Barchester Healthcare Homes Limited

Raleigh Manor Care Home

Inspection report

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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

About the service
Raleigh Manor is a residential care home providing personal and nursing care to up to 75 people. The service provides support to older people, younger adults and people living with dementia. At the time of our inspection there were 20 people using the service. Raleigh Manor is a purpose-built home providing support to people over three floors. At the time of the inspection, two floors were occupied. These were Ladram Lane, and Budleigh Walk, which specialised in providing care to people living with dementia.

People's experience of using this service and what we found
There had been changes in the management of the service and staff team since it registered in July 2021. At the time of the inspection the provider's regional director was managing the service, pending the arrival of a permanent manager in January 2023. People, relatives and staff spoke highly about the positive changes and consistency the interim manager had brought to the service over the previous two months. The interim manager told us they were developing a stable staff team and solid foundations, which would allow for steady growth. They felt the care was good, and the staff really cared about the people they supported.

Everyone we spoke with said they felt safe living at the home and there were enough staff to ensure people were kept safe. Risks to people's health and well-being were assessed and reviewed appropriately. Safety checks on the environment were in place and robust. Medicines were safely managed. Incidents and accidents were appropriately recorded and analysed for patterns and trends.

Staff were recruited and selected safely. They were appropriately trained and supervised to enable them to carry out their roles.

People said the staff were kind and caring. Comments included, "They are lovely girls, very pleasing" and, "The staff are very kind, they brought my food up when I wasn't well." We observed warm and familiar caring interactions between staff and people throughout the duration of our inspection.

Staff in all roles were passionate about the people living at Raleigh Manor and were highly committed to ensuring the best outcomes for them. They took time to understand and encourage the unique and individual needs of the people they supported and enabled them to play an active role in their home and community.

A busy activities programme was in place and was being further developed. This was having a positive impact on people's physical and mental health.

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 were systems in place to monitor the quality and safety of the service. People and their relatives were consulted and asked for their views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This was the first rating for the service since the service was registered.

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	Good
Is the service effective? The service was effective	Good
Is the service caring? The service was caring	Good
Is the service responsive? The service was responsive	Good
Is the service well-led? The service was well led	Good

Raleigh Manor 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 two inspectors 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 service.

Service and service type
Raleigh Manor 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 Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

At the time of our inspection there was not a registered manager in post. An interim manager had been in post for two months and was in the process of registering with the Care Quality Commission pending the arrival of a permanent manager in January 2023.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about 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 and five relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, deputy manager, deputy managing director, activities co-ordinator and a range of care and support staff. We carried out observations in communal areas of the home. We requested feedback from three health and social care professionals who work with the home.

We reviewed a range of records. This included four peoples care records, medicines administration records (MAR), four staff recruitment files, staff training records and other records related to the management of the service.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them and told us they felt safe with them. Comments included, "I feel safe and comfortable" and, "I have never encountered anybody who was not very nice to us. All the young ladies have been so kind."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff were able to describe how to report concerns.
- There were systems and processes in place at the home to ensure people were protected from harm and abuse. The provider had responded promptly and in detail to safeguarding concerns raised.

Assessing risk, safety monitoring and management

- There were processes in place to document, monitor and mitigate risks to people. Where risks were identified support plans guided staff to manage and reduce these risks.
- People told us they felt safe at the service. One person told us, "We have got this [call] bell which is very reassuring. On the whole it's answered promptly, but occasionally they may take a little while. That's another nice thing, that you are not on your own if something happens."
- There were effective information sharing/handover systems in place to ensure staff were kept up to date with any changes in people's needs.
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained.

Staffing and recruitment

- People told us the service had been short staffed at times, and there had been a high staff turnover, but this had not impacted on their care. Comments included, "They are short staffed, but people made sure I was okay", "I have found that they are always there" and, "The staff are conspicuous and helpful."
- We discussed the staffing levels with the management team. They advised the lay out of the home, low occupancy and relative independence of the people living there could give the impression of low staffing levels, but this was not the case. This was confirmed by staff.
- The manager used the provider's dependency tools to calculate the number of staff required. They checked staffing levels and deployment on their daily walk around the home and reviewed them at a monthly staffing review and planning meeting. The provider was in the process of recruiting additional staff in anticipation of increasing the number of residents.
- There was a safe system of staff recruitment in place. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

●People received their prescribed medicines in a safe way. They told us, "I have about five pills and eye drops. The same time every day. I think they are well organised" and," They are really helpful. I know what they are giving to me when I take it."

●Medicines were safely stored, recorded and administered by suitably trained and competent staff.

●The provider carried out regular checks and audits to make sure safe medicine practices were followed.

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 supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.

● 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

People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

● Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded. Accidents and incidents were analysed by the provider to identify any patterns or trends, or further action needed.

●The provider was proactive in addressing any concerns and taking action to address them. For example, an external health professional had previously expressed concern about staff knowledge in relation to the Mental Capacity Act 2005 (MCA). Following this the provider's clinical specialist delivered a teaching session on the subject, and staff were now more competent in this area.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed pre-admission assessment was completed to ensure people's needs could be met safely and effectively. Raleigh Manor did not support people with nursing or complex needs, and it was important to ensure the home was right for prospective new residents.
- At the time of the inspection there were 20 people living at the home which was registered for 75. New people were being admitted to the service slowly and carefully, to allow time for the service to develop gradually.

Staff support: induction, training, skills and experience

- Staff told us they were well supported. They completed a comprehensive induction and the provider's mandatory training, which was refreshed regularly. Additional face to face learning was provided at individual and group supervisions. A 'training champion' was in post to support staff to do their training online.
- Overall people and their relatives were positive about the knowledge and skills of staff. One person told us, "Whoever chooses the staff here knows what they are doing. The staff notice things, there's attention to detail. They will say 'what's the matter?' if they notice anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met. Any issues and risks related to nutrition were discussed and reviewed at regular nutrition meetings.
- The provider aimed to create a pleasant dining experience for people. There were tablecloths, napkins, flowers in vases and classical music playing in the background.
- Overall people and relatives were positive about the food and dining experience. Comments included; "She likes the food and eats well, "and, "It's very, very good. I suppose I am fairly easily pleased so I don't think I have experienced a situation where I did not like it."
- People were offered choices at mealtimes and shown what the options were. They told us, "I am very finicky…If it's something I really don't like they will always do me an omelette or something. There's a choice." Their views about the menu were invited and taken into account, for example custard with the apple pie, and bread rolls with soup.
- We observed staff were attentive to people's needs during the mealtime and offered support and encouragement if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

●The service worked in partnership with external professionals, such as community nurses and GPs to support and maintain people's long-term health and well-being. Staff told us, "We have a really good GP and nursing team. We have a weekly phone call, and they will visit in the afternoon."
●People told us staff were attentive to their needs, commenting, "I have been impressed with their ability to listen to us, if I have been feeling I wanted something, one of the staff will say 'would it be a good idea to ask the doctor?'."

Adapting service, design, decoration to meet people's needs
●People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.
●People and their relatives spoke very highly of the layout and décor of the home. One relative told us their family member used to enjoy cruises and thought they were on a cruise ship.
●The environment promoted the independence of people with dementia, with clear signage and clearly distinguishable handrails to help orientate people and maintain their independence.

Ensuring consent to care and treatment in line with law and guidance
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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

●Decisions were made appropriately in people's best interests. Deprivations of liberty were referred appropriately for assessment and authorisation.
●Staff sought people's consent and included people in decisions about their care, for example in relation to food choices and what they wanted to wear. One person said, "I am not restricted. I get up at seven in the morning. I go to the dining room but have dinner here in the evening."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "They are lovely girls, very pleasing," "The staff are very kind, they brought my food up when I wasn't well" and, "The carers are very caring."
- Staff were passionate about their roles and the people they supported. They were committed to ensuring the care was individualised, person-centred and met people's diverse needs. For example, they described how one person had previously been an active member of their local church community but had been unable to attend for several years. Staff had arranged for them to attend a coffee morning where they had enjoyed an emotional reunion with old friends. This had led to a continued relationship with the church for the person concerned and other people at Raleigh Manor.
- Special occasions, such as birthdays, were celebrated, with a private dining room available for families to use. Relatives were also welcomed to informally join family members for meals in the main dining room.
- The manager told us how staff made a point of gathering to meet and greet new residents and their family members on arrival at Raleigh Manor. They understood how difficult this could be for people and their families and wanted to make them feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to have their say regarding their support. Care reviews, residents' meetings and general day to day discussions gave people the opportunity to discuss how things were going and to make any changes to their care and support. Relevant others, such as family members, were also included where appropriate.
- People were encouraged to play an active role in their community. For example, one person had been invited to be a 'resident ambassador'. This was a formal recognition of the role they were already playing in offering support to new people moving in.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 personalised care and support specific to their needs and preferences. Risk assessments were completed within 24 hours of admission to the service, and the care plan within seven days. Staff also completed a 'Getting to know me' document with people and their families, to record information about their background and interests. This meant staff had the information they needed to understand and meet people's needs in line with their wishes.
●Care plans were reviewed monthly, if people's needs had changed, or six monthly, with the person and a family member where appropriate. Not all people we spoke with were aware of their care plan. We discussed this with the management team who said they would provide a paper copy for people, in large print, if required.
● Staff were updated about any changes in people's needs at daily stand up meetings and at shift handovers. This meant people received consistent care and support.

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 followed their interests and took take part in activities that had a positive impact on their lives and overall well-being. They told us, "We have exercise classes every day. It's not very exciting, but it exercises every bit of your body… We had a school choir last week. They were very good" and, "We have been to a garden centre. We go to the sea, it's wonderful."
●A newly appointed activities co-ordinator was in post who was passionate about the role, with plans to extend and improve activities. Another activities co-ordinator was due to start, with experience in working with people living with dementia.
●The activities co-ordinator was working to engage and involve people in social activities. People were asked for their views, which informed the development of a dynamic and evolving activities programme. This included both group and individual activities, some led by the people living at the service. Individual engagement and enjoyment of the activity was observed and analysed to ensure it was meeting people's needs.
●The activities programme included a choir; flower arranging, cards and poetry clubs. A beauty salon provided hairdressing and other beauty treatments. A regular cheese and wine evening was held where people listened to their requests on a local hospital radio station. People had watched the queen's funeral on the home's 'cinema' screen, followed by afternoon tea and sharing memories of the queen.
●Activities were inclusive and attended by people with a range of needs and abilities. The activities co-ordinator told us, "Mixing the communities together is beneficial for both. It gives ground floor residents an

understanding (of the needs of people living with dementia.). A relative agreed, "It's nice that they all mix together. [Family member's name] likes looking after people. It gives her great pleasure to help them if they feel a bit lost."

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 met. Information could be communicated in a variety of ways to suit people's needs and preferences. For example, people received copies of the residents' meeting minutes, and activity programme in large print if required, or had this information read out to them by staff.
●There was individualised information in care plans to enable staff to communicate effectively with people. For example, advising staff to ask closed questions when speaking with a person living with dementia, who could become muddled otherwise.
●At the mealtime we observed staff physically showing people two food choices, to enable them to make a meaningful choice.

Improving care quality in response to complaints or concerns
●Complaints were managed appropriately in line with the provider's complaints policy.
●Action had been taken in response to complaints, to minimise the risk of recurrence. For example, improvements in communication with families and those with power of attorney.

End of life care and support
●People and their relatives were supported to have discussions about their wishes for the end of their lives. This information was documented in care plans.
●Staff told us they worked alongside external health professionals to support people at this time. Relatives were welcome to stay at the home so that they could be with their family member.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There had been two registered managers at the service since it registered in July 2021. At the time of the inspection the provider's regional director was managing the service, pending the arrival of a permanent manager in January 2023. The regional director told us the new manager would have a thorough induction and support from the existing management team. This would enable them to provide ongoing stability and consistency using the same processes.
- The manager told us they were working to create an outstanding service. They told us, "A new home needs calmness and thoroughness." They said they were developing a stable staff team and solid foundations, which would allow for steady growth. They felt the care was good, and the staff really cared about the people they supported.
- People and relatives were positive about the home and the inclusive atmosphere. Comments included, "I think it's a well-run and purposeful home. I feel I have been very fortunate to end up in this particular home" and, "I think it's marvellous, fantastic. [Family member] has been here a year now. He is very happy."
- Staff told us the management team were approachable and very supportive. They felt valued and appreciated by them. They described the manager as having a strong focus on the residents, for example ensuring staff had the time to spend with them.

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

- Quality assurance systems were in place to identify and manage risks related to the quality and safety of the service. They included a programme of regular audits; announced and unannounced visits by the provider's representative and a 'daily walk around' by the manager during which they observed staff practice and staffing levels.
- A 'stand up meeting' was held every morning with the heads of departments. This was an information sharing forum. Issues discussed included housekeeping and maintenance; changes in people's needs; new admissions; accidents and incidents; appointments and activities. This information was then shared across the staff team to ensure a consistent approach.
- The management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They had made notifications and referrals to external agencies appropriately and been open and honest

with people when things had gone wrong.

Working in partnership with others. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

●Staff worked closely with other agencies to meet people's needs, although a health professional had found previous management changes had created some inconsistency in the service's response.

●Regular residents' meetings provided an opportunity for people to provide feedback about the service and be updated about any developments. One person told us, "I have been to one [residents' meeting. They ask about the menu, things like that. I get minutes of the meeting, what was discussed and what was decided."

● A 'family and friends meeting' was organised. The invitation read, 'This is your chance to have a say about our care home. Whether it be ideas for activities or special meal requests.'

●People, their family and friends were invited to express their views in the providers national survey, "Tell Barchester."

● Regular staff and management meetings were held to keep everyone informed and up to date with developments and provide an opportunity for staff to contribute ideas about the running of the service.

●The provider had appointed a home services advisor, with responsibility for community engagement. They were making connections with local community groups and charities and identifying opportunities people might want to be a part of, for example a dementia café, fitness and special interest groups.

● There were incentives and systems in place to help staff feel valued and appreciated. This included, 'Employee of the month' where staff could nominate their colleague who had gone the 'extra mile'.

Continuous learning and improving care

● The manager was committed to continued learning and development. They told us they were all still learning, and there had been improvements in the two months they had been in post. Minutes of staff meetings illustrated how concerns about staff practice had been discussed and used as an opportunity for all staff to learn.

●'Champion roles' had been developed among the staff team, to promote learning and ensure staff were well informed. This included a staff wellbeing champion, dementia champion and health and safety champion.

●The manager was developing links with other home managers in the area, and health and social care professionals, with a view to sharing ideas and best practice.