

HICA

# Raleigh Court - Care Home

## Inspection report

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Date of inspection visit:  
20 July 2022  
22 July 2022

Date of publication:  
10 August 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Raleigh Court Care Home is a residential care home. It can provide personal care to 56 people aged 65 and over, who may be living with dementia. At the time of the inspection 45 people were living at the service. People were accommodated across two floors in one building.

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

People received safe, responsive and well led care.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. They told us staff listened to them and knew them well and were responsive to their needs and wishes.

There were enough staff and safe recruitment processes had been followed.

People were protected from abuse and avoidable harm. Staff were knowledgeable about how to safeguard people and risk assessments were completed to identify potential hazards. People received their medicine as prescribed.

People and their relatives were involved in the development of service. Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

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.

There was an effective quality monitoring system, which ensured checks and audits were carried out. People's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. However, records were not always clear about what actions were taken and by whom following the incident. The provider agreed to make changes to the recording of accidents and incidents following the inspection.

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 and update

The last rating for this service was good (published 10 December 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Raleigh Court - Care Home

## 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 one inspector.

#### Service and service type

Raleigh Court 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. Raleigh Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including the director of operations, the operations and compliance manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People received safe support to meet their needs. Risk assessments provided guidance for staff on how to safely support people to maximise their independence whilst minimising risks.
- Staff were knowledgeable about risks associated with people's care.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people.
- Regular checks and servicing helped to ensure the environment and any equipment used was safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I like living here, the staff are lovely and friendly, and I feel safe living here."
- Relatives told us that they were satisfied that their relatives were safe and well cared for. One relative told us, "The staff are amazing with [family member] they look after them really well, I have no complaints at all. [Family member] is very safe and happy here."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident any concerns would be referred to the local authority.
- Reviews of accidents and incidents took place in a timely manner however, these lacked clear analysis to identify patterns or trends and to support improvement of care. It was not always clear on records what action was taken and by who. The provider agreed to make changes to the recording of accidents and incidents to ensure robust analysis.

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. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

### Using medicines safely

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.
- Controlled drugs were stored appropriately, and stock levels were accurate.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Visiting was carried out in line with current government guidance.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care from staff who knew them well and were responsive to their needs.
- Care plans contained detailed, person-centred information which provided clear guidance for staff on how to support people.
- We observed staff providing patient, attentive care. Promoting choice and independence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and information recorded in their care plans to guide staff on how to share information in an accessible way. Staff used pictures, actions and written words to communicate with one resident who did not speak English.
- Staff spoke with people in a person-centred way. This helped make sure people could understand what was being communicated and be involved in decisions.

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

- People were supported to maintain relationships with relatives and friends.
- The provider employed an activities coordinator and had an activity plan in place. We observed people enjoying the activities on offer.

Improving care quality in response to complaints or concerns

- People felt confident speaking with staff or management if they were unhappy about the service or needed to complain. One relative told us, "The team are fantastic, if I have a problem I can go to the care staff or management team and they will sort it for me."
- The provider had a complaints procedure setting out how they managed and responded to any complaints.

End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

- Staff understood the importance of providing good end of life care. They liaised with healthcare professionals and ensured people were well supported and comforted when they needed it.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 fostered an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day-to-day basis.
- People told us the service was well-led. One person said, "The registered manager and staff have gone above and beyond for me, they are brilliant."
- The provider and registered manager understood the duty of candour responsibility; they had been open, communicated well and apologised to people and relatives when things had gone wrong.

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

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager and senior staff were committed to making continuous improvements to ensure people were safe and happy with the service they received.
- The registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sought from people who used the service and relatives through regular conversations, meetings and surveys. The feedback received was positive.
- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights.
- People and their relatives spoke positively about how the service was managed.
- The registered manager and staff worked collaboratively with other agencies to coordinate the care and support people needed.