

South Yorkshire Care Limited

Ravendale Hall

Inspection report

Ravendale House
East Ravendale
Grimsby
South Humberside
DN37 0RX
Tel: 01472823291
Website: N/A

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Ravendale Hall is situated on the outskirts of Grimsby in the small village of East Ravendale. The service is registered with the Care Quality Commission [CQC] to provide care and accommodation for a maximum of 34 older people who may be living with dementia. It is a large converted listed building in its own grounds. Bedrooms are situated on both floors and there is plenty of communal space for people to use and a library for those who preferred peace and quiet. At the time of the inspection there were 18 people living at the service.

The service was last inspected April 2014 and was found to be compliant with all the regulations looked at during that inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People did not always receive their medicines as prescribed by their GP. There were also discrepancies with the recording of some medicines including topical creams. The recording of medicines was not as robust as it should be. Staff did not have clear guidelines for the administering of some medicines that were prescribed as 'when required' by the GP. These issues meant there was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the end of this report.

Although permanent care and ancillary staff had been recruited safely and in sufficient numbers, we found shortfalls in the way casual workers and volunteers were recruited; important checks had not been made to ensure they were safe to work with vulnerable people. This meant there was a breach of regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the end of this report.

The management style created an open and enabling atmosphere with the registered manager listening to the staff and having meetings with them to exchange information and ideas also informing them of current legislation and changes relevant to their role and the service. However, there had been a recruitment issue relating to casual workers and volunteers which had not been recognised by the registered manager and registered provider as posing a risk to people who used the service. The Care Quality Commission took appropriate action to rectify this straight away and the registered provider agreed to the action.

Staff understood the importance of protecting people from harm and knew how to recognise and report abuse. Staff were provided in enough numbers to meet the needs of the people who used the service. Risk assessments had been carried out which informed the staff in how to keep people safe; the registered manager also had emergency plans in place. Audits were carried out as to the safety of the premises and repairs were undertaken when needed. This meant people who used the service lived in well maintained and safe environment.

People were provided with wholesome and nutritious food, which was of their own choosing. Staff monitored people's weight and called in health care professionals and dieticians when required. People had access to health care professionals when needed, for example their GPs, and were supported by staff to attend hospital appointments.

Staff had received training about how to meet the needs of the people who used the service and this was updated as required. Staff had received training in how to ensure people's human rights were protected so they could make informed decisions about their chosen lifestyle.

People were supported to make informed choices and decisions which were in their best interest. Systems were in place to make sure people were protected and did not take any unnecessary risks. Staff had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and the use of Deprivation of Liberty Safeguards [DoLS].

People who used the service had good relationships with staff who understood their needs and the importance of maintaining people's dignity, choice and independence. People had been involved with the formulation of their care plans and had an input in to reviews about their care. Staff were kind and caring in their approach to people who used the service, showing patience and sensitivity when helping them with their care.

Staff had access to detailed information about people's care needs and their preferences. People's care plans were person centred and described the person and how they wished to be cared for. The registered provider had a complaint procedure which could be accessed by anyone who wished to make a complaint or voice their concerns; any complaints were investigated as far as possible to the complainant's satisfaction. People who used the service were provided with a range of activities to choose from and the service had a mini bus so people could be supported to access the community.

The provider had systems in place to monitor the quality of the service provided which included audits and consultation with people who used the service, their relatives and other stakeholders who had an interest in people's welfare.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all areas of the service were safe.

People who used the service were at risk due to some medicine errors and staff practise in recording and administering of medicines.

Appropriate checks had not been carried on when recruitment of casual workers and volunteers took place. This could potentially place people who used the service at risk of harm.

There were enough staff on duty to meet people's needs and promote their wellbeing.

People were protected from harm by staff who could recognise abuse and knew who this should be reported to.

Requires Improvement



Is the service effective?

The service was effective

People were provided with wholesome and nutritional food and their dietary needs were monitored by the staff who involved health care professionals when needed.

Staff were provided with training which was relevant to their role and met the needs of the people who used the service.

Assessments were completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards [DoLS] were met.

People were supported to make informed choices and decisions about their lives.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and understood their needs.

People were involved in their care planning and could have say about how their care was provided.

People were provided with information about their care and staff explained how they were supporting people a sensitive and caring manner.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

People who used the service could make complaints and raise concerns if they felt the need and these were investigated by the registered manager.

The care people received was person centred and documentation available for staff described the person and their preferences.

People could take part in activities which had been organised and provided by the activities coordinator.

Is the service well-led?

The service was not always well-led

There had been an occasion when recruitment practices posed a risk to people who used the service and this had not been recognised at registered manager and registered provider level. The Care Quality Commission has taken action to rectify this issue.

People were consulted about the way the service was run.

The registered manager collated the views of those who had interest in the welfare of the people who used the service and published the findings.

There was a range of audits undertaken by the registered manager which enabled improvements to be made when shortfalls were identified.

Requires Improvement



Ravendale Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on the 16 June 2015. The inspection was undertaken by two adult social care inspectors.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI] in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service and five staff; this included care staff and the cook. We also spoke with the registered manager.

We looked at the care records of four people who used the service and medicines records of 11 people.

We looked at records pertaining to the running of the service. These included three staff recruitment files, policies and procedures, quality monitoring documentation, maintenance checks, staff rotas and training records. We completed a tour of the environment to check it was clean and safe.

Is the service safe?

Our findings

People who used the service told us they felt safe living there. Comments included, “I like living here, the staff are here to help me”, “I can call on them [the staff] anytime” and “I feel safe here, there’s staff always around to call on.” People told us they felt there were enough staff on duty to meet their needs. Comments included, “There always seem to be enough staff, I never have to wait.”

Visitors told us they felt their relatives were safe. Comments included, “I can go home with the peace of mind she’ll be safe” and “We have no problems, I know she’ll be safe.” Visitors told us they felt there were enough staff on duty to meet their relative’s needs. Comments included, “Yes there’s always enough staff on duty, they’re all approachable.”

We spoke with a senior care worker regarding how the service managed medicines. We found the medicines were obtained and stored in line with good practice. Staff checked the prescriptions and ensured when medicines were delivered by the pharmacy they were correct. However, we found concerns in how one person’s pain relief medicine had been administered to them; this had not been completed in line with their prescription. There was also a discrepancy in the recording of this person’s pain relief medicine; the medicines administration record [MAR] did not match the controlled drugs register regarding the dates this medicine was administered.

We also found other shortfalls in the recording of medicine administration. This included gaps in the recording of topical products such as creams and ointments and a lack of clear directions for staff when administering ‘when required’ medicines and when hand writing instructions on the MARs. We found one person’s MAR had not been updated when a dietician had changed their treatment regime. These issues meant there was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the end of this report.

We looked at recruitment files of the most recently recruited staff; these contained evidence of completed application forms which covered gaps in employment and asked the applicant to give an account of their experience. The files contained evidence of references obtained from

the applicant’s previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services [DBS]. This meant, as far as practicable, care and ancillary staff who worked permanently at the service had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults. However, we found people employed to work on a casual basis had not been checked appropriately to make sure they were safe to work where vulnerable people lived. There was no application form, references, or DBS check for a person who had worked at the service in the capacity of casual worker and volunteer. This was a breach of regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the end of this report.

When we spoke with staff they were able to describe to us what action they would take if they witnessed any abuse at the service. They told us they would approach the registered manager and if they did not deal with the issue they would report it to the local authority or the Care Quality Commission. They were confident the registered manager would take the appropriate action and protect people. The registered manager was aware of the local authority’s protocol for reporting any abuse. We saw staff had received training in how to recognise abuse and how to report any abuse to the proper authorities to keep people safe. Staff were able to describe to us the signs of abuse they make see, for example, low mood or withdrawn and physical signs like bruises.

Staff told us they respected people’s wishes and treated all the people who lived at the service as individuals. They told us how the approach they used for one person did not necessarily work with others. For example, they knew who they could have light hearted banter with and who they had to have a more thoughtful approach with due their dementia care needs and behaviours which may put the person or others at risk. They told us they understood all the people at the service were different with different needs and wants. Staff understood the need to respect people’s human rights and to uphold these where they could; this included respecting people’s wishes and not making judgments about their chosen lifestyles. We saw staff had received training in this area.

We saw people’s care plans contained assessment of daily living which may pose a risk to the person. These included

Is the service safe?

nutrition, mobility, pressure area care and behaviours which may challenge the service and put the person and other at risk of harm. The assessments described what the risks were and how the staff should care for the person to help to minimise the risk. The risk assessments had been reviewed regularly and when the needs of the person changed. The assessments also included the input of health care professionals, for example, community psychiatric nurses.

The registered manager undertook safety audits of the premises on a regular basis which identified any environmental areas of the service which needed attention. This ensured people lived in a well-maintained and safe environment. Maintenance staff were employed at the service to respond quickly to any domestic repairs identified. We saw a safety gate was used at the bottom of the stairs. We discussed this with registered manager. They have now included this as part of the risk assessment in the

care plans of the people it affects. They have made application to the local authority for it to be included as part of the restriction under a Deprivation of Liberty Safeguard [DoLS] for those people who it effects directly.

Emergency procedures were in place which instructed the staff in what action they should take to ensure people's safety if the premises were flooded or services like gas and electric failed. People's care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency.

Staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels.

Is the service effective?

Our findings

People told us they were satisfied with the food provided. Comments included, “The food here is marvellous, you just can beat it”, “I really enjoy the food and have put on weight since coming here” and “There is a good choice and it’s always nice and hot.” People told us they were supported to access their GP and other health care professionals when they needed. Comments included, “They take me to see my doctor”, “They always call the doctor when I’m ill and he comes here to see me” and “If I’m ill, they will call the doctor.” People told us they felt the staff were well trained and could meet their needs. Comments included, “The girls [staff] are really good they seem well trained”, “They look after me well, I can’t complain” and “If you need them they are there for you.”

Visitors told us they were happy with the quality and quantity of the food their relatives were provided with. Comments included, “The food seems fine, she’s put on weight since coming here” and “They seem well-fed, it always smells good when we visit.”

Staff told us they received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The registered provider had identified some training they considered essential for staff to complete on a regular basis; this was health and safety, fire safety, safe moving and handling, first aid and safeguarding adult from abuse. The staff also had access to other more specific training; this included dementia awareness, end of life care, food hygiene, nutrition, infection control, the principles of the Mental Capacity Act 2005 [MCA] and the use of Deprivation of Liberty Safeguards [DoLS].

An induction training package had been used to make sure newly recruited staff were inducted to the service effectively and understood the needs of the people who used the service. This was based on good practise guidelines issued by a reputable source; it included an assessment of the member of staff’s competency.

We saw staff received regular supervision and annual appraisals which offered them the opportunity to develop their learning and experience. The registered manager kept a log of all staff training and this was updated as staff undertook training; this also alerted them when staff

training needed updating. Staff were supported to undertake further qualifications and learning and the majority had achieved nationally recognised vocational qualifications at level two and three.

The CQC is required by law to monitor the use of DoLS. DoLS are applied for when people who used the service lacked the capacity to make informed decisions and care they required to keep them safe, amounted to continuous supervision and control. DoLS ensures where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests. We saw the registered manager had applied for DoLS for four people who used the service and these had been granted by the local authority. Systems were in place which alerted the registered manager as to when these needed to be re-evaluated and reapplied for. They had notified the CQC as to the outcome of the applications and displayed a good understanding of the principles of the MCA and the use of DoLS. All the staff we spoke with also displayed a good understanding of the principles of the principles of the MCA and their responsibility in the use of DoLS; we saw records which indicated staff had received training in this area.

People who used the service were provided with a varied, wholesome and nutritious diet. The cook told us they knew what people liked and discussed menus with them on a regular basis. They had recently discussed options with one person who used the service who was a vegetarian and worked out a menu for them so their meals were varied. Hot and cold drinks were available for people during the day. The meal times were relaxed and staff served food promptly to ensure it was hot. The lunch provided on the day of the inspection looked appetising and well-presented.

The cook told us there was a menu which changed weekly and choices were provided at every meal times. We heard people telling the cook what they would like for lunch and tea during the inspection. People’s dietary intake was monitored by care staff and this was recorded in their care plans; people were also weighed on a regular basis. Staff used documentation to monitor people’s dietary needs and made referrals to health care professionals when required.

People’s health care needs were closely monitored by staff and recorded in their care plans; these were updated and reviewed as required. People were supported to access health care professionals when required. Staff called

Is the service effective?

people's GP when requested and the outcome of these visits was recorded in their care plans. A visiting health care

professional told us they thought the staff were very competent and followed their instructions well, which helped them to maintain an on-going assessment of people's needs.

Is the service caring?

Our findings

People told us they were happy with the care and attention they received at the service. Comments included, “Yes, the girls [the staff] are so kind and caring”, “I really trust the girls [the staff] they are so kind” and “They [the staff] will do anything for you.”

Visitors told us they were happy with standard of care their relatives received at the service. Comments included, “We are more than happy with the standard of care mum receives, this is the most homely and friendly care home we have encountered” and “All the residents are treated with dignity and respect, I would definitely recommend this care home.”

We saw staff had good relationships with the people who used the service. Staff were heard talking to people in a respectful manner and addressing them appropriately. They were heard providing information to people, asking them how they were, how their day was going and if they needed support with anything. We also observed people who used the service approach staff and ask them about various things, for example, upcoming hospital appointments or other aspects of their care and welfare. There was a relaxed informal atmosphere and we heard lots of laughter and good humoured banter between staff and people who used the service.

The staff were caring in their approach and treated the people who used the service with dignity and respect. Staff told us they thought maintaining people’s independence was an important part of their role. For example, one

member of staff told us how they encouraged people to maintain skills with their person hygiene and care. When we spoke with the staff they were able to describe people’s needs and how these should be met.

People’s bedrooms contained their personal items which they had brought with them; this included photographs, ornaments, other mementoes and furniture. There was plenty of communal space for people to use and a library for those who preferred peace and quiet.

People’s care plans showed they had been consulted about the contents. They had signed to agree the care and attention they should receive. The care plans also showed when people’s advocates had been consulted when required; this was usually a member of their family. This showed people had a say about their care and staff respected people’s choices. Information about advocacy services was displayed in the main entrance of the service.

We observed one member of staff helping one of the people who used the service who had no sight or speech. They were sensitive and kind when approaching them and went to great lengths to make sure the person had understood what they had said, gently touching and giving reassurance to the person that they were safe and not at risk.

Staff told us they understood the importance of maintaining confidentiality and respected people’s personal information was private and should not be shared with anyone except the person or their representative. People’s care records were held securely in the staff office and staff files were held securely in the registered manager’s office.

Is the service responsive?

Our findings

People told us they were able to participate in activities of their choice. Comments included, “We go out on the bus quite often, we go Cleethorpes”, “I do crafts” and “We have entertainers that come in and sing for us.” People told us they knew they could raise concerns or complaints and knew who they should approach. Comments included, “I would go to [registered manager’s name] if I had any problems” and “I haven’t got any complaint but if I had I would see [registered manager’s name].”

Visitors told us they knew there was a compliant procedure and how to access this. Comments included, “I did complain once and it was sorted out very quickly” and “I usually just tell the staff and they sort it out, like any missing clothes.”

People’s care plans we looked at were personalised describing the person and what areas of daily living the staff needed to support them with, for example, personal care. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example, meals, times for getting up and going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people needed more support, for example, nutrition, mobility, pressure area care and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people’s needs changed.

People’s care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff from the service and health care professionals involved with the person’s care. The reviews recorded the opinions of all those involved, including the person, about how the care was being provided for them and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people’s needs had changed rapidly or following a stay in hospital.

The service employed a full time activities co-ordinator. When we spoke with the activities co-ordinator they told us they planned activities for people to join in with on a daily basis. These included, board games, reminiscence sessions, exercise sessions or talking individually with people and looking at photographs. They told us they were provided with enough resources to make sure people were occupied during the day and could pursue individual hobbies and interests. They were aware of the importance of engaging with people who spent time in their rooms and had ensured they had been offered the opportunity to participate in activities as well. They were also aware of the importance of engaging with those people who lived with dementia and understood the need to provide them with activities which they could do and for the length of time they chose. They told us they never forced anyone to participate in activities if they did not want to but always gave people the option.

The activities undertaken with people were recorded on a daily basis in their care plans, these ranged from crafts to listening to their favourite music in their rooms. There was also a mini bus which the activities coordinator could drive which helped people access the local community. On the day of the inspection, the activities coordinator took a group of people for a drive in the country side.

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager. The registered manager kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman. The provider’s complaint procedure was displayed in the main entrance.

Is the service well-led?

Our findings

People told us they were consulted about the running of the service. Comments included, “[Registered manager’s name] asks me how I’m getting on and if there’s anything wrong”, “We see the manager every day and she sees we get what we need”, “I have filled out a questionnaire, my daughter helped me” and “Yes, I do remember filling one out [a survey] and they asked me if I liked living here.”

Visitors told us they had been consulted about the running of the service and had attended meetings. Comments included, “We have been to meetings and the manager told us about what was happening at the home” and “We came to one [a meeting] about the entertainment and outings and what they were going to put on for the residents, it was quite interesting.”

We found there had been a recruitment issue regarding casual workers and volunteers that posed a risk for people who used the service. This had not been recognised as a risk at registered manager and registered provider level and no action had been taken to manage this. The Care Quality Commission took action to rectify this straight away and the registered provider agreed with the action. The registered provider told us they would review procedures relating to the recruitment of casual workers and volunteers to ensure there was no reoccurrence of the issue.

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people’s care plans, the environment, medicines, health and safety, staff training and staff recruitment. However, we found that some medicines had not been administered and recorded correctly, which had not been identified during checks.

We saw the registered manager was aware of their responsibilities in reporting incidents which affected the health and welfare of people who used the service. We received notifications in a timely way.

The registered manager was supported by an administrative assistant and senior care staff. Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. They told us the management team showed good leadership and were always there when they needed them. The management style was open and inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection.

The management team were knowledgeable and supportive of the staff. Staff told us they had regular meetings where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example infection control, dignity and dementia. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable.

The registered manager told us they consulted with the people who used the service and asked them if they had any suggestions for improvements. They showed us examples of surveys which had been used to gain the views of people who used the service, their relatives, staff and visiting health care professionals. This information was collated and areas for improvement identified. Information was published in a report which provided an action plan with timescales to address any shortfalls in the service or areas for improvement.

The registered manager undertook audits of the environment and made sure equipment used was serviced and maintained as per the manufacturer’s recommendations. The fire alarm system was checked regularly and all fire safety equipment maintained and serviced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met: The registered provider had not ensured service users were protected by having safe recruitment practices for casual workers and volunteers. Regulation 19 [1] [2] [3]

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: The registered provider had not ensured that care and treatment was provided in a safe way for service users. This was because there were shortfalls in the proper and safe management of medicines. Regulation 12 [1] [2] [g]