Ravenswood Care Home Limited

Ravenswood Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

At the last inspection of December 2013 we asked the provider to take action to make improvements in relation to care and welfare and risk assessment and this action has been completed'.

This inspection was completed on 14 October 2014 and was unannounced.

Ravenswood Care Home provides personal care and accommodation for up to 55 older people, some of whom may be living with dementia. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were clear about the actions they should take if they had suspicions that people were not safe. They confirmed they had received training in safeguarding people from abuse, but did not always demonstrate knowledge of how to report it.

Assessments were completed when people were at risk of harm and action was taken to reduce any identified risk.

Summary of findings

A robust recruitment process was in place to ensure only people suitable to work in care were employed.

People received their medication when they needed it. We have made recommendations about the management of some medicines to ensure the arrangements were safe.

New staff completed a thorough induction programme before they started to work and received training that was necessary for them to do their job. Regular reviews of staff competence and the quality of care they provided were carried out.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). Referrals were made for people who may have their liberty restricted. The provider ensured that people's rights were respected, but we recommend that staff knowledge of consent and capacity issues on a day to day basis is improved.

People were provided with a well-balanced diet. However, the mealtime experience should be reviewed so that people can enjoy their meal in a more pleasurable way and a review of people's food preference and the quality of food provided would help to ensure people's overall satisfaction.

People were treated with dignity and respect. Staff were patient, caring and compassionate. They demonstrated an understanding of people's needs. Relatives confirmed they had no concerns about staff attitudes, but observations showed that some staff engagement was not always positive or considerate.

People were involved in the assessment and planning of their care whenever possible. Where this is not possible, representatives were involved.

An activities coordinator had responsibility of planning the recreational and occupational events on the home. Recreational activities were available, but we have recommended that the provider seeks further guidance about activities that are suitable for people living with dementia.

Complaints and concerns regarding the service were dealt with appropriately. The provider demonstrated that they considered any complaints they received to assist in any improvements to the service for people.

There was a registered manager and staff told us they felt well supported by the manager and the management team. Relatives confirmed the registered manager was approachable and responded quickly if they raised any concerns of issues with her.

The registered manager informed us of any significant incidents that occurred in the home; this included accidents, and had good systems in place to monitor the quality of care being delivered.

The provider had plans for improving the quality of the service it provided and for the benefit of people living at the home.

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?

Requires Improvement

The service was not consistently safe.

Safeguarding procedures were followed when there was a suspicion of abuse. Staff had been trained to recognise suspected abuse, but did not always demonstrate they knew how they would report it.

Sufficient staff were provided to meet people's needs.

Medication was administered appropriately but some of the management arrangements needed to be improved to ensure they were robust.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were provided with a well-balanced diet, but people gave mixed accounts of the quality of food provided and improvements were needed with the meal time experience.

The registered manager was aware of the principles of the Mental Capacity Act 2008 (MCA) and the Deprivation of Liberty Safeguards (DoLS), but there was not always recognition by care staff of the importance of seeking consent.

Staff received the training and support they need to deliver appropriate care.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and relatives told us the staff were caring.

We observed positive relationships between staff and people who used the service, but there were examples where people's views were not respected.

People's privacy was respected, but we were told of examples where their dignity had not been maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Recreational activities were available, but additional resources would further improve people's experiences and involvement.

Whenever possible people were involved with the planning of their care. When this was not possible, where appropriate, people's representatives were involved.

People's care needs were appropriately managed, reviewed and tailored to their individual needs.

Summary of findings

Is the service well-led?

The service was not consistently well led.

The home had a registered manager in post who staff, relatives and people who used the service reported was approachable.

There were quality monitoring systems in place, but further work was needed to produce evidence of sustained improvement.

Information required before the inspection was not provided.

Requires Improvement

Ravenswood Care Home

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 checked whether the provider is 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 took place on 14 October 2014 and was unannounced. The inspection team consisted of two inspectors and two experts 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. Our experts by experience had personal experience of providing care for older people or persons who are living with dementia.

Prior to the inspection we require providers to send some information to us in the form of a Provider Information Report (PIR). The PIR should tell us how they have assessed their delivery of care and how they meet the regulations we inspect against. We did not receive all of the required information.

We reviewed all of the information we held about the service and we spoke with other agencies that had an interest in the service such as the local authority commissioning team.

We spoke with 12 people who used the service and five relatives or visitors, seven staff, the registered manager and the providers of the service. We carried out observations of the service provision and undertook a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed records about people's care and records that showed how the home was managed which included staff training and induction records for staff employed at the home, audits completed by the registered manager and the provider. We also viewed people's medication records.

Requires Improvement

Is the service safe?

Our findings

At the time of this inspection there was some building work taking place to improve the service, this included changes to the environment to provide a larger more suitable medication storage facility. Temporary storage arrangements had been put in place in the interim. We observed the arrangements were satisfactory and medicines were safely secured. Medicines that were to be administered daily were stored appropriately in lockable trolleys and secured when not in use. We observed that medicines that are controlled by law were secured in suitable storage facilities and the records we looked at showed that appropriate stock control systems were in place.

We found that administration of medicines was appropriate and the care staff checked the medication against the medicine administration record (MAR) before they took the medicine to the person for whom it was prescribed. We observed that care staff explained to each person about the medicines and waited with the person until the medicines had been taken. They then signed the MAR to confirm the medicines had been administered as prescribed. We saw two examples where MAR had been handwritten with no evidence of a check of their accuracy or counter signatory, this potentially was a risk and not in line with current good practice guidance.

We observed some medicines that needed to be used within a short period of time once opened did not have an opened date recorded. This meant it was not possible to determine if they were being used within the specified time, for example, three months. We found examples of some medicines and prescribed supplements in the trolley that did not have individual's names on their label, this meant it was not clear for whom they were prescribed. We found when we checked the stock of one medicine that stock did not correspond to the recorded quantity on the MAR. This meant on this occasion the stock control system was not robust.

There were individual medication profiles for people who used the service detailing the medicines they were prescribed what they were for and any side effects. We saw photographs of people were included in the MAR files to aid with recognition and we saw that where people were prescribed medication on an occasional basis, or as required there were clear protocols in place. This meant staff had clear instruction about when the medicine should be administered and why.

Some staff and people we spoke with told us they did not have enough staff to meet people's needs or to have time to sit and talk to people. Others said, "I don't have to wait long at all for the buzzer to be answered." During our observation we observed staff were busy and attentive to people's needs, we did not see that people had to wait for too long before being attended to, an exception to this was at lunch time where some people had been taken to the dining room and their meal was not served until half an hour later. The registered manager confirmed that the lunchtime arrangements were not ideal during the inspection; this was because of the building work that was taking place to improve the environment in the home.

We checked the recruitment files of five staff, we observed that appropriate recruitment procedures were carried out with checks of staff suitability to work in care, checks of their character and work experience.

Relatives and people we spoke with told us they felt safe at the home. One person told us, "I have been here two and half years. They are very good here". One visitor said, "I watch all the time, but I haven't seen anything yet that I'm concerned about". Staff told us they had received training in abuse awareness and protecting people. They were not always clear of their responsibility to act on any concerns and to report these to senior staff or the manager. This was discussed with the registered manager, who agreed to ensure staff received training updates to ensure they had the knowledge they needed. As part of the planning for the inspection we noted that the registered manager had notified us when they had referred safeguarding concerns and allegations of abuse to the local authority. This showed that the provider acted appropriately to inform and report any suspected abuse.

The home was clean and tidy and one person told us, "That was the first thing I noticed when I came here there is no smell". Laundry staff told us they had received the training they needed to undertake their role this included infection control and the control of hazardous substances. (COSHH). We saw chemicals used for cleaning and laundering were securely stored and the manufacturer COSHH advice sheets were stored in a file that was easily accessible. We observed staff wearing personal protective equipment (PPE) for

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Is the service safe?

example protective aprons when serving food and when delivering care. The laundry staff showed us where supplied of PPE were kept. This meant appropriate arrangements were in place for the safe storage and use of potentially hazardous substances.

We recommend that the provider considers current guidance on the management of medicines in care homes and take action to update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us a new training and induction officer post had been created which ensured new staff received a good induction and the training they needed. Two staff told us, they had received an induction when they first started working at the home and had completed essential training, such as manual handling, dementia care, safeguarding and infection control. One staff member said, "I'm booked on a course about diabetes next". A staff member said, "The induction is tailored to meet each member of staff's individual needs, some people need more support than others, I can provide that" and, "I'm passionate about care. I want everyone to have the best care they can".

We observed that staff were starting to receive supervision of their practice this included, observational session's and one to one discussion, and an assessment of their learning. Records we looked at showed that the frequency of supervision of staff was variable and they had not consistently received this type of support. The registered manager confirmed that the arrangements for supervision and appraisal of staff were improving.

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005 and explained how they helped people to make informed decisions. We saw that where people lacked capacity assessments had been carried out that ensured decisions were made in their best interests. We also saw an example where a person was described as having some capacity but the mental capacity assessments were not specifically detailed enough to ensure staff knew which decisions they could or couldn't make for themselves.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate how they had applied for authorisations where a person was considered to be having their liberty restricted in their best interest. The registered manager told us, "I have been advised to prioritise my requests for authorisations, so far I have made requests for eight and three have been authorised". Staff we spoke with told us they had received MCA and DoLS training.

We saw that some people had Do Not Attempt Resuscitation orders (DNAR's) in place. We saw that some of these orders did not contain a date for review and there was not always evidence that the decision had been discussed with the individual or their family. This meant people were at risk of not being treated as they would wish in the event of a medical emergency. The registered manager told us they were aware there was a problem with the DNAR arrangements and had raised this with the GP practice. They were pursuing reviews of DNAR's to ensure people's wishes were up to date.

Prior to this inspection we had received concerns about the quantity of food provided, the kitchen staff told us there was no restriction on the quantity of food people could have. The cook said, "An example is I always have chicken on the menu for Sunday lunch, but we also have another joint as well so people can choose". We observed the meal choices were displayed on notice boards, menus were planned in advance and alternatives to the main meal were provided for each meal. We did not observe any concerns about food quantity.

People were provided with a meal choice but we received mixed comments about the food provided. One person told us they enjoyed the food provided, saying, "I have no complaints it's very good here". We also observed that two of three other people left over half of their meal, one person said, "It's not very tasty" another told us, "It's tasteless".

A relative told us, "The staff are very good and they help mum. I have seen them helping mum and others to eat and drink". We saw one person was supported with their lunchtime for a short period of time before it was taken away. One staff member told us, "We know how much people are eating and we record it, if someone had not had enough to eat at a mealtime we encourage them to have something else during the daytime". Another member of staff said, "The residents can have a drink when they want to we usually have a juice with their breakfast or water and a hot drink, but they can have hot milky chocolate if they want it." This meant people's food intake was monitored to ensure they ate and drank sufficient quantities to maintain their health.

We spoke with a visiting health professional who told us they had been happy with how the people they visited had been supported by the provider. They told us that records of people's care were up to date and reflected the changes in their health. Another health professional also made positive comments about how a staff had supported

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Is the service effective?

another person by reporting changes in their behviouar promptly to enure they received the health care they needed. In the records we looked at we saw people were referred to their GP and had access to other health professionals such as chiropody, dietetics and mental health services.

Requires Improvement

Is the service caring?

Our findings

We carried out a SOFI to determine the quality of staff engagement with the people they supported. We undertook the SOFI for a 30 minute period at lunchtime. We noted the quality of staff interaction and engagement varied from being very positive, to examples where people's views were not listened to. We heard people making negative comments about the food they had been served but their comments were not listened to. This meant improvements to how people were treated and responded to could be made.

One relative told us they were generally happy with everything but there were occasions when their relative's clothes went missing in the laundry and they often had to sort the wardrobe out. There had been occasions their relative had been dressed in other people's clothes which was distressing. This was discussed with the registered manager who identified improvements in the laundering of people's clothes and of checks undertaken to ensure clothing was delivered to the correct person.

We saw care staff treated people with care and respect and staff spoke with people when passing and treated them with kindness. At the time medicines were being delivered we observed both care staff taking time to ensure people took their medicines and supported them patiently and with consideration. One person told us, "They are very good here, the staff are lovely." Another relative told us, "My relative has had a new lease of life since she came here".

Each person had their own bedroom and most had en-suite facilities. We spoke with one person who told us they had asked for a different room and this had been provided quickly. They felt this had been dealt with properly and expressed satisfaction that their views had been listened to.

Some people preferred to stay in their rooms for parts of the day. Staff respected this choice. We saw where one person was in bed, staff regularly visited to ensure the person was safe and comfortable. One person told us they could choose when they got up and when they went to bed. They said, "I'm free to choose what I do".

We recommend that the provider finds out more about training for staff, based on current best practice aimed at ensuring people are treated with dignity and respect and are valued as individuals.

Requires Improvement

Is the service responsive?

Our findings

One relative told us there were activities arranged in the home. A person who used the service said, "The activities coordinator puts on lots for us to do and we go out sometimes to restaurants and we went to Blackpool." We observed staff interacting well with people who used the service, we observed some people occupying themselves knitting or reading. The activities coordinator encouraged people to join in an arranged activity of the day, or to observe, we saw relatives and staff also participate. There were photographs on display showing outings and activities people had taken part in. One staff member said, "We try to provide things for people to do. I think we need more activity hours now though because some people need more mental stimulation". We saw that the provider had started to introduce 'memory boxes' to help people living with dementia to recognise where their bedroom was and to help to stimulate memory and conversation. There were limited opportunities other than this to ensure people who were living with dementia were actively engaged in suitable activities.

People's needs had been assessed and we were told people who used the service and their relatvies had been involved in the intial assessment to ensure the provider could meet their needs. All people had a plan of care that was based on their assessment and personal requirements and preferences. 'Getting to know you' information was detailed and showed how people's individual preferences and cultural needs had been sought and were accounted for. There was evidence in the record of reviews of care and changes to plans if needed and one relative confirmed they had been spoken to about their relatives care needs.

We saw that one person needed to have hourly safety checks completed because they preferred to remain in their bedroom and needed to have their position changed every two hours to ensure their skin remained healthy. They told us, "They [the staff] check on me all the time". In another example when one person became agitated and appeared distressed, we saw the staff intervention was positive, sensitive and appropriate. Their approach reflected the guidance we saw in the record we looked at. From a sample of five people's care records we noted that people's health and care needs were appropriately met. We confirmed with people we spoke with that the care they received reflected the documentation we saw.

People we spoke with confirmed they were able to exercise their choices in respect of their day to day lives. One person told us my relatives can visit when they want to, they all come at different times I see someone at least once a week" another person said, "I get up at eight o clock I find that's suitable as breakfast is at nine". A third person told us, "If I need help I just ask for it" and, "When I asked if I could change to another room, they sorted it out the next day". This demonstrated how the provider responded to people's needs and views.

A comments book in reception showed comments from people who had stayed at the home or their relatives. Comments included, 'Enjoyed my stay, very enjoyable. All the nurses are brilliant'.

'I like it a lot'. People we spoke with told us, "When I made a complaint they were quick to sort it out." People and relatives we spoke with told us they would feel confident in raising any concern they had with the registered manager or staff. The registered manager showed us how they recorded and responded to any complaints they received. The records demonstrated that the provider took complaints seriously and responded promptly to resolve them.

We saw that people who used the service had opportunities to meet to discuss issues, plans and other topics periodically. The records of the meetings we looked at also showed what action the manager had taken if an area for improvement had been identified.

We recommend that the provider finds out more about suitable activities, based on current best practice, in relation to the specialist needs of people living with dementia.

Requires Improvement

Is the service well-led?

Our findings

One staff member told us, “If I was worried about anything I’d speak with the manager, if nothing was done I would report it to the owner or CQC, I would put the residents before my job”. Another said, “I’m not worried about talking to the manager she’s brilliant”. All the relatives we spoke with confirmed that manager was approachable. Comments included, “I would not hesitate to go to her, and she’s great”. This showed the registered manager was accessible and had the confidence of staff, reatives and people who used the service.

Staff meetings had taken and place with more planned. Minutes of the meetings were completed and available for staff to read if they were unable to attend the meetings. Staff said it was always useful to meet to talk about things that arose or any concerns.

The registered manager carried out audits of the service to ensure that the standards of care provided was consistent and appropriate to meet people’s needs. They also monitored accidents and incidents that occurred to ensure that any patterns were identified and action could be taken to reduce any risks to individuals. However some audits had not yet been analysed or had not identified the concerns we had noted during the inspection.

Maintenance management was sufficient to ensure people were safe.

Complaints were managed properly and responded to, an analysis of the complaints received had been undertaken to aid in further improvements of the service. A comments book was provided in the main reception of the home and the registered manager told us the views of each person who had received respite were sought following their stay to determine levels of satisfaction. Meetings had been arranged with relatives and people who used the service, the registered manager also recorded the aaction they had taken to address any matters that arose.

The registered manager told us how an induction trainer position had been created to ensure that all staff received a thorough induction to the service. It had been recognised that this was essential to ensure new staff were confident and competent to meet people’s needs. This further demonstrated how the provider was committed to improving the service.