

Mrs Christine Mouralidarane

Rafael Home

Inspection report

172 Stanley Park Road
Carshalton Beeches
Surrey
SM5 3JR

Tel: 02082961016

Date of inspection visit:
05 April 2017

Date of publication:
05 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rafael Home is a care home which provides accommodation and personal care for up to five people with mild to moderate learning and physical disabilities. There were five people living at the home on the day we visited.

At the last Care Quality Commission (CQC) inspection in July 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People remained safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the management as very positive. We observed during our visit that management were approachable and responsive to staff and people's needs. Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Rafael 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 5 April 2017 and was announced. The provider was given 24 hours' notice because the location was a small home for people who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local authority who commission places at the home. We asked them for their opinion of their clients care. We did not receive a reply.

During the inspection we spoke with three people who used the service. We also spoke with the deputy manager and two care staff. We looked at a range of records including one staff file, three people's care plans and other records relating to the management of the home.

Is the service safe?

Our findings

People continued to be safe at the home. One person at the home chose not to speak with us and one person was out for the day but the other three people were happy to speak with us and to show us around their home. Two people commented "I'm happy here" and "I feel safe in my house."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person.

People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified management plans were in place. This included risk assessments for people to access the community independently. Staff told us they were still working closely with the local community police officers to ensure that if a person required help when they were out this could be given with as little fuss and anxiety as possible to the person. This helped to demonstrate how staff were continuing to keep people safe and support their independence.

The provider had processes in place to ensure people's finances were kept safe. Staff helped people to understand their budget and how to make their budget last for the week, although how people spent their money was their personal choice. The provider conducted financial audits of people's money and this helped to ensure people's finances were kept safe from possible abuse.

People had a current personal emergency evacuation plan [PEEP] in place, which explained the help individuals would need to safely leave the building. A fire drill was held monthly with a full evacuation of all people. The times taken and any incidents while evacuating were noted and actions taken if needed. Arrangements had been made with the provider's sister home to accommodate people if an evacuation was necessary.

The provider and staff managed risks associated with the premises and equipment well. A range of checks were in place including those relating to fire and gas safety and electrical installations. We found the kitchen and food storage areas to be clean, with food stored correctly. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. There were five people living at Rafael Home on the day of our visit. Three people with a member of staff had gone out before we arrived and two people and two members of staff were in the house. We observed that people were independently mobile and could choose where they wanted to be in the home.

Recruitment practices remained safe. Since our last inspection only one new member of staff had been

employed. We looked at their personnel file and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept . The MAR's we looked at were up to date and accurate. Medicines including controlled drugs were stored securely. Staff received training in medicines administration. A monthly audit of the MAR's was conducted. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines

The home was undergoing extensive building works, to create a larger kitchen and lounge area and a garden room. Accessibility to the home was also being improved with a ramp into the garden and a new ground floor bedroom and bathroom to help ensure the home was more accessible to a person with mobility needs. Despite the building work we saw the home was clean and free of malodours. People with staff support were encouraged to keep their own rooms and communal areas of the home clean. The provider had risk assessments in place for the building work and we saw the builders adhered to these to help keep people in the home safe.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. When speaking about the staff people described them as 'Good,' 'Very nice' and 'I know them well.' We saw that staff spent time listening to people in a friendly and non-judgmental way. Staff told us each person was an individual and expressed themselves in different ways and the training and support they received helped them to support the person in the most appropriate way for their needs. One staff member said "I look forward to coming to work, the role is mentally stimulating."

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses that were refreshed annually or biannually. Specialist training was also available to staff for example in how to support someone with epilepsy, to ensure the person was kept as safe as possible.

The provider had a team of six staff, working across both this home and Angel Home [the sister home] and staff meetings were held monthly. We saw records that confirmed one to one supervision took place every eight weeks and staff had a yearly appraisal.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge and kitchen. While the building works were taking place the rear garden was not accessible but staff had made an area in the front garden where people could smoke. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made a relevant application to the local authority for authorisation to deprive a person of their liberty.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. Meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. People were encouraged to help with the preparation and cooking of meals and we saw people made their own drinks when they wanted to. People could also choose to eat out at a restaurant, the pub or the garden centre.

Staff continued to take appropriate action to ensure people received the care and support they needed from healthcare professionals. Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and any medical needs they had. Each person had an annual healthcare check and had a completed 'Hospital Passport.' A hospital passport is a

booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

Is the service caring?

Our findings

The service continued to be caring. One person told us, "I'm happy here, I have my own room" and another said, "This is a good place." This person went on to explain why they were happy in comparison to other homes they had lived in.

People's support records continued to be well written and informative, giving details of people's background, their skills and their challenges. The majority of staff had worked at the home for many years and the provider continued not to use agency staff but covered any gaps in the rota with permanent staff. Previously the manager had told us "I would not like a stranger giving me personal care so I won't have it for the people who live here."

They continued to adhere to this principal which meant people and staff knew one another very well, this was evident in the conversations we heard. Also in the confidence people showed in being able to speak with staff about any matter or concern they had.

People at Rafael Home had a variety of support needs and abilities, with some people being more independent than others. All the people were able to communicate verbally and were able to make themselves understood to staff and visitors. Staff took their time and gave people encouragement in their independence whilst supporting them. The atmosphere in the home was calm, friendly and relaxed.

Two people when asked were happy to show us their rooms and tell us about items and photographs in their rooms that were important to them. The two people also respected one another's privacy by not joining us in the room until they were asked.

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. We saw that people had a key to their bedroom door and could lock the door from inside if they wanted to. The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs before they came to live at Rafael Home. This information was used to plan the care and support they received. People we spoke with knew about their care plans and had been involved in their development. We saw people were able to sign their care plan and the reviews.

Care plans were written in the first person and in an easy read format where required. They described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed annually or earlier if a person's circumstances changed.

Each care plan had a front cover with a photo of the person and a statement saying "I am the owner of this file; please remember I have a right to see it." There were different easy read sections including 'What works and what doesn't work for me,' and 'What's important to me.' People had signed a consent form for the sharing of information and an assessment for decision making had been completed. There was also an 'opportunities list' outlining what a person would like to do and the steps to take to achieve their goals. We looked at the care plans of the most recent people to live at the home, these were comprehensive and informative and gave staff the information they needed to support people effectively.

People continued to choose the activities or events they would like to attend and staff helped them if required. On the day of our visit three people and a member of staff had gone to the local gym. Staff told us people were trying to maintain a healthy weight by eating well and exercising. Staff told us people had found they enjoyed the gym, enjoyed meeting new people and were noticing the benefits in their health and weight. Two people told us about the machines they had used that morning and how much they had enjoyed themselves.

Staff told us on the previous Saturday they went with people to the cinema to see a popular film. They said the outing was not planned but just a spontaneous decision to do something that people wanted to do. We also heard about plans for different trips this year including trips to London and France. During the afternoon some people from Rafael Home went to Angel Home to join in a baking session, making pancakes and cupcakes.

The home now had a 'house dog' that was not there on the day of our visit. Staff told us the dog was very popular with everyone and people were encouraged to help care for him. Staff told us about one person who particularly enjoyed the dogs company, which had helped them to become more sociable.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary.

Is the service well-led?

Our findings

On the day of our visit the manager was away on annual leave and the deputy manager was managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was supported by senior care staff.

We observed and heard people talking freely to the deputy manager and staff. All the people we spoke with were positive about the staff and management. We heard one person ask to speak to the deputy manager in private and they went to the lounge and shut the door to have their discussion. We also saw people sitting at the kitchen table chatting to staff about what they had been doing in the morning and their plans for the afternoon. The deputy manager told us "What makes it good here is that we are all equals [staff and people], we all enjoy the activities together and we are part of the community."

When asked about the management of the home staff commented "We are a small team here and you can talk with the manager or deputy at any time," "This is an exciting place to work, every day is different, challenging and interesting" and "We want to make each day interesting for the people here. It's homely and friendly."

From our discussions with the deputy manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Previously the response rate to quality assurance questionnaires had not been very good and the provider had initiated a 'SCREW' [Safe, caring, responsive, effective and well-led] chart in the main hallway based on the five domains that CQC inspect under. People, staff, relatives or healthcare professionals could write a comment under one or more of the domains. In addition to this we saw the provider had started a new one page quick questionnaire given to all visitors. This had three questions that could be rated under the CQC headings of 'Outstanding, Good, Requires Improvement and Inadequate.' Of the eight completed returns we looked at, they were rated either 'Good or Outstanding.' Comments we saw included "Keep up the good work" and "My potential client was stimulated, listened to and provided with choices and opportunities, [during their visit]."

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of people's risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken and were signed off once completed.