



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Raleigh Court
Address:	Cambridge Street Hull East Yorkshire HU3 2EP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Beverly Hill	0 3 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Raleigh Court
Address:	Cambridge Street Hull East Yorkshire HU3 2EP
Telephone number:	01482224964
Fax number:	01482219833
Email address:	manager.raleighcourt@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Type of registration:	care home
Number of places registered:	56

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	56	0
old age, not falling within any other category	0	56
Additional conditions:		
To accommodate two service users under 65 years of age.		

Date of last inspection								
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Brief description of the care home

Raleigh Court is a purpose built care home located in Kingston upon Hull in a residential area, close to the city centre. The home's location provides people with easy access to a variety of shops, pubs and public transport etc. It is owned by Humberside Independent Care Association Ltd (HICA), which is a not for profit organisation. The home provides personal care and accommodation for a maximum of fifty-six older people, some of whom may have dementia.

The home is laid out on two floors with access to the upper floor via a passenger lift. Central to the home are two courtyard areas with patio tables, chairs and a water feature. People are able to access these areas safely. There is ample car parking facilities at the front of the building.

Brief description of the care home

All bedrooms are single with thirty-two having en-suite facilities. A number of these single rooms have a lockable interconnecting door which means couples are able to share a bedroom whilst using the other as a lounge area. There are six bathrooms and one shower room and sufficient toilets throughout the home. Communal areas consist of six lounges and two dining rooms. The home has recently developed a reminiscence lounge in a 1940's style.

The home is clean, tidy and welcoming.

According to information received from the home the weekly fees are between 315.50 pounds and 490 pounds. There is a weekly top up system of 10 pounds for a basic room and 20 pounds for an en-suite room. Additional charges are made for hairdressing, chiropody, clothing, toiletries, transport, newspapers, personal television licence, nametapes, holidays and outings and alcohol and cigarettes.

Information about the home and services can be located in the statement of purpose and service user guide available from the managers office.

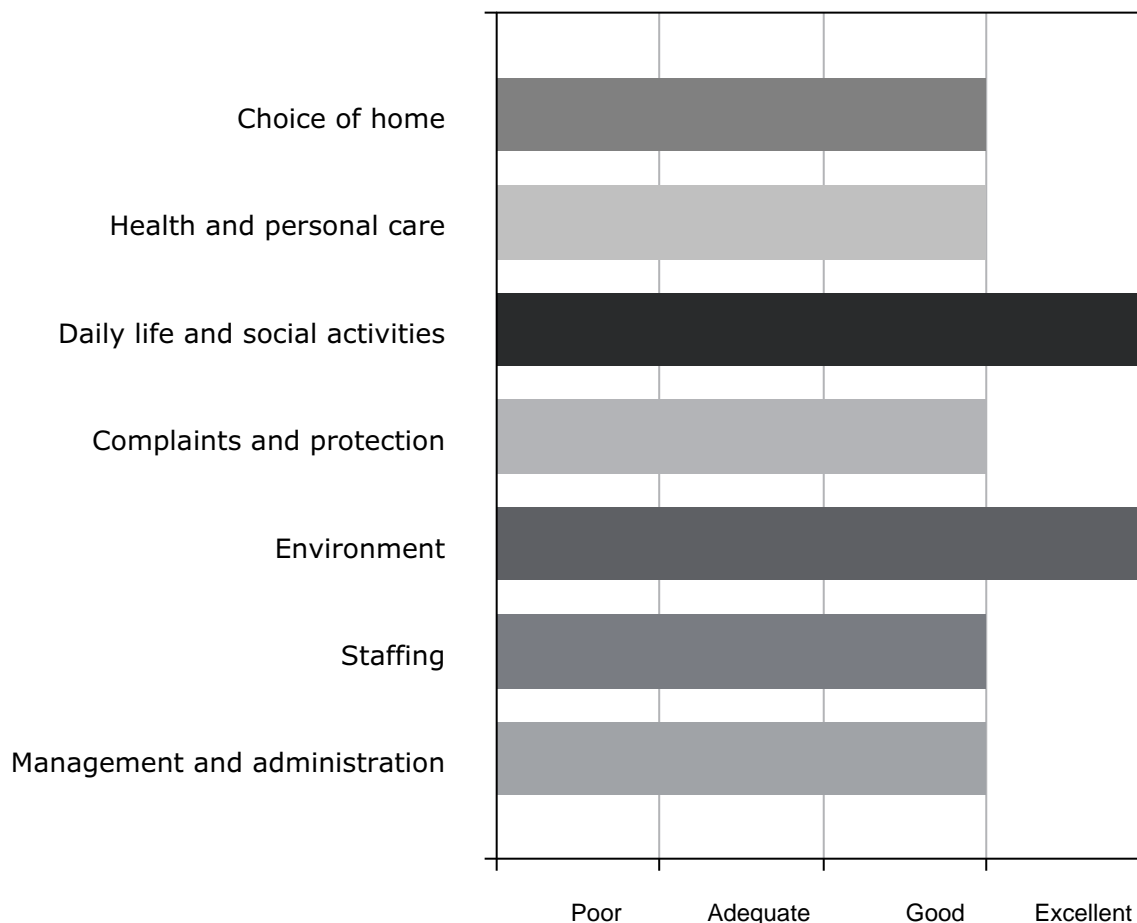
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means that the people that use this service experience good quality outcomes.

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key unannounced inspection on 4th June 2008 including information gathered during a site visit to the home, which took approximately eight and a half hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at Raleigh Court. We also had discussions with the deputy manager, staff members, the area manager and the director of operations. Information was also

obtained from surveys received from residents (some of which had been completed with assistance from the homes' administrator), relatives, staff members and visiting health professionals. Comments from the surveys and discussions have been used in the report.

We looked at assessments of need made before people were admitted to the home, and the homes' care plans to see how those needs were met while they were living there. Also examined were medication practices, activities provided, nutrition, complaints management, staffing levels, staff training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked with people to make sure that privacy and dignity was maintained, that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them, and checked out with them their understanding of how to maintain privacy, dignity, independence and choice.

During the day we carried out a two hour observation with a small group of residents that have dementia care needs, as they would be unable to speak to us to tell us what life was like for them in the home. This is called a SOFI - short observational framework for inspection - and is used to give us information about how well staff interact with people, and we can observe for signs of wellbeing or distress. The findings from the SOFI are used in sections of the report.

In April we met with senior managers from the company and the local authority to look at how the home had been managing incidents between residents. Senior managers had completed an audit of systems in the home and produced an action plan. We checked on progress with this during the visit.

We would like to thank the people that live in Raleigh Court, the staff team and management for their hospitality during the visit, and also thank the people who completed surveys and had discussions with us.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the services are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

What the care home does well:

The home always ensured that peoples' needs were assessed prior to admission. This enabled staff to be sure the home could meet the persons' needs and gave them direction in how to care for them.

Staff were clear about how they promoted peoples' independence and choice and provided care to people in ways that respected privacy and dignity. The staff members knew the residents and their families well and were observed speaking to people in a friendly and respectful way.

Raleigh Court provided a pleasant environment for people. It was clean, warm and well presented. There were outside courtyards for people to access safely. The company ensured a process of continual redecoration and refurbishment of the home.

The home provided nutritious and well planned meals for people and had won a healthy heartbeat award for ensuring healthy alternatives were on the menu. Catering staff scored an, 'A' in the local authority's food safety management assessment.

The home managed complaints well.

The company has an excellent training and induction programme. Senior managers are always looking to improve the training courses. Staff members all say they receive the training required for them to complete their jobs.

The home had a good quality assurance system that enabled people to be consulted about the way the home was managed.

What has improved since the last inspection?

The care plans do contain more detailed information about people and the tasks staff have to complete to meet their needs. Staff are also following the care plans more closely. The care plans could be improved even further - see below.

Senior staff are now checking that carers are completing monitoring charts, for example, pressure relief and nutritional intake. Information sheets regarding the medication residents are prescribed has been obtained from the pharmacy to help staff have a better understanding of it.

Staff at all levels are much more aware of the policies and procedures that need to be followed to safeguard people. The manager or person in charge of shifts now always ensures that the Commission or the local authority are informed of any reportable incident. This enables us to monitor situations and check how the home is dealing with them.

The communal areas have been completely redecorated and refurbished. New flooring, tables and chairs in the dining rooms, and new carpets and furniture in five of the six lounges have been provided. A number of the bedrooms in the home have been redecorated and some have been completely refurbished with new furniture, carpets and curtains.

A reminiscence room has been developed on the first floor and a fish tank provided for the sun lounge. The home has purchased a mobile sensory unit.

The number of care staff that have gained a National Vocational Qualification in care at level 2 and 3 has increased to 38 percent. This is a good achievement and the home does have several more staff progressing through the course. A new, more in depth dementia care course has been sourced. This will give staff an even better understanding of how to support people with dementia care needs.

Staff training figures had been affected by the large staff turnover experienced by the home. This has now settled and mandatory training is completed on induction and, from information provided by the manager, refresher courses have been booked.

The home has reorganised and increased some of the staffing structure to make it more flexible to needs at certain times of the day. Also recruitment of staff has been made more robust by the pairing up of new care staff that are employed, in exceptional circumstances, after a povafirst check but before the return of the full criminal records bureau check.

What they could do better:

To improve the care plans even further staff could include the information gained about residents when they produce fact files. The fact files have lots of historical information about preferences and wishes.

The way the home manages medication needs to improve especially around recording to avoid mistakes and ensure a clear audit trail. Staff should also consider putting in place clear directions about pain control that is prescribed, 'when required' and individualised medication care plans to incorporate peoples' lifestyle preferences that affects their medication regime.

Close attention should be paid to auditing medication systems to pick up any shortfalls quickly.

The manager and staff also need to continue to closely monitor any incidents between residents and continue to let the local authority and Commission know when they occur.

The home should continue to work towards the target of 50 percent of care staff trained to NVQ level 2 and 3.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home continues to ensure that peoples' needs are assessed prior to admission. This enables staff to be sure needs can be met in the home.

Evidence:

We examined five care files during the visit, some of which were for people recently admitted to the home. This was to check the admission process and to ensure that peoples' needs were assessed thoroughly prior to the start of the service.

The care files contained assessments and care plans completed by care management for people they provided funding for. The assessments were obtained prior to admission. The home also completed an assessment of need using corporate documentation. The information gathered through the admissions process enabled staff to formulate plans of care to meet identified needs. An initial review system was built into the admission process to enable decision-making about permanent residency.

Evidence:

Following the assessment the manager writes to the person or their representative formally advising them that the home is able to meet their needs.

The home does not provide intermediate care services so standard 6 does not apply.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples' health and personal care needs were planned for and met in ways that promoted privacy and dignity.

The recording of medication needs to be clearer to prevent confusion and mistakes occurring. This will ensure people receive the medication as prescribed.

Evidence:

We examined five care files during the visit and a range of monitoring charts such as pressure relief, food and fluid intake and behaviours that can be challenging. The care files were well organised and contained a wealth of assessment information for staff to use to formulate care support plans. Staff also completed, 'fact files' with the aid of relatives to ensure they had detailed information about preferences with regards to how the person liked to be cared for and also past interests and hobbies to help with planning social care.

The care plans had improved since the last inspection and included more detailed

Evidence:

information about the person and had clearer tasks for staff. To improve some of the detailed information in the fact files could be included in them to make them even more personalised. Care plans were updated as a result of monthly evaluations and also at reviews, which were held with the resident, family members, care management and significant others present. Residents or their representatives signed agreement to the care plans.

The recording on monitoring charts had improved since the last inspection. Some staff completed the amounts of fluids more comprehensively than others. Amounts of fluid intake need to be closely monitored for high risk residents during the predicted hot weather to prevent dehydration.

There was evidence that risk assessments were completed and significant information transferred to care plans. Risk assessments covered, nutrition, pressure areas, moving and handling, falls and bed rails. Some people also had more specific risk assessments relating to their health care needs such as anxiety leading to the need for a safety gate to prevent people entering a room and in another for behaviours that could be challenging to people. In one of the files examined a risk assessment had not been completed in a timely manner. This had been noted in a management audit and in future risk assessments have to be completed within twelve hours of admission. This self-audit is important and means that issues can be picked up quickly.

Residents health care needs were met and they had access to a range of health care professionals. In the three surveys received from relatives, all stated that the care service met their loved ones needs, 'always'. Seven residents stated they received the care and support they required, 'always', two said this was, 'usually' and one said, 'sometimes'. Professional visitors commented in surveys, 'caring and patient-centred', 'the carers always follow any district nursing requests or instructions' and 'I have seen excellent care when a resident was terminally ill'. One district nurse had complained about catheter care issues and in response the manager organised training for staff.

In discussions with people and from comments in surveys it was clear that staff supported people in ways that promoted privacy and dignity. Staff had a good understanding of how to promote independence, choice, privacy and dignity, 'we offer visual choices - in fact we offer choice with everything', 'we read care plans and get to know what people like' and 'we ask them'. Comments from residents and relatives were, 'they look after his wellbeing', 'my father and I are both very happy with the service he receives', 'they keep me informed' and 'I am quite happy with everything'.

An observation during the visit highlighted that generally the interaction was good and staff were respectful to the people who lived at the home. They undertook tasks

Evidence:

discreetly and sensitively; an example of this was the ability of a staff member to clean someone's face after lunch, as they had some food on their chin, without making a fuss or upsetting the person.

Medication was stored appropriately and there was evidence of frequent communication between the GP's and the home regarding changes to medication. Each resident had an information sheet that included their photograph to assist with administration and details such as allergies and the name of their GP.

There were some issues with recording that senior staff need to address. Codes used when medication was omitted need to be clear and consistent to avoid confusion. Some medication arriving mid-cycle was not signed into the home and some amounts had not been carried forward onto the new medication administration record (MAR).

One person was not receiving the correct dose of their medication due to their sleeping pattern. This needs to be discussed with the prescriber to see if an alternative dosage or time needs to be arranged. Also some residents were prescribed pain relief, 'when required', but there was no evidence that this was being offered. It is recommended that mini protocols are put in place in care plans regarding, 'when required' medication and alterations to doses due to lifestyle preferences.

Other minor medication issues were discussed with the deputy manager.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home experienced a good quality of life. This was achieved by staff providing people with opportunities for social stimulation, supporting them to make choices about aspects of their lives, helping them to maintain contact with family and friends and serving nutritional meals.

Evidence:

The home had a relaxed atmosphere during the visit with some people observed having a late breakfast and residents were offered refreshments other than just at set times. Staff spoken with told us how they tried to ensure that routines were flexible for people especially with rising and retiring and the impact this can have on meals. Staff recognised the importance of ensuring people made choices about aspects of their lives even when their memory impairment made this difficult for them. However, during an observation exercise we saw staff asking people if they wanted a cup of tea. It would have provided more choice to people if this was not limited to only tea. One person did independently request a glass of milk and this was provided.

Visitors were welcomed at anytime and comments from relatives in surveys were that they were happy with the care provided, 'they treat the residents as individuals' and

Evidence:

'from what we see on a regular basis, they do everything required'.

The activity coordinator was employed for twenty hours, over three days a week, usually 9.30am to 4.30pm. She visits the home as a hairdresser for an additional day. She provided a range of stimulation in one to one sessions or with groups and is very enthusiastic about her role. She is progressing through a five month, certificated training course regarding the provision of activities and has also completed a three day course with Age Concern on how to facilitate suitable exercises for older people .

Residents enjoyed craft work, exercise sessions, card games, pampering days, reminiscence, musical film day's, visiting entertainers, church services, outings further afield and various trips to local facilities. The home shares the use of two minibuses with other homes in the company and this works well when booked in advance.

The home have 'rummage boxes' around the building so those people with dementia care needs can pick things up from these instead of peoples' bedrooms. Staff told us that these work quite well and have gone some way to alleviating the problem of some residents wandering into other peoples' rooms and touching their possessions.

The home had purchased, via fund raising, a mobile sensory unit for people who may not be able to join in more traditional pursuits and a reminiscence room had been organised. This was decorated in a 1940's style and filled with memorabilia from the era. During the visit one resident and their relative were using the room for a quiet chat and to have lunch.

The activity coordinator told us the home was taking part in a, 'Breath of Fresh Air' competition arranged by NAPPA (an organisation that supports residential homes with guidance and ideas about social stimulation for people). Outdoor activities over a week long period have been organised such as, kite flying in the park, fish and chips in the garden and barbeque's. The home also has a project underway with raised beds in the courtyard to assist residents with planting flowers and vegetables.

We observed a bingo session in the activities area, which was hastily arranged to replace a cancelled slide show. Thirteen residents took part supported by three staff. The interaction was very good and it was an enjoyable social event. People were chatting to each other and the staff were talking about the bingo halls around Hull and if these were still open. The whole event stimulated a lot of conversation and good humoured banter. The needs of the people playing bingo ranged from those who needed no help to those who needed quite lot. Staff were discreet and sensitive when assisting people.

Evidence:

The meals provided met peoples' nutritional needs and catering staff received information about individuals special dietary needs. People spoken with and surveys received from them commented positively about the meals. Nine people in surveys stated they liked the meals, 'always or usually' and one person said this was, 'sometimes'. One person also commented that they would like to have bacon and egg for breakfast. This has been taken note of by management and catering staff and menus are changed to accommodate requests.

Catering staff gained an, 'A' in the local authority's, 'scores on the doors' assessment for food safety management, which was an excellent achievement. They had also been awarded a healthy heartbeat award for including healthy options on the menu. Menus had two choices for the main meals and a range of alternatives. Snacks and fruit were also available on the trolleys taken around the home at intervals to provide hot and cold drinks to people. Chef rota's have been changed to ensure they are available up until 6pm.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provided an environment where people felt able to complain.

Staff need to continue to be vigilant and take proactive measures regarding the management of some residents behaviours that are challenging to others. This will help to promote peoples' safety and wellbeing.

Evidence:

The company had a corporate complaints policy and procedure and staff made sure this was on display in the home. There was also a complaint form for residents, their relatives and staff to complete should any complaints be brought to their attention. There had been nineteen complaints since the last inspection, some of which were for care issues and others relating to communication shortfalls. The deputy manager kept a detailed log of the complaints and this evidenced that all had been resolved. There was also evidence that the deputy manager had put in place measures to try to prevent the same problem reoccurring, for example staff training in catheter care.

Staff in discussions were aware of what to do and who to report issues to. They also told us that systems in the home have been much more organised in the last few months.

Residents spoken with also knew how to complain and surveys received from them,

Evidence:

and their relatives, confirmed this.

The home alerted the local authority and the Commission promptly when there were any issues required to be reported. This enabled us to monitor the situations and check on how the home was managing them. We had been concerned about the number of incidents between residents and attended a meeting with senior management from the company and the local authority in April 2009. We wanted to be sure the home had sufficient behaviour management plans in place to promote peoples' safety and wellbeing.

The home produced an action plan and updated risk assessments and behaviour management plans. The number of incidents between residents has declined in the last few months. The dynamics of the home was adjusted and some residents had input from the intensive homecare team and community psychiatric nurses, and others received one to one support funded by the local authority. The deputy manager told us how they had been able to address one issue by providing a resident with an alternative bedroom. They are also recording behaviour on monitoring charts and analysing them to learn how to manage incidents more effectively. Although there have been improvements we are still going to monitor this aspect of care provision closely. Senior managers could have been more proactive in recognising and acting on the difficulties the home was experiencing with the dynamics between particular residents.

All staff had completed safeguarding of adults training during induction and the deputy manager had completed more in depth training specifically for managers regarding the referral and investigation role.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provided a clean and safe environment for people.

Evidence:

Raleigh Court is a purpose built home with plenty of communal space, is nicely decorated and is clean and tidy without losing its homely feel. Some areas of the home have been completely refurbished including lounges, dining rooms and some bedrooms. A new reminiscence room has been developed in a 1940's theme and has lots of memorabilia and interesting artifacts for residents to pick up and stimulate conversation. On the day of the visit a resident and their relative was using the room as a quiet place to sit and chat.

Corridors are wide and have handrails to assist mobility. The two secure courtyard areas in the centre of the home have raised beds, patio furniture and are easily accessible.

Bedrooms were personalised to varying degrees and all doors had privacy locks and lockable facilities for valuables. All fifty-six bedrooms are single with thirty-two having en-suite facilities. A number of these single rooms have a lockable interconnecting door to enable couples to share a bedroom whilst using the second room as a lounge area if preferred.

Evidence:

People spoken with were happy with their home and surveys received stated that the home was clean and fresh, 'always' or 'usually'. Comments from residents and relatives were, 'she is very happy here', 'I think Raleigh Court is excellent' and 'its a very nice home'.

All the staff obviously work hard to maintain the standards of cleanliness and homeliness, and the laundry is sufficient for the size of the home. The housekeeper told us cleaning rotas are to change next month to ensure a service is provided up until 8pm and night staff also complete some cleaning tasks.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home ensured that people were supported by well recruited and well trained staff.

The home is progressing with plans to stabilise the staff team and ensure a full complement of staff. This will mean less reliance on agency staff and more consistency for residents.

Evidence:

Rotas evidenced that there were five, sometimes six care staff on each morning and afternoon/evening shift and a senior carer that worked 7am to 7pm. In addition there was a personal care manager for each shift during the day and the deputy manager was supernumerary. The home employs an activity coordinator and sufficient catering and domestic staff. The catering team also includes servery assistants to support care staff at meal times.

The home has had to use agency staff to fill gaps in care as there has been a high staff turnover this year. Staff members spoken with stated that some people were not prepared for the commitment that is needed when caring for vulnerable people and left quickly. Other staff had left, which had left the remainder a more settled and motivated team, 'the morale is better and we are now more of a team' and 'we feel more settled and people here now want to work'. A recruitment drive has now filled

Evidence:

most of the care gaps apart from 27 care hours at night and 8 extra hours for activities. The deputy manager has been working in the role of manager during the registered managers' period of sick leave, and has been guiding staff well through this difficult time of change.

Comments from people about the staff were, 'they do well for the amount of staff on duty', 'most of the staff help when I ask', 'I want to say how pleasant all the staff are to us all', 'the staff are helpful and approachable', 'the activities coordinator is very good', 'Raleigh Court staff are always polite and helpful - they show a caring side towards residents'.

The company has an excellent induction and training programme that is supportive of staff development needs and includes mandatory and service specific training. Good records are maintained of training completed and when updates are due. The company has expanded the dementia care training provided to all staff. Training is provided by a range of internal and external facilitators, distance learning and access to the local authority training programme.

According to information in the homes annual quality assurance assessment (AQAA), 38 percent of care staff have a national vocational qualification (NVQ) in care at level 2 or 3. Standard 28 requires that homes aim for 50 percent of care staff trained to this level. As a further 18 percent of care staff are currently working towards the qualification, when completed the home will have exceeded the standard. The large turnover of staff had affected NVQ figures.

In surveys and discussions staff told us the training they received was relevant, kept them up to date and helps them understand peoples' needs. Comments from staff were, 'the training is fantastic' and 'training is excellent for new staff and is kept up through refresher training'. The activity coordinator told us she was completing a distance learning course over five months to give her a recognised qualification in the provision of activities to older people.

The company has a robust recruitment system and relevant checks are carried out prior to the start of employment. In the exceptional circumstance when care staff are employed after the return of a clear povafirst check but before the return of the full criminal record bureau check (CRB), care staff are paired with others when providing support to people.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The deputy manager ensured that the home was well managed. The company provided support via a senior management structure.

The homes quality assurance system enabled consultation with residents, their relatives, staff and professional visitors about the services provided.

Evidence:

In the last year the registered manager has had periods of absence from the home during a prolonged illness and the deputy manager has been 'acting up' in the interim. The deputy manager is experienced and is investigating completing NVQ level 4 in care and restarting the management modules of the registered managers award.

Generally staff were well supervised and records showed that one to one discussions take place at least six times a year. The records of one night staff worker indicated they were behind with their supervision and the deputy manager needs to check this

Evidence:

out to ensure it is not a reflection of all night care staff. The deputy manager confirmed that as well as formal supervision her door is always open for staff and the personal care managers are always available for support and guidance. Staff meetings are held to ensure an exchange of information and for an opportunity to express views.

Staff were very complimentary about the deputy managers' style and approach, 'at one time there was a divide between care and domestic staff and meetings were held but actions not followed through. It is much improved now because she (the deputy manager) is overseeing things', 'more things have been implemented', 'systems have improved', 'we are now more of a team', 'staff morale is good', 'Lisa (deputy manager) has been absolutely fantastic', 'she is brilliant, works on the floor and gets stuck in', 'the deputy manager is very approachable' and 'our deputy has been very supportive and in my opinion very interested in moving forward in our approaches with people with dementia'.

The company has a corporate quality assurance system that consists of audits and questionnaires. Management meetings take place to discuss findings from audits, and action plans are produced to address any shortfalls. The medication audit needs to be completed more comprehensively to pick up issues such as those found during the inspection. Questionnaires are sent out to residents, their relatives, professional visitors and staff. The home also had a range of meetings in place to promote consultation with people living in the home, and family and friends that visit.

The company has recently appointed an area manager to oversee quality monitoring in a number of homes and to conduct inspections of the way the homes are operating in an effort to drive up quality even further. The home completed a comprehensive annual quality assurance assessment (AQAA).

Although finances were not assessed thoroughly at this inspection the company has a good system of ensuring people have access to their monies deposited for safekeeping. Records are maintained on a computerised system, which is managed by an administration officer and audits of finances are completed. Receipts are held for any purchases made by staff on behalf of residents or when out on trips with them.

The home was safe for people to live in and staff to work in. Fire drills and alarm checks were carried out, equipment was serviced and regular audits of the environment meant that maintenance issues were picked up quickly. Staff completed mandatory training in fire safety, infection control, first aid, basic food hygiene, moving and handling and health and safety. The company had a health and safety officer for advice and guidance.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	Recording on medication administration records must be improved. This will ensure medication is signed into the home, will avoid confusion for staff and will enable a clear audit trail.	30/06/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	Individuals prescribed, 'when required' medication should have mini-protocols to guide staff about when to offer pain control based on their knowledge of them.
2	9	The home should consider individual medication care plans if there are specific lifestyle preferences that prevent doses being given at the designated times.
3	18	The home should continue to closely monitor incidents that occur between residents and continue to look for patterns and how the incidents can be prevented or reduced. This should be overseen by senior managers and will help to promote peoples' safety and wellbeing.
4	33	More attention should be paid to auditing the medication processes in light of the issues found during the inspection.

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