Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Rise Care Home

Luscombe Hill, Dawlish, EX7 0QL

Tel: 01626863245

Date of Inspection: 28 November 2012

Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Michael & Julia Raven
Registered Manager	Mrs. Paula Jane Emery
Overview of the service	The Rise is registered to provide accommodation and personal care for up to 26 older people. The Rise cannot provide nursing care. The Rise is located approximately half a mile from the seaside town of Dawlish with its range of shops and amenities. It is a large detached property set in its own park-like attractive grounds, which include patios and gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people receiving care at the home. People told us "We are all very well looked after here", "This is a lovely place to live" and "All the staff go that extra mile". Each person had a clear and updated care plan, which indicated their needs and how they were to be met.

People told us that there were usually enough staff on duty. We observed staff in their interactions around the home, including answering the call bells and in their dealings with individuals in their rooms. They were at all times respectful, caring and patient.

People told us they felt safe receiving support from the staff at the home. People said that staff were always very kind and helpful. Staff told us they were very happy in their workplace and felt very much part of a team. Comments from staff we spoke with included "This is the first time I have had a job when I really love coming to work', "What I love is that we really help people', and "It doesn't matter what age the people are as long as they all have a reason for waking up and I feel we make that happen'.

The manager told us that systems for assessing quality assurance were kept under review and were reassessed regularly.

We saw that people at the home were given opportunities during the day to influence the way services were provided to them. As an example we saw people exercising choices in where and how they spend time, activities and what they ate.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our visit to The Rise we spoke with people about the care and treatment they received. We also looked at the records and spoke with staff to see how they gained consent from people for the care being delivered. We looked at how staff understood when people who lacked capacity to give their consent verbally agreed with the care given to them.

In the records we found indicators that people's consent was gathered while compiling the care plans. We also saw that people living at the home and their relatives were asked how often they wanted to be involved in the reviewing of the care plans which took place every month.

Information on the Mental Capacity Act was available for the staff, as was the associated code of practice. This helped to make sure that the staff had access to reference sources for advice on interpretation of the Act. We also saw some indicators that the service was aware of people's capacity to make decisions, and in some files this was recorded as having been assessed appropriately. The manager told us that staff were aware of people's capacity to make decisions. This was confirmed when we spoke with staff. The manager told us about a recent referral, made to an appropriate health care professional, for a mental capacity assessment to be carried out. Staff told us how they had recognised that this person appeared to not understand or retain information provided and they had reported this to the manager. We saw that people had been consulted about their end of life wishes.

People we spoke with confirmed that they were supported and encouraged to make choices. We were told by one person that staff "Always ask me what I want to wear, what jewellery etc when they help me in the mornings". We were told, and saw, that the majority of people chose to have their lunch in the dining room which meant there was a daily gathering of people living at the home. We saw that people at the home were given opportunities during the day to influence the way services were provided to them. As an example we saw people exercising choices in where and how they spend time, activities and what they ate.

People we spoke with confirmed that staff treated them with respect at all times. We asked people whether staff respected their right to privacy and they confirmed that they did. One person told us that staff always knocked and waited to be invited in before entering their room. One person told us they preferred female staff to provide assistance with personal care and that 'so far' this had been the case. We were told that staff were 'kind' and 'always ask me how I would like things done' when assisting them.

Care plans provided information about how staff should care for individuals and included 'aims' of what people wanted to achieve. Comments included "To demonstrate patience, respect and dignity at all times".

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with told us "We are all very well looked after here", "This is a lovely place to live"and "I would rather be at my own home, but living here is the next best thing".

During the inspection we spoke with five people living at the home, four staff the home's manager and one of the owners. We also spent a period of time observing how people chose to spend time, how care was provided and looked at three care plans in detail.

Each person living at the home had a plan of care, based on an assessment of their individual health and personal care needs. The plans we saw were comprehensive and personalised. They provided information about the individual's needs and how the individual liked their care to be delivered. The plans were reviewed regularly with the individual or with their relatives or representatives. For example, we saw a plan of how a person chose to be cared for during the night. When the person had moved into the home staff had recorded that the person 'slept like a log'. This had then been updated when staff had noted 'sleeping pattern changed since admission'. We saw good records of how staff had addressed this to ensure the person's sleep pattern improved. Plans included risk assessments related to moving and handing, pressure areas, falls and nutrition.

We saw that people's communication needs had been addressed. Information about how staff communicated with people, where the person's ability to speak or hear was compromised, had been included in the plans.

We saw that the daily reports and care plans included acknowledgements of people's retained skills and care they could do for themselves, as well as the support they needed. One care plan we looked at included information relating to encouraging and supporting a person's independence. Staff had recorded that the 'goal' had been "To ensure that [the person] is able to continue to preserve the small amount of movement [they] have". This showed us that people's independence and individuality was encouraged.

We saw evidence that people had access to healthcare services, such as GPs and physiotherapists, occupational therapists or specialist community healthcare teams.

We spoke to a relative of a person living at the home. They told us they had looked at

several care homes before they decided that The Rise was the 'right one for my [relative]. They said the home was 'just beautiful', 'so fresh' 'a homely sort of place' and 'nice for my [relative]. They also said that the service provided "Excellent care and staff are nice people". They told us that their relative received good care from their doctor and other health care professionals.

We discussed activities available at the home. We saw a programme of activities provided posted on a notice board. Activities included quizzes, bingo, board games, manicures, cookery and church services. People we spoke with confirmed that they looked at the notice board regularly. The home employed a person who was responsible for arranging and providing activities. We saw people taking part in a church service during our visit. Some people who lived at the home had chosen to spend time in their rooms. We asked staff how they ensured that these people did not become isolated. We were told that staff visited people in their rooms, spent time talking with them, reading letters or newspapers to them, if they were unable to do so themselves, or giving manicures.

During this visit we saw that people had personalised their rooms with items of small furniture and belongings which were meaningful to them.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt safe receiving support from the staff at the home. People said that staff were always very kind and helpful. The people living in the home and/or their relatives were encouraged to retain responsibility for managing their own finances and the owners did not get involved. We were told that lockable facilities were available in all bedrooms and a safe was also available at the home.

We were able to see from records that all staff had received safeguarding training. Care workers and the management were knowledgeable about the different types of abuse and about how to make a safeguarding alert. Care workers were confident that any concerns they shared with the registered manager would be taken seriously. Staff knew about whistle blowing and described how they would escalate concerns if they were not acted upon.

No safeguarding referrals have been made by the home, or related to the home, since the last inspection in 2008.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We observed staff during their interactions around the home, including answering the call bells and in their dealings with people in their rooms. They were respectful, caring and patient in their tones at all times. We saw staff moved people in wheelchairs around the home safely and with respect.

People we spoke with told us that they felt there were always enough staff on duty to meet their needs.

We spoke to three members of care staff. They told us they had completed mandatory training as required and that they had been offered opportunities to attend relevant training. One carer said 'gosh, there is always a lot going on'. Another member of staff we spoke with told us they had received training recently. This had been both mandatory and specific training in relation to health conditions associated with the people living at the home.

The registered manager organised all staff training at the service. When training had been arranged a notice had been put up informing all staff and we saw this when we visited the staff room during our visit.

A training matrix had been maintained by the manager which clearly showed what training each member of staff had completed and when updates were required. We saw that all staff were up to date with training which included dementia, fire safety, safeguarding vulnerable adults, first aid and health and safety.

We looked at the way that staff were supported in developing their job role. Staff received regular supervision, and this had been recorded in their individual files. The staff we spoke with felt all members worked well as a team and supported each other. The manager told us that the responsibility of individual supervision sessions with staff was divided between the registered manager and senior carers.

Staff told us they were very happy in their workplace and felt very much part of a team. Comments from staff we spoke with included 'this is the first time I have had a job when I really love coming to work', 'what I love is that we really help people', and 'it doesn't matter

what age the people are as long as they all have a reason for getting up and I feel we make that happen'.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that systems for assessing quality assurance were kept under review and were reassessed regularly. We saw that a system of regular checks, covering people's personal needs, household maintenance, and all records and documentation had been maintained.

We were told about and saw evidence to show that the provider was carrying out a quality assurance process at the service. This included seeking the feedback from people living at the home and their relatives. This had been undertaken by the activities coordinator who had asked people to complete questionnaires about the services provided at the home and their satisfaction. We were told that the service aimed to get feed back from two people living at the home and two relatives each month.

Internal audit systems were in place at the home, for example the policies and procedures manual had been updated. The manager had also introduced individual 'hospital forms'. These forms included all up to date, relevant health and social information in relation to each person living at the home. This meant that if a person was admitted to hospital in an emergency situation the form could be taken from their file and sent to the hospital with them to provide continuity of care.

The owners visited the service twice a month and spoke with all the people who lived at the home and relatives and staff. Regular 'residents' meetings' had been held. People we spoke with told us that during the meeting they had discussed topics such as activities and meals. They also told us if they had any complaints these would not be discussed because they would talk to staff, manager or owners privately with their concerns.

We saw comments written by relatives thanking staff for the service they provided for their loved ones. These comments included "All staff at The Rise who looked after my [relative] while I was away, thank you so much [they] had such a great time" and "Thank you so very much for looking after me. You made me welcome and gave me all the support and help needed during my stay"

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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