

Prima Healthcare Limited

# Ranelagh House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ranelagh House is a residential care home providing accommodation and personal care for up to 26 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 21 people using the service.

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

People and their relatives told us they were well cared for and felt safe at the home. One person said, "It's been a good move here, I feel safe." Another person told us, "It's like a family here." However, there had been a delay in the use of the processes in place to help safeguard people from the risk of abuse. When prompted during the inspection process the registered manager took appropriate action.

The monitoring of food safety had not been maintained. There was a system in place to record safe food storage, cooking temperatures and cleaning tasks. This system had not been consistently maintained and there were gaps in the records kept. Following the inspection visit the provider took action to ensure effective monitoring of food safety.

We have made a recommendation about the deployment of staff. There were enough staff to provide safe care for people. However, staff told us the deployment of staff members with different roles during busy times, such as mealtimes was not effective as sometimes people had to wait for care and support.

Both the registered manager and provider were receptive to our feedback and acknowledged there had been some recent failings in the systems at the home. They were prompt in taking appropriate actions and assured us that lessons had been learned.

The provider and registered manager had been candid when informing people that something had gone wrong. However, some family members told us that it was at times difficult to obtain information and that confirmation of any actions taken, had took too long.

In other areas the registered manager had taken steps to make ongoing improvements at the service and learn from incidents; for example, the home was involved in a pilot project to improve how people's risk of falls is assessed and taking preventative actions.

Staff told us they felt comfortable approaching the registered manager if they had any concerns.

There was a positive, relaxed and friendly atmosphere at the home. There were warm and caring interactions between people at the home and staff. People were empowered to take control within the home.

People told us there was a positive atmosphere at the home and the staff had a kind manner. One person

told us, "The staff are lovely and now I feel that this is my home and they feel like family. I can have a laugh with them." Other people said, "Staff are the right people and the care is good." And "It's brilliant, carers do stuff for me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's medicines were safely managed and the provider had ensured that the risk from COVID-19 and other infections was mitigated and any outbreak was effectively managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 17 October 2019).

Why we inspected

The inspection was prompted in part due to concerns highlighted during our ongoing monitoring of the service in relation to the application of procedures to safeguard adults. A decision was made for us to inspect and examine those risks.

The provider and registered manager took action during the inspection window to mitigate these risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ranelagh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We have identified breaches in relation to protecting people from the risk of abuse and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ranelagh 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Ranelagh House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ranelagh House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 30 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who were staying at the home and we spoke with 6 relatives of people living at the home. We also spoke with 8 members of staff including the registered manager. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed 6 people's care records and a sample of medication records along with records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The processes in place to help safeguard people from the risk of abuse had not always been followed.
- Care staff received training and were knowledgeable about safeguarding adults from the risk of abuse; and had been responsive in reporting concerns straight away to a senior staff member. However, the registered manager had failed to make appropriate referrals to the Disclosure and Barring Service (DBS) in a reasonable timeframe when there was reason to do so. Registered persons have a duty to share information with DBS if a vulnerable person has been harmed or placed at risk of harm by a staff member.
- The providers safeguarding policy did not reference making appropriate referrals to DBS as they are obligated to do so.
- There had also been a delay by another senior member of staff; in raising a safeguarding alert with the local authority and taking other necessary actions.

We found no evidence people had been harmed in relation to this breach; however registered persons had not always taken appropriate action in a timely manner in line with safeguarding processes. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider ensured that referrals were made following our inspection. Prior to our inspection the registered manager had also provided additional refresher training to staff regarding safeguarding procedures.

- At other times the registered manager had taken timely and had taken appropriate action to share information with the local authority safeguarding team to help ensure people at the home were safe from the risk of abuse. Staff told us they felt comfortable approaching the registered manager if they had any concerns.
- People told us they were well cared for and felt safe at the home. One person said, "It's been a good move here, I feel safe." Another person told us, "It's like a family here."

Staffing and recruitment

- There were enough care and support staff to provide safe care for people. However, staff told us the deployment of staff members with different roles during busy times, such as mealtimes was not effective as sometimes people had to wait for care and support.

We recommend the registered manager and provider review the deployment of staff at the home.

- People's family members told us the staff team was quite consistent and this helped with their relative's care.
- Staff had been recruited safely, using an interview process and a series of checks that helped ensure their suitability for the role. These included checking an applicant's identification, work history, obtaining references and a DBS check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- The monitoring of food safety had not been maintained. There was a system in place to record safe food storage, cooking temperatures and cleaning tasks. This system had not been consistently maintained and there were gaps in the records kept. The provider assured us they had visited the home following our visit and updated the systems at the home for food safety alongside other improvements to the kitchen and the provision of meals at the home.
- Some areas of the home which were accessible to people contained items that may pose a risk to some people's health and safety. We informed the registered manager who secured these areas. One safety check was out of date, this was also quickly rectified.
- Other parts of the home's environment were safe. There were a series of checks on the building, services and equipment used to help ensure it was safe.
- The home had a recent fire risk assessment completed by relevant professionals. There was equipment in place to help evacuate people safely in the case of an emergency.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Learning lessons when things go wrong

- Both the registered manager and provider were receptive to our feedback and acknowledged there had been some recent failings in the systems at the home. They were prompt in taking appropriate actions and assured us that lessons had been learned.
- In other areas the registered manager had taken steps to make ongoing improvements at the service and learn from incidents; for example, the home was involved in a pilot project to improve how people's risk of falls is assessed and taking preventative actions.

#### Using medicines safely

- People's medicines were safely managed.
- Staff had all the information needed to ensure people received the right medicines safely, and accurate records of all medicines administered were kept. There was a new medication room which helped with the organisation of medicines. People were supported to manage their own medicines when it was safe to do



so.

- Staff held regular medication reviews with people and their GP. This had led to some people having a reduction in medicines and others having more appropriate medication. This reduced the chances of people having adverse side effects from medicines.
- Staff had the skills and knowledge to ensure people received their medicines safely. Staff managing medicines received appropriate training and has their competencies checked. The number of staff trained to administer medicines was being increased, to ensure the team was robust.

#### Preventing and controlling infection

- The provider had ensured that the risk from COVID-19 and other infections was mitigated and any outbreak was effectively managed, and people were admitted safely to the service.
- The provider's infection prevention and control policy was up to date.

# 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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had failed to ensure regulatory requirements were always met in a timely manner. The registered manager had also failed to ensure that staff clearly understood their roles in sharing important information about risks to people in a timely manner.
- There were some delays in information being shared with other agencies to help keep people safe. For example, on one occasion an appropriate alert to the local authority safeguarding adults team was not made in a timely manner and there was a delay in making appropriate DBS referrals.
- Monitoring of the systems that helped ensure food safety and the safety of the homes environment had not always been effective.

We found no evidence people had been harmed, however registered person's assessment of the safety and quality of the service, and the mitigation of risks, had not always been effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was in regular contact with the provider as needed and sent twice weekly updates. They told us they had been supported by the provider to make recent improvements at the home; in particular with refurbishing parts of the home.

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 provider and registered manager had been candid when informing people that something had gone wrong. However, some family members told us that it was at times difficult to obtain information and that confirmation of any actions taken, had took too long.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, relaxed and friendly atmosphere at the home. There were warm and caring interactions between people at the home and staff. People were empowered to take control within the home and they mostly had positive outcomes.
- People told us there was a positive atmosphere at the home and the staff had a kind manner. One person told us, "The staff are lovely and now I feel that this is my home and they feel like family. I can have a laugh with them." Other people said, "Staff are the right people and the care is good." And "It's brilliant, carers do

stuff for me."

- People relatives told us their family members were well cared for, they spoke positively about the culture of the service and outcomes their relative had achieved. One person's family member told us, "I'm happy with the care and get on very well with the staff as does my mum." Another relative said, "The staff are kind, approachable and demonstrate patience and understanding all the time."
- Staff told us that they enjoyed their roles and had good relationships with people. They described a "nice homely home". They told us that the registered manager had made a series of improvements at the home, they had confidence in them and had found them approachable.

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

- There was mixed feedback from people's family member about the responsiveness of the registered manager and the quality of their communication. Some people's family members told us they at times found it difficult to obtain information and have responses to their concerns in a timely manner.
- Other people's family members told us the registered manager was an effective communicator. They said, "[Registered manager] is great at communicating and keeps us up to date." The registered manager also arranged for relatives' questionnaires to be sent out.
- People told us they felt involved and listened to. One person told us they had raised a concern and was pleased with the result. They said, "They took me seriously and thanked me for telling the manager."
- People were frequently asked for their opinions by staff members and offered choices that were available to them. For example, in choosing the home's décor to the type of food available. One person told us, "It's good to get involved in things." People told us that they enjoyed choosing and getting involved in a range of activities that were tailored to their needs, preferences and choices.

Continuous learning and improving care; working in partnership with others

- The provider and registered manager were receptive to our feedback during this inspection and assured us they were making improvements.
- The manager had kept a record of any compliments and complaints, completing an audit of these each month to help improve people's care.
- The registered manager and other staff worked in close partnership with people's GPs, holding regular consultations at the home. This had helped staff to improve the care and support of people at the home, supporting them to have positive outcomes.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Registered persons had not always ensured appropriate action in a timely manner in line with safeguarding processes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Registered person's assessment of the safety and quality of the service, and the mitigation of risks had not always been effective.