

Michael & Julia Raven

The Rise Care Home

Inspection report

Luscombe Hill
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20 August 2018

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 20 August 2018. The Rise is a residential care home on the outskirts of Dawlish. It is registered to provide accommodation and personal care for up to 26 older people. At the time of our inspection there were 24 people living at the home.

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

At our last inspection we rated the home good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

The home continued to provide safe care to people. The registered manager and staff understood their role and responsibilities to keep people safe from harm and ensure people's rights were protected. Risks had been appropriately assessed and staff had been provided with information on how to support people safely. There were enough staff to meet people's needs and checks were carried out on staff before they started work to assess their suitability.

People received effective care because staff had the skills and knowledge required to support them. People's health and wellbeing were promoted and protected as the home recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy balanced diet. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. However, not all records we saw were clear or reflected the same level of understanding.

We have made a recommendation in relation to how the home records people's consent.

People received a service that was caring and they were supported by staff who knew them well. People were actively involved in making decisions about their care and support. Staff were passionate about their role and treated people with dignity and respect.

The home was responsive to people's needs. Care and support was personalised and people were supported to take part in meaningful activities. People were confident any complaint they might have would be responded to promptly. No one we spoke with had any complaints about the home.

People benefitted from a home that was well led. People, relatives and staff were positive about the leadership of the home and told us the home was well managed. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and

checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. Regular meetings provided the opportunity to share information, review how well the service was supporting people and discuss how the service could be improved.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.

Further information is in the detailed findings below.

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 home remains Good

Is the service effective?

Good ●

The home remains Good

Is the service caring?

Good ●

The home remains Good

Is the service responsive?

Good ●

The home remains Good

Is the service well-led?

Good ●

The home remains Good

The Rise Care 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 was planned to check whether the provider was 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 home under the Care Act 2014.

This unannounced comprehensive inspection took place on 15 and 20 August 2018. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Prior to the inspection, we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection, we met with 15 people living at the home, eight relatives, two visiting healthcare professionals, five members of staff, the registered manager and the owners. We asked the local authority who commissions with the home, their views on the care and support given by the home and following the inspection we received feedback from two healthcare professionals.

To help us assess and understand how people's care needs were being met, we reviewed four people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home; these included three staff recruitment files, training records and systems for monitoring the quality of the services provided.

Is the service safe?

Our findings

The home continued to provide safe care to people. People consistently told us they felt safe living at the home and with the staff supporting them. One person said, "I feel very safe living here, particularly at night when I know that if I need anyone to help me they will come straight away." Another person said, "I feel much safer living here than I did at home." A relative said, "The staff have always made sure mum is safe and has everything she needs. That gives me peace of mind."

People continued to be protected against the risk of harm and abuse. People said they could talk with staff if they had any worries. One person said, "I would talk with [managers name] if I had any concerns, I see them every day." Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. People, staff and relatives knew how to escalate their concerns outside the organisation if they needed to.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at three staff recruitment files, which showed a full recruitment process, had been followed, including obtaining disclosure and barring service (police) checks.

People were kept safe because there were enough skilled and experienced staff on duty to keep them safe and meet their needs. People told us there was always plenty of staff available when they needed them. One person said, "It doesn't matter what time of day or night that you call for help. If you need help then it arrives quickly, and that makes me feel safe." Another person said, "I never have to wait very long for someone to come." Throughout the inspection, we saw staff had time to spend with people and when people needed assistance they did not have to wait.

People continued to receive their medicines safely. There were systems in place to audit medicine practices and clear records were kept to show when medicines had been administered or refused. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a safe way. Staff had received training in the safe administration of medicines and were having competencies regularly assessed. We checked the quantities of a sample of medicines against the records and found them to be correct.

People were protected from the risk of harm. We found risks, such as those associated with people's healthcare needs, had been assessed and were being managed safely. For example, when staff supported people to mobilise, they followed the care plan and ensured people were assisted safely and at their pace. This minimised the risk of falls and injuries. Where people had been assessed as being risk of skin breakdown, we saw equipment had been provided to prevent the risk of skin damage and/or pressure ulcers.

Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinet and were accessible to staff and visiting professionals when

needed.

People continued to be protected against the risk of infection. The home was clean and there was an on-going programme to redecorate and make other upgrades to the premises when needed. One relative said, "Whenever we visit, the home is always spotlessly clean." Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection. Records showed staff had received training in infection control and food hygiene.

The home maintained a safe environment for people. Risk assessments were undertaken to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. For example, staff undertook weekly fire alarm tests to ensure equipment was in good condition and water temperatures were checked regularly to ensure these were within a safe range. Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require to leave the building in an emergency.

Is the service effective?

Our findings

The home continued to provide effective care and support to people.

Some of the people living at The Rise had needs relating to mental frailty and/or early onset dementia which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of the Mental Capacity Act 2005 (MCA). We found staff had received training about MCA and knew how to support people who may lack the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases, they had to act in their best interests. Where decisions had been made in a person's best interests these were fully recorded in care plans. For example, one person's care plan showed a decision had been made in their best interests about the provision of personal care. The records showed a family member and a healthcare professional had been involved in making the decision. This showed the provider was following the principles of MCA to make sure people's legal rights were protected.

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). Records showed the registered manager had identified that some aspects of people's care and support were potentially restrictive. For example, some of the people living at The Rise were under constant supervision and were not able to leave the home unescorted in order to keep them safe. The registered manager had made the appropriate DoLS applications to the local authority. However, not all records we saw were clear or reflected the same level of understanding. For instance, there were no records to show people's capacity to consent to these arrangements had been assessed prior to applications being made to deprive people of their liberty. We discussed what we found with the registered manager who agreed that some people records did not fully reflect the action that had been taken.

Whilst we did not find that people were being deprived of their liberty unlawfully. We recommend that the home reviews all documentation relating to the MCA and the DoLS.

People received support from experienced and trained staff. People had confidence in the staff supporting them and relatives told us people were well cared for. One person said, "The care you get here is second to none, they [staff] really are all wonderful." A relative said, "[person's name] is very poorly but they receive excellent care from very skilled and caring staff."

We looked at the induction, supervision and training records for three staff. Records showed newly appointed staff undertook an induction which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. All the staff we spoke with told us they felt supported by the homes management team. Comments included; "You gets lots of support" and "The manager and owners are amazing, they always have time for you." Records showed staff received regular one to one supervision and annual appraisals.

There was a staff training programme in place and staff confirmed they received regular training in a variety of topics. These included safeguarding, health and safety, fire awareness and medication training. Other more specialist training included stroke awareness, dementia care and challenging behaviour. Staff told us they were provided with training which gave them the skills and knowledge to support people effectively. One staff member said, "We have regular refresher training on how to move people in a safe way, and how to keep them and ourselves safe at work."

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. One person said, "Recently I needed to keep an optician's appointment and my relative couldn't take me. The carers made other arrangements to make sure I didn't miss out." People's support plans included details of their appointments and staff knew people's needs well. Each person's care plan contained a health action plan that set out how his or her health care needs were to be met and helped to ensure people's wishes and needs were respected in an emergency. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals. Healthcare professionals spoke positively about the home and told us people were well cared for; staff were responsive to people needs and staff always sought and followed advice. One healthcare professional said, "I would have no hesitation in recommending The Rise to a member of my family."

People told us they enjoyed the meals provided by the home. Comments included, "The food is lovely," "Very nice" and "Plenty of fresh fruit and vegetables, you couldn't wish for better." A relative said, "The quality of the food is exceptional. I have eaten here and the variety is just as impressive." The menu was displayed in both written and pictorial form and people were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. The chef and kitchen assistants told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen and servery.

We observed the lunchtime meal; people sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided appropriately and discreetly. Meals times were relaxed, social occasions were people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was being provided.

The Rise is a large detached property set in its own attractive grounds on the outskirts of Dawlish. All areas of the home we saw were clean, well maintained and had been adapted to meet people's individual needs in a homely way. The registered manager told us people enjoyed using the garden in the summer. There was outdoor seating which enable people to spend time with family and friends whilst enjoying the views of the surrounding woodland.

Is the service caring?

Our findings

The home continued to provide caring support to people. People told us they were happy living at The Rise. One person said, "The staff here are wonderful. Nothing is too much trouble and they always make me smile." Another said, "I have only lived here for a few weeks, but I am delighted with everything that the staff do for me. The level of care is first class."

There was a relaxed and friendly atmosphere within the home. Staff spoke about people with kindness and affection. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff and we observed lots of smiles, laughter and affection between staff and the people they supported. People told us they were happy with the care and support they received and told us staff were nice, kind, and caring. One person said, "Nothing is too much trouble for the staff, you only have to ask and whatever it is, it will be provided."

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering and doors were closed when people were being supported with their personal care needs. People were encouraged to remain as independent as possible, and when they needed extra support this was provided in a considerate way, which did not make them feel rushed. Staff said it was important they supported people the way they wanted to be supported.

When we asked staff to tell us about the people they supported, they spoke fondly and respectfully about people. Staff described people's needs and preferences well and told us how much they enjoyed working at the home. One staff member said, "I really enjoy working here, the residents are lovely and the owners are great to work for." A relative said, "Its everything we had hoped for, [person's name] is well cared for and most importantly they're happy living here."

People were involved in making decisions about their care. They told us they made choices every day about what they wanted to do and how they spent their time. One person said, "You have a choice about when you can get up and go to bed at night, and where you can eat your meals." People felt their views were listened to and respected. Records showed people's views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For instance, we heard staff asking people's permission before offering care and support and if people said no this was respected. Staff returned to people a few minutes later to see if they were ready to be assisted.

People were supported to maintain relationships with friends, family and other people who were important to them. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Throughout our inspection we saw many people with their visitors enjoying cups of tea and spending time together. Relatives told us they felt welcomed by the staff and were well looked after

during their visits. People told us their relatives were invited to attend social events and to have meals with them if they wished.

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their needs.

People told us they had been involved in identifying their needs and developing the support provided. A relative said, "I visit my relation every day, and I am continually impressed by two things. Firstly, the care is consistently very good, and secondly, they tailor their care directly to [person's name] needs." We looked at the care and support records for four people living at the home. People's care records reflected their needs and were regularly reviewed and updated. Care plans were personalised and gave information about people's likes and dislikes as well as important information about their support needs, past history and relationships. Care plans described what was important to people, what people could do for themselves and how staff should offer support. For example, one person's care plan described in detail the support staff should offer during personal care as well as what the person could do for themselves.

Staff had a good understanding of people's individual needs and were skilled in delivering care and support. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the service including those related to disability, gender, ethnicity, faith and sexual orientation. Care plans identified people's communication needs and how they could be supported to understand any information provided. For instance, staff had developed a communication plan for one person who found it difficult to communicate verbally following a stroke. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People's needs were reviewed on a regular basis and any changes in people's needs or support was recorded accordingly. Handover meetings provided staff with information and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped to ensure people received consistent support to meet their needs.

The home was able to care for people at the end of their lives with the support of the community nursing team. Staff had received end of life care training from the local hospice. We saw the home had received several 'thank you' cards from families of people praising the care their relatives had received at the end of their lives.

People continued to be supported to follow their interests and take part in social activities. The home produced a weekly activities programme, which was displayed on the home's notice board and informed people about upcoming events. On the first day of our inspection the home received a visit from the Dawlish carnival queen and people told how much they had enjoyed this. We saw a range of activities were available including music, arts and crafts, arm chair exercises, film afternoons, card games and quizzes as well as a number of trips out to places of interest or for lunch. In addition, the home hosted a variety of events such as

coffee mornings and raffles were people raised money for local charities. A relative said, "There is always something for [person's name] to do to keep themselves occupied, and the registered manager is always willing to hear from residents and their family members about how they can find activities and events that fit with people's choices."

People were aware of how to make a complaint and felt able to raise concerns if something was not right. People consistently told us they would speak to the registered manager or staff if they were unhappy. People we spoke with had not needed to complain, but they were confident that if they did it would be handled quickly and dealt with properly. One person said, ""There is nothing I can think of that I would improve. If there were then I would not wait to say so, and I feel certain they'd listen." The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated, and responded to. We reviewed the home's complaint file and saw that where people had raised concerns these had been investigated in line with the home's policy and procedures and concluded satisfactorily.

Is the service well-led?

Our findings

The home continued to be well-led

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People, relatives and healthcare professionals told us the home was well managed. Comments included; "Very," "Extremely well led" and "Absolutely." One relative said, "The registered manager is very professional and manages the home well. I would have no hesitation recommending the home." A healthcare professional said, "I think the key strength of The Rise is the way it's run and managed. [Managers name] sets the standards and no-one has a problem meeting those high standards. The registered manager lives and believes in them."

The registered manager told us they felt supported in their role and they communicated with the owners almost daily. There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I really enjoy working here," "I love my job" and "The manager is so supportive."

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings eased the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. There was an on-call duty system in place and specialist support and advice was obtained from external health and social care professionals when needed.

There were effective quality assurance systems in place and the management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. These included audits on medicine records, incidents and accidents, care records and environment. These audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were found, records showed these were acted upon and action plans were in place.

The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared between the staff team at the regular staff meetings.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty

to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.