

Ashdown Care Homes Ltd

# Ravenscroft

## 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

We visited Ravenscroft on 22 and 23 February 2016 and this was an unannounced inspection. This meant the provider and staff did not know we were going to visit.

Ravenscroft is a purpose built care home that provided care for up to seven people with learning disabilities. The home is a purpose built bungalow and comprises three separate units.

The registered manager had been in post since the home opened 20 years ago. 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 2008 and associated regulations about how the service is run.

At the time of the inspection seven people lived at the home and we met all of the people who used the service. They told us that they were very happy with the service and found it met their needs.

We found that the registered manager and staff consistently ensured people were supported to lead an independent lifestyle.

People who used the service required staff to provide support to manage their day-to-day care needs; to develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences. We found that the registered manager had taken appropriate steps to ensure staff provided consistent responses and took appropriate action when people's needs changed, which had ensured staff could continue to meet the individual's needs.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

People were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

There were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities.

Staff had also received training around safeguarding vulnerable adults and clearly understood how to implement these procedures. We observed that staff consistently maintained people's privacy and dignity. We found that staff treated people with respect and compassion.

Staff had also received training around the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The staff we spoke with fully understood the requirements of the MCA and were ensuring that where appropriate this legislation was used.

People and the staff we spoke with told us that there were enough staff on duty. We found there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered manager had an effective system in place for dealing with people's concerns and complaints. People felt confident that staff would respond to any concerns they raised and would take action to deal with any issues.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, relevant infection control procedures were followed by the staff at the home. We found that action was taken to minimise known risks.

The registered manager had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

### Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good 

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and were reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The complaints procedure was accessible. We found that relatives were regularly contacted to check if they were happy with the service.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider and registered manager were effective at ensuring staff delivered services of a high standard.

We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

# Ravenscroft

## **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.

An adult social care inspector completed this unannounced inspection of Ravenscroft on 22 and 23 February 2016.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met with all of the people who used the service. We also spoke with the registered manager, a deputy manager, a senior support worker and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around the home. We observed the meal time experience and how staff engaged with people during activities. We looked at two people's care records, three staff member's records and the training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People told us that they were happy and liked the staff and they thought the home met their needs.

People said "The staff are fantastic and I asked my mom to make sure when she could no longer support me that I came here", "It is great here", and "I am very happy, they treat everyone well and make sure we are alright."

We found that staff were dedicated to ensuring that the home provided a safe environment and would raise matters if they felt there were concerns. We found that relatives were routinely consulted by the staff and they felt the home was safe and offered a supportive environment.

Staff told us that they regularly received safeguarding training. We saw all the staff regularly completed safeguarding training. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We saw that during supervision and staff meetings the registered manager discussed the actions staff should take if they were concerned about any aspect of the care of the people who used the service.

Staff told us that they felt confident in whistleblowing (reporting poor practice). The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an annual basis. We saw that these policies clearly detailed the information and action staff should take. Staff told us that if concerns were not being addressed they would not hesitate to raise them with the provider and external parties. However, they had never found this to be an issue.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that appropriate steps had been taken to protect people against the risks of premises and equipment being unsafe.

In people's care records we saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments were tailored to the needs of each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of

an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people. The rotas and training files confirmed this was the case. We saw that a senior support worker and four to five staff were on duty during the day and two waking staff members were on duty overnight. The registered manager worked during the week as an additional supernumerary staff member.

Staff obtained medicines for people who used the service. Medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Staff were able to discuss people's medicines at length and we found that people got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff understood their needs and supported them to lead fulfilling lives.

People said, "The staff are excellent", "This is a brilliant home" and "I'm involved in People First and go to speak at meetings. I tell people about the home and say why it is so good and that this is the type of care and support we should all expect."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff had a very good understanding of the MCA and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found that line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to areas such as care and support, finance, administering medicines and going out.

At the time of the inspection, we found that where appropriate people were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager was aware of the person's right to contest the DoLS and

apply to the Court of Protection for a review of this order.

We spoke with the two people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks.

Staff told us that some of the people who lived at the home had complex needs and communicated in different ways so learning how to support them effectively was essential. We observed the way staff interacted with people and saw they were attentive and appeared to understand individual's communication needs. We saw staff constantly monitored people to ensure their needs were being met. Staff engaged with people in a friendly and supportive manner. From our discussions with staff we found that they had a very good understanding of each person care and support needs.

We saw records, which confirmed that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw that nutritional screening had been completed for people who used the service. We found that the people were all within healthy ranges for their weight and no one was malnourished or overweight.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. We were told staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and the use of de-escalation interventions. Staff were aware of their responsibilities and had the skills, knowledge and experience to support the people living at Ravenscroft.

New staff, when appropriate, completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. We saw that over the years when staff commenced work at the home they completed an in-depth induction programme. This had included reviewing the service's policies and procedures and shadowing more experienced staff. We found these staff only started to work on a one-to-one basis with people when both were confident the staff member knew how to support the individual.

Staff we spoke with during the inspection told us the registered manager was very supportive. We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an appraisal and supervision sessions on a regular basis and on the whole this occurred every two months.

## Is the service caring?

### Our findings

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives and that all the support was person-centred.

Staff discussed at length the care and support each person needed and how they made sure that the ways they worked were tailored to these needs and people's preferences. It was evident from these discussions that all staff knew people very well. The people we spoke with confirmed that the staff matched the supported provided to their wishes and needs. We found staff were effective at ensuring the support was closely tailored to people's needs. We found staff embraced person-centred care principles and used these in every aspect of the support they undertook. We saw they had used these skills to find positive ways to support people to find enjoyable outlets such as going swimming and to discos.

We found staff were equipped with the skills they needed to offer truly person-centred care. Throughout our visit we observed staff and people who used the service engaged in a range of activities both inside and outside the home. People went out on a daily basis.

Staff were very friendly and the atmosphere was relaxed. Staff demonstrated a kind and caring approach with all of the people they supported. Staff actively sought people's agreement that they were happy with what was happening. Throughout the visit there was lots of friendly banter and people told us that the staff made them feel valued and important.

People told us how they found it easy to talk to staff about any issues and that the staff worked with them to solve any difficulties they had. Where people had limited verbal communication skills, staff could readily interpret what people were asking and saying. Staff were able to tell us how people expressed their views via facial expressions and made their needs known. We observed that staff picked up on very small changes in people's behaviours. Staff could clearly detail how one person expressed their agreement to plans and what would indicate that they were enjoying an activity.

The environment was well-designed and supported people's privacy and dignity. The use of bungalows meant that people had total privacy and this worked well for people who found it difficult to mix with others. All bedrooms were personalised.

Staff had a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff discussed how they encouraged people to be as independent as possible and, had supported people to become confident going out, using public transport and taxis. This had led to one person regularly going out whereas in previous environments they had not wanted to leave their room. We found the staff team was empathetic and compassionate towards each person and worked to assist people to lead ordinary lives.

## Is the service responsive?

### Our findings

Some of the people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw that the staff were very effective at supporting people to manage their impulse control and emotions. We saw that staff intervened and de-escalated situations as people became anxious and before it caused a major issue for the person.

People also told us that they were involved in a wide range of activities both inside and outside the home. People said, "I'm going out all the time and do talks for people about my life and what is like to have a disability," "I go to the coffee shops and things" and, "I like going places."

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments.

We saw staff had given consideration to the impact people's learning disabilities had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they appeared to enjoy. We found that people went out to day centres and educational facilities most days as well as with staff to community events. Also people routinely went to restaurants, cinemas, shopping and the theatre. We heard how the registered manager had reviewed the service and identified what activities people would enjoy then supported staff to ensure these happened.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. Staff told us that for some people they had needed to gradually introduce new activities because the individuals found change difficult. They told us that these people were now involved in a wide range activities and outings, which we confirmed from our observations and care records.

The registered provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. We found the registered manager and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction. Advocates had been involved in assisting people to make decisions and the registered manager told us that they actively sought this support. Also staff told us that they would not hesitate to support people voice their views about the care they received.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

# Is the service well-led?

## Our findings

People were extremely complimentary about the service, the staff and the registered manager. They thought the home was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently. People told us that the decision to move to the home had been a good choice and they were delighted to have a place at the service. They told us they had pushed for their relatives to get them accommodation at Ravenscroft.

People said, "I watched them build the home and said to my mom when the time comes this is where I am coming as it is close to you and looks really good" and "I think they do a very good job and am happy I came here."

Staff told us, "I love working here", "We are always looking at ways to make sure we are providing a really good service and work hard to make sure this happens" and "I feel that we are giving people get the best care possible."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found the registered manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

The registered manager told us they constantly looked to improve the service and provided a range of evidence such as audits and actions plans to confirm this assertion. Staff told us how they discussed as a team what went well and what did not and used this to make positive changes. For instance, staff told us that recently they had been looking at how to extend the activities for people and told us about the difference they had made for one person. Staff described how over time they had been able to support a person with complex needs widen their horizons and was now able to go on trips and use vehicles. Staff also told us about how they had enabled people to become comfortable using public transport. They told this had been achieved because as a team they kept discussing their individual practices to determine what was working and then would all adopt that approach. They reported they used their shared learning and ideas to work together to address other areas such as assisting people to reduce their anxiety.

The staff told us the registered manager was a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and the registered provider. Staff found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. The registered provider had effective systems in place for monitoring the service, which they fully implemented. This included web surveys for visiting health professionals that were emailed to them each time they went to the home.

The registered manager completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon and these were acted upon so improvements were made. We found that strong governance arrangements were in place and these ensured the home was well-run.