Inspection Report

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

Ralphland Care Home

Ralphs Lane, Frampton West, Boston, PE20 1QU

Tel: 01205722332

Date of Inspection: 06 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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leong E N T Limited
Registered Manager	Mrs. Janet Joan Pragnall
Overview of the service	Ralphlands is a purpose built care home situated on the outskirts of Boston. It is registered to provide accommodation and personal care for up to 34 older people, some of whom may have needs associated with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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, reviewed information sent to us by other organisations, carried out a visit on 6 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, 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 who used the service. They told us they were well looked after and staff were caring. One person told us, "It's very good here, staff are all very kind." Another person said, "Very satisfied with all aspects of the care, can't fault them."

We saw people were supported to make choices and decisions about their lifestyles, and they were treated with dignity and respect.

We found people were supported to eat and drink sufficient amounts to meet their needs. People had a choice of food which took account of their individual preferences, needs and cultural requirements. One person said, "The food is lovely, they cook things how I like."

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Throughout our inspection we observed good interactions and found people who used the service were relaxed and happy in the care of the staff.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with five people who used the service. People who lived in the home told us they felt respected and were involved in making everyday decisions. They also told us they had regular meetings with the owner and manager. People we spoke with confirmed they were offered choice about their care and daily routines. One person told us, "There are no rules about what you can and can't do; we can please ourselves about how we spend our time."

Individual care plans showed how people communicated their needs and wishes. They also reflected issues such as choice, spiritual preferences, end of life wishes and independence. People's views were recorded in care review notes, the manager explained how relatives were encouraged to participate in the monthly review meetings.

We talked with a relative visiting the home and they told us they felt involved in their relative's care. They also told us the staff were always respectful and courteous and that staff kept them informed of any changes.

We observed positive interactions between staff and people living in the home. We saw staff offered people choices in how care was to be delivered and they took their time to explain care tasks to people. We observed staff were proactive in ensuring people's privacy and dignity was maintained. For example when people asked for assistance with their personal care they were encouraged and supported to go to a private area such as their bedroom.

Staff had developed a dignity themed notice board which provided written and pictorial information for people who used the service and their visitors.

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 they were well cared for. One person told us," Very satisfied with all aspects of the care, can't fault them." Another person said," Super staff, they look after us very well."

We looked at a range of personal records within the home. There were detailed assessment records in individual files, which covered needs such as personal care, nutrition, and risk. We saw evidence that people's needs were assessed prior to their admission.

We saw care plans and risk assessments were reviewed and updated regularly. The manager showed us some care plans which had been recorded in a new format. The provider may like to note the new care plan format did not always provide clear directions for staff on how to meet people's needs. For example the care plans included numerous graphs. Staff we spoke with confirmed they did not use the information provided in the graphs as they found this confusing. In some cases the care directions section contained minimal written directions for staff, for example, "assist with personal care." We also found care directions in respect of people's skin care support were detailed in a number of different care plans. This did not give a clear overall view of the person's needs especially in areas such as frequency of repositioning.

People we spoke with told us they saw their doctor as and when wanted. One person told us, "They get the doctor if you need one" and another said, "I have seen the doctor when needed."

We saw monitoring charts had been completed in areas including diet, fluid intake, continence and weight. We saw written documentation that showed us the service contacted health care professionals for advice and they visited when people needed treatment.

We saw staff had time to spend with people. During the visit we observed people participating in some craftwork. The activities coordinator told us how she was in the process of developing a weekly activity programme. We observed positive interaction with people, she spent time talking with people and looking at photographs with them.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

From our review of care plans we found people's weight had been regularly checked and their nutritional status had been assessed. We found health professionals such GP's and dieticians had been involved in people's care where concerns had been identified.

People were provided with a choice of suitable and nutritious food and drink. During our inspection we saw drinks and snacks were available throughout the day. This included a choice of hot or cold drinks, cake, biscuits and fruit. We also sat in on a meeting between the manager and night staff. We noted discussions were held around people's individual requests for night time snacks such as soup.

We observed the lunch time meal. People had a choice of meals. We noted the cook knew people's food preferences, including portion sizes. We observed staff assisting people in a discreet way, prompting when required. We observed equipment to aid independence, such as plate guards, was provided.

The cook showed us the menus and explained how people who used the service were consulted regularly about their preferences and special dietary needs. The cook told us diabetic and fortified diets were being provided for some people. Staff described how they made fruit smoothie drinks and offered regular snacks for people with weight loss problems. Staff used monitoring charts to record the food and fluid intake of specific people.

We spoke with people who used the service who told us they enjoyed the meals. Comments included, "The food is lovely, they cook things how I like" and "Always a good choice, and if I don't like what's on the menu, they are always happy to cook me something else."

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 used 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

We spoke to a number of staff who worked at the home. They told us they had received training about how to keep people safe. They demonstrated a good level of knowledge about different types of abuse, and the reporting procedures. We knew from our records and talking to other professionals, that staff reported and managed situations in the right way whenever they had concerns for people's safety.

When we looked at the training records we noted few of the ancillary staff at the service had received safeguarding training. When we discussed this with the manager she told us she was not aware all staff should access safeguarding training. The provider may wish to note that all staff working in a care home should have the knowledge of the home's safeguarding procedures and how to protect people from harm.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with six people who used the service. They told us they liked living at the home and we received comments such as "The staff are lovely" and "The staff help me when I need it."

We looked at the recruitment files for three new staff. We found the correct recruitment procedures had been followed in two of the three files seen. All files contained a completed application pack, interview records, proof of identity and a Criminal Records Bureau (CRB) check. The provider may wish to note that one recruitment file only contained one written reference. Discussion with the manager evidenced the references had not been requested until the person had commenced employment at the home.

The provider may wish to note that where staff have been employed following receipt of a positive CRB check, records of discussions and risk assessment during the recruitment process, would formally support the decision to employ the person.

We saw that certificates had been obtained and copies retained to verify qualifications.

From discussions with the manager and staff we noted there had been a high staff turnover within the last 12 months. The provider may wish to note that high staff turnover could have an impact on continuity of care for the people who used the service. The manager confirmed a small number of staff had left the home following disciplinary action. However there was no evidence the manager had investigated and recorded the reasons why the majority of staff had left employment.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We found people who used the service and their representatives were asked for their views about their care and treatment and they were acted on. For example the views of people who used the service were sought through meetings and surveys. The latest surveys had been issued in June 2012. We found the responses were generally very positive, although people had raised issues such as: the lack of activities, the cramped communal space and the garden as areas for improvement. Discussions with the manager confirmed these issues were being addressed. Building works on a new extension to provide a large lounge area were due to start the following week. A full time activity coordinator had been in post for two weeks and the improvements to the gardens were scheduled for Spring 2013.

We saw records which showed the provider completed a monthly audit visit and attended staff and resident meetings. The provider may wish to note however, there was no regular, formal internal auditing programme in place. For example falls and accidents were not analysed and reviewed to identify patterns. An audit of infection control practice in the home had not yet been carried out.

We noted a local Pharmacy had carried out an inspection of medication administration, recording and storage in September 2012 and had found the service had no issues to address. Lincolnshire council's environmental health team had visited the service recently and inspected the kitchen and food management systems. They awarded the home five stars, the highest rating.

Internal checks were undertaken on fire alarms, extinguishers and escape routes. People who used the service had fire evacuation plans in place. Records showed fire drills were practiced.

The manager showed us a health and safety audit of the premises which had been carried out by an external consultant. The provider may wish to note there were no environmental risk assessments in place to support the management of safety for the premises. For example, high risk areas such as the stair gate and the number of radiators without low surface temperature covers posed a potential risk to people's safety and welfare.

Information was available to people who lived in the home, and visitors, about how to make a complaint. Staff we spoke with described how they would deal with a complaint in the right way. Records showed that there had been three formal complaints made within the last year. The provider may wish to note not all complaint outcome records were in place, which would show how the issues had been handled.

When we spoke with people who lived in the home they said they had no concerns at the time of our visit, and they all knew how to make a complaint if they needed to. One person said, "I'm very happy with my care, if I have any problems I speak with my family and they sort it out with the manager for me."

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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