoned two further health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding information was clearly displayed. Procedures were well understood by staff who were suitably trained.
- Staff took appropriate steps when they were concerned about people. External professionals confirmed the owner and registered manager worked openly and proactively with them.
- People told us they felt safe and at home. One said, "I'm perfectly safe and looked after here." One relative said, "I had previously been very anti care homes but this is a safe little community - he's content, not agitated."

Staffing and recruitment

- Staffing levels, day and night, were appropriate to the needs of people's personal care and social needs. People and relatives raised no concerns about the responsiveness of staff when they needed help. One said, "If you ring your buzzer they always come straight away."
- Recruitment processes were in place to ensure staff underwent appropriate vetting checks.

Assessing risk, safety monitoring and management

- Risk assessments were in place and set out which risks staff needed to be mindful of. Staff demonstrated a good knowledge of these risks. Risk assessments would benefit from containing more person-centred information regarding exactly how people wanted to be supported.
- Staff calmly redirected people who were beginning to feel anxious. Staff displayed suitable knowledge about what topics and activities people would engage with.
- Emergency and other equipment was regularly serviced and up to date.
- The premises were well maintained. CCTV was in place in communal areas. All people and relatives we spoke with were happy with this, although the owner had not documented this consent in all cases. They agreed to make this part of the pre-admission questions people were asked to ensure consent was demonstrated.

Using medicines safely

- Medicines were managed safely and staff demonstrated a comprehensive knowledge of people's needs. The registered manager was responsive to feedback about best practice.
- Stock checks of medicines were effective, comprehensive and consistent.

Learning lessons when things go wrong

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were

documented and analysed. The owner documented reflective practice meetings after any such incidents.

- The registered manager was receptive to feedback about areas of best practice to keep people safe.

Preventing and controlling infection

- There was a rolling programme of refurbishments and improvements to the fabric of the building. The service was clean throughout. People and their relatives confirmed this was always the case.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. Staff demonstrated a good awareness of people's health needs.
- Handover processes were clear. Night staff and others had been given champion roles to improve the service's ability to stay aware of developments in best practice and to share knowledge.
- People had confidence in staff knowledge and agreed they received good health and wellbeing outcomes. External professionals agreed, with one saying, "They know people so, so well and aren't afraid to ask for advice. Whenever we go the staff know everything about the person."

Supporting people to eat and drink enough to maintain a balanced diet

- Menus had a focus on comfort food. Staff asked people what they would like in advance of each meal. We did not observe staff showing people various options but the owner assured us this happened on a daily basis. They agreed to ensure they checked this was happening on a regular basis.
- We observed staff helping people enjoy their meals in a dignified, patient way which respected and enabled their varying independence. One person said, "I think it's marvellous: tasty and hot and if you don't like it they will make you something different." Feedback regarding meals was consistently positive.
- People's weights were regularly monitored for risks of malnutrition.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles and people's needs. The registered manager was keen to support staff with additional training where people's needs changed, or new people came to the service.
- Staff supervisions had started again recently after not happening for several months. These were now well planned.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had developed some strong relationships with local health and social care professionals.
- Access to regular primary health services, such as chiropody and dentistry, was well documented.

Adapting service, design, decoration to meet people's needs

- The building was a converted terraced house and as such had a number of steps and corridors. Where people's needs meant there were specific environmental risks, the registered manager ensured these were assessed and action taken. The owner agreed to improve signage around the dining space as it was

currently not identifiable from the corridor.

- There was a good variety of communal and private space. The outdoor space was limited but people confirmed they were supported to go out with staff and visit the surrounding area.

Ensuring consent to care and treatment in line with law and guidance:

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The owner and registered manager had reviewed DoLS in place and made appropriate applications. They demonstrated a good understanding of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted warmly, patiently and calmly with people. Staff demonstrated sensitivity towards people and had evidently got to know them well. One person said, "They are all lovely, they make me feel at home."
- The registered manager and owner provided visible leadership and embodied the caring attitude they wanted from their staff.
- Staff turnover was low and it was evident this continuity of care had a positive impact on people, who felt relaxed and at home. One person said, "I would recommend it here, it's made to feel as if you're at home. It's got a happy atmosphere."
- Rooms were personalised and decorated to a high standard. People were proud of where they lived and to call it home. Some people chose to have lie ins and some chose to stay up late; all we spoke with confirmed they felt relaxed and at ease.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a good knowledge of people's preferences and interests. They used these to ensure people were at ease.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. People were asked about their preferences during the pre-admission assessment. Where people followed a particular religion, staff were knowledgeable about this. A minister visited the service monthly for those people who could not attend church.

Supporting people to express their views and be involved in making decisions about their care

- Resident meetings were used to gather feedback from people and to ask for their input on menus, décor, activities and other topics they were empowered to play a part in. Relatives also confirmed that they were invited to these meetings, and sent annual surveys.
- People and relatives confirmed the registered manager always contacted them and involved them when decisions needed to be considered regarding people's care.
- Advocacy information was made available and people's relatives were encouraged to be involved as natural advocates.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been put in a more logical order by the registered manager to ensure they were easy to follow. They told us they also planned to review the content of care files but this had not yet happened. Whilst staff demonstrated a comprehensive knowledge of people's needs and preferences, care plans did not always reflect this. The registered manager and owner agree to address this as a priority.
- People and relatives confirmed they were given choice and control of their care planning, both in terms of agreeing this at regular intervals and on a day to day basis.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator in place, who organised group and one-to-one activities that people told us they enjoyed, such as gardening, baking and armchair activities.
- There was a consensus of opinion from people we spoke with and relatives that more effort could be made to personalise the range of activities available. We noted the activities planner on the wall was empty and people we spoke with were unsure what upcoming activities were planned. The owner and registered manager agreed to review how they could involve people more in planning activities.
- The registered manager continued to build a good local reputation and invite relatives and members of the community to play a part in the service.

End of life care and support

- End of life care training was in place. Staff had completed additional NVQs in this area to support their learning. The provider was accredited with the Gold Standard Framework (GSF). GSF is a systematic, evidence based approach to improving care for people approaching the end of life. The registered manager had formed good links with external end of life care professionals.
- Care plans contained relevant information. People had been asked about how and where they wanted to be supported at the end of their lives; relatives were included in these conversations.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. People were given a range of opportunities to raise any complaints or concerns and confirmed they understood how to do so. All people and relatives we spoke with confirmed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager acted in line with the Accessible Information Standard (AIS).

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained well-led. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good understanding of the service and each person's needs. They balanced a hands-on role with making improvements to the management and administration of practices. The owner maintained oversight of the service and was present during the inspection.
- Where we identified the need for improvement, the owner and registered manager were responsive to this. They were committed to looking for ways to improve the service for the benefit of people who lived there. For instance, the provider's other registered service used an electronic medication administration system and they planned to trial it here in time.
- One external social care professional told us, "I'd say it's one of the best. It really is a home from home for people. The staff and the management are great." Others confirmed they had confidence in the service.

Working in partnership with others

- The registered manager had forged some strong working relationships with a range of key external professionals. They worked collaboratively to ensure the best outcomes for people.
- The service had been represented at recent local forums to discuss best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had helped staff maintain the caring culture at the service. The team ensured the atmosphere remained one that was inclusive, welcoming and vibrant.
- Staff turnover was low and morale good. The registered manager interacted well with all members of staff and we observed instances of strong teamwork.
- Relatives felt assured that they could raise any queries with the registered manager. One said, "They are always in touch with us and we have no hesitation going to them. We trust them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All people and relatives we spoke with, and staff, confirmed the registered manager was approachable and inclusive in their approach.
- People's individual needs and abilities were respected by staff who treated people equally and valued the atmosphere being one of homeliness where people could relax and be themselves.

