

Ravenscroft Rest Home Limited

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Inspection report

Liverpool Road
Longton
Preston
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Tel: 01772614516

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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

The inspection took place on 07 & 12 April 2016 and was unannounced. We last inspected the service on 04 June 2014 when the service was found to be meeting all the requirements of the regulations we inspected against.

The home is registered to provide 24 hour residential care for up to 34 older people with a range of care needs. At the time of our inspection there were 28 people living in the home.

The home 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 2008 and associated Regulations about how the service is run.

People felt safe living in the home and staff knew how to keep them safe. People felt supported because staff were always nearby to help them when needed. The provider's recruitment procedure included checks to ensure the suitability of staff before they were employed. Safe care practices and systems in place reduced the risk of harm to people. Medicines were managed appropriately and people received them when needed.

People were cared for by staff who were trained and received regular supervision sessions with the registered manager. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people were unable to make a decision about their care, a best interest decision was made on their behalf, in line with guidance. People had access to external healthcare services to help ensure their medical needs were met. Staff were aware of people's dietary needs and people were supported to eat and drink sufficient amounts.

People were treated with kindness, compassion and were supported to be involved in planning their care. People's diverse needs were respected and staff ensured people's privacy and dignity were maintained. People were encouraged to be involved in their assessment and care planning. People felt confident to share their concerns with the registered manager or staff and complaints were well managed.

People were given an annual quality assurance survey to complete and this gave them the opportunity to tell the provider about their experience of using the service. Regular meetings with staff gave them the opportunity to be involved with changes to the service. There was a clear leadership and people knew who was running the home. Governance systems were in place to promote good standards of care.

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.

Staff had undergone training to help them keep people safe. Staff were able to recognise signs of abuse and knew how to report any concerns. The service ensured risks to people's safety were assessed and managed appropriately.

The service was staffed in excess of staffing requirements on a consistent basis, which afforded staff more time to spend with people who lived at the home. The provider operated a thorough and robust recruitment process which helped to ensure only suitable staff were employed to work at the home.

Systems had been implemented which helped to ensure people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the knowledge and skills to carry out their role effectively. Staff received a comprehensive induction and regular training to ensure they could provide a good level of care.

The home was appointing staff members to lead in various areas of care. This was aimed at empowering staff to implement best practice in the home and to further increase the standard of care provided to people.

Staff had a good understanding of the Mental Capacity act 2005 and the Deprivation of Liberty Safeguards. This helped to ensure that the service made decisions in people's best interests when they were unable to do so themselves.

People's nutrition and hydration needs were met effectively by the home.

Is the service caring?

Good ●

The service was caring.

People were involved in planning their care and staff provided care in a kind, caring and sympathetic manner.

People's rights to privacy and dignity were promoted. The service gathered information about people's life histories and preferences which assisted staff in getting to know them well.

The service provided care to people at the end of their lives in a coordinated way, alongside other professionals, so that people could experience a dignified and pain-free end to their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessment and their views were listened to, which helped the service to deliver care that was centred on them.

People were confident to share their concerns with the registered manager or staff and complaints were managed well.

Staff responded to people and anticipated their needs well.

Is the service well-led?

Good ●

The service was well-led.

The Registered Manager had implemented wide ranging methods for gathering feedback about the performance of the service, to enable them to continually assess, monitor and improve the quality of the service provided to people who lived in the home.

There was clear leadership and accountability in the home. The culture was open and transparent. Staff all worked toward the same goal of providing high quality care for people who lived there.

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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 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.

The inspection took place on 07 & 12 April 2016 and was unannounced. This meant the provider did not know we would be visiting to inspect the service.

The inspection was carried out by the lead inspector for the service and an additional adult social care inspector.

Before we inspected the service, we reviewed all the information that was available to us. This included notifications that the provider had sent us about significant events at the service and other information that was in the public domain. We also received a Provider Information Return from the service. This is a document which the provider completed to tell us key information about the service, what they thought the service did well and what improvements they planned to make. We also received feedback from the local authority commissioning and safeguarding teams. We used this information to plan our inspection of the home.

During our inspection we spoke with seven people who used the service and one visiting relative. We also spoke with eight members of staff, including the Registered Manager and the Provider.

We spent time observing the communal areas of the home and how staff interacted with people who used the service.

We looked in detail at the care records for five people and reviewed a range of records relating to the

management of the service, including quality assurance audits, records of accidents and incidents, the home's complaints log, policies and procedures and four staff personnel files.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. When we asked people what made them feel safe, responses we received included; "Everyone is nice here, the staff are lovely"; "There seems to be enough staff about, they all seem to be very good" and; "If I ever want someone they come. I have my buzzer".

We reviewed training records which showed staff had received training in safeguarding people who may be vulnerable by virtue of their circumstances. Staff we spoke with confirmed this. The training enabled staff to understand and recognise signs of abuse and made them aware of their responsibilities if safeguarding concerns were raised. Staff we spoke with were confident with regard to what action they would take if they had concerns about people being abused and told us they would report any concerns to the Registered Manager. Staff were also aware they could report concerns directly to external agencies, such as the local authority and CQC. The registered manager had reported safeguarding concerns to the local authority and Care Quality Commission (CQC), and were able to demonstrate the action they had taken to protect individuals from the risk of abuse.

The service had policies and procedures in place to help staff to manage risks and keep people safe. Staff were aware of the importance of maintaining a safe environment that was free from hazards, for example, to help prevent people from tripping. We looked at a range of records which related to safety checks on the environment, which the registered manager confirmed were carried out regularly. These included checks on the environment in general, fire safety equipment, checks on lifting equipment and water temperatures.

A range of risk assessments were completed by staff or each person who lived at the home. These helped to identify any areas of significant risk to people, for example, with regard to mobility, safe swallowing and nutrition. Where areas of increased risk were identified, plans were implemented to guide staff with how to reduce the risk to the person. For example, we saw one person with reduced mobility was assisted by staff to move around the home with a walking frame, in line with their written plan of care.

The service routinely recorded and analysed accidents and incidents to try to reduce the risk of them happening again. The registered manager explained to us how they collated accident and incident information, which helped them to identify any trends or themes, for example, whether one person was suffering falls at a particular time of day. At the time of our inspection the accidents and incidents we reviewed did not show any particular trends. The Registered Manager explained to us that previously, where they had noted a person had experienced an increased frequency of falls, for example, they had taken action to reduce the risk to the person. This included a referral to the falls clinic and reviews of the person's medication.

We looked at how the service was staffed, to ensure people's needs could be met safely. People we spoke with told us they felt there were always enough staff on duty, as did a visiting relative with whom we spoke. We discussed staffing levels with the Registered Manager and scrutinised the tool they used to assess required staffing levels in accordance with peoples' level of dependency. We reviewed results from the tool

between the beginning of 2015 up to the time of our inspection. They showed staffing levels at the home consistently exceeded the required number of staff based on people's assessed needs. This meant staff had plenty of time to spend with people when delivering care. Staff we spoke with confirmed there were always enough staff on duty and that they worked as a team to cover any unexpected short term absence. During our inspection, we observed staff supported people in a relaxed and unhurried manner. The staff team focussed on the care people required for their needs to be met, as opposed to completing tasks.

The provider operated a robust procedure with regard to recruiting new staff. This included checks on people's conduct in previous employment and checks to see whether people had ever been barred from working with vulnerable people or had a criminal record. These checks helped to ensure that only suitable candidates, of good character, were employed to work at the home.

We looked at how the home managed people's medicines to ensure they received them safely. People we spoke with told us they received support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. We observed staff administering medicines and found they did so in line with best practice guidance. Only staff who had received the appropriate level of training were allowed to administer medicines. We confirmed this when we spoke with staff and when we reviewed staff training records. Medicines were stored securely in the home and records were kept which showed the ordering, receipt and disposal of medicines was managed safely, including controlled drugs. Controlled drugs are medicines which may be abused. Information was available for staff to guide them with regard to medicines that were prescribed for as and when use. These measures helped to ensure that people received the right medicines, at the right time, in a safe manner.

We found the home to be clean and tidy in all areas. With the exception of one bathroom, we found bathrooms and toilets were equipped with appropriate wall and floor coverings which could be thoroughly and cleaned. However, in the bathroom mentioned, we found plumbing was exposed and the floor covering was not properly sealed around the edges. This meant it was very difficult to thoroughly clean and disinfect these areas, which could provide an area for bacteria to grow and multiply, posing a risk of cross infection. However, the service had not experienced any outbreaks of healthcare associated infections since our last inspection. We discussed our findings with the registered manager who explained they had identified the same issues and the bathroom was due for renovation as part of on-going maintenance and improvement works at the home. They assured us they would address this as soon as reasonably practicable.

Is the service effective?

Our findings

People told us they felt they were cared for by staff who had the right skills and knowledge to meet their needs effectively. Comments we received included; "As well as being friendly, staff are competent"; "Staff are ok, no problem whatsoever. They provide a good service"; "Staff change a little but not too much. They know people well" and; "I've never had any issues or problems with any of the staff, they are all nice". People who lived at the home and the visitor we spoke with were all very complimentary when they described the staff and the management at the home.

Staff we spoke with explained that they had received a thorough induction when they first started work at the home, which helped to familiarise them with the home and people who lived there. This included time spent reviewing the home's policies and procedures and working alongside experienced staff. Staff also explained they received regular training on a wide range of topics which helped to ensure they had the skills and knowledge they needed in order to meet people's needs effectively. The registered manager kept a record of all the training staff had completed and ensured staff received regular updates to training, as and when they required them. Staff received regular supervision sessions to support them in their role, during which they discussed their performance, training, aspirations and any concerns with senior staff.

The home was in the process of appointing 'Champions' for several different areas of care. These included; safeguarding, moving and handling, medicines, training, end of life care, fire safety, food hygiene, pressure care, dignity, infection control and dementia. The role of champions was to undertake research and additional training in their specialist area so they could bring knowledge and expertise to the home. They would then cascade knowledge to staff and try to ensure the home implemented best practice guidance in the care provided to people. The role empowered staff to gain a greater understanding and increase their personal knowledge and skills to provide better care to people who lived at the home.

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 so that they can 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.

People we spoke with told us staff always gained their consent before providing any care interventions. We observed staff approaching and asking people whether they would like any assistance during the course of our inspection. Staff explained that they were there to help people and do things for them when they needed assistance. The staff we spoke with were aware of the MCA and their responsibilities.

The Registered Manager informed us that there were people who lived at the home that found it difficult to make decisions about their care and treatment. They explained that in these cases they had assessed people's capacity to make the decision and followed a process, in consultation with other professionals and those who knew people well, to ensure the decisions that were taken were in people's best interests. The Registered manager explained that where people did not have any relatives or friends that visited them, they gained input into decision making processes from advocacy services. Advocates are independent people who act in people's best interests when they do not have anyone else to assist them.

The Registered Manager was able to explain confidently the process they followed in regards to applications made under DoLS. At the time of our inspection, no one who lived at the home was the subject of an authorisation under DoLS, but the Registered Manager talked us through applications they had submitted to the local authority. We saw the applications were made in order to keep people safe from harm. The measures that had been put in place were as least restrictive as possible. We saw from records that the home had been following up the DoLS applications with the local authority for a decision. Staff knew which people who lived at the home were restricted and the reasons why.

The home had implemented the Alzheimer's Society initiative 'Forget me not'. This was to help staff to meet the needs of people who were living with dementia. We saw from records that work had been undertaken to assess what extra support people who were living with dementia needed due to memory problems and with, for example, eating and drinking. People were identifiable to staff by a small and discreet flower that was placed next to the person's photograph on their bedroom door and their care plan. This helped to show the home was working to implement good practice initiatives in the home to try to further improve the standard of care people who were living with dementia received.

People we spoke with were complimentary about the food provided at the home and told us they always had enough to eat and drink. Comments we received included; "I've just had breakfast, it was lovely"; "I can't grumble with the food, you always get a choice and there is plenty to eat and drink"; "The food is excellent and there's always more than enough"; "If anything you get too much food, you feel guilty sometimes" and; "It's always good. I've never not been satisfied."

We observed the lunchtime service at the home and found it to be a very pleasant experience. People were offered a choice of what meal they would like to eat each day, which was freshly prepared by experienced and knowledgeable kitchen staff. Menus were made available to people each day and a menu card showing alternative meals was available on each table in the dining room. We sampled the food during our inspection and found it to be of very good quality. People we spoke with during lunch told us the food was always of a high quality. At mealtimes, people were offered a choice of drinks including hot and cold soft drinks, as well as wine and sherry. We observed some people required assistance to eat their meals. This was provided compassionately and patiently by staff who helped people to maintain their dignity at mealtimes.

We spoke with the chef at the home who was very knowledgeable about the needs of people who lived at the home. They explained that they took time to discuss people's food preferences and regularly changed the menu to incorporate foods which people wanted to eat. We looked at a communication book which was kept in the kitchen. This contained detail about each person's individual preferences and allergies with regard to food. Professional guidance from, for example, dieticians and speech and language therapists was included in people's written plans of care and was communicated to the chef. This helped to ensure people's dietary needs were met effectively.

We discussed with staff what monitoring took place to ensure people's nutrition and hydration needs were met. Staff explained that where risks were identified, monitoring took place with regard to food and fluid

intake. People had their weight recorded each month or more frequently if there were concerns raised about weight loss. Throughout our inspection, we saw drinks and snacks were provided in between meals to try to ensure people's needs were met. We saw from care records that where people were identified as being at risk of poor nutrition or hydration, professional guidance was sought and written plans of care adjusted accordingly.

One person told us: "I get to see the doctor whenever I want or need to." We saw from people's care records and people we spoke with confirmed that they had access to external healthcare professionals whenever they required them, including GPs, opticians and dentists. This helped to ensure people's medical needs were met.

Is the service caring?

Our findings

People who lived at the home and a visiting relative were all very complimentary about how caring the staff team were. Comments we received included; "Everyone is nice here, the staff are lovely. I can recommend this place to anyone"; "I've never had any issues or problems with any of the staff, they are all nice"; "It's small enough here for everyone to know each other. It's a friendly place, people are made welcome. Even the chef knows everyone's name"; "The staff are very kind, I'm happy" and; "Staff are ok, no problem whatsoever. They provide a good service".

During our inspection, we observed staff were kind, caring and patient in their approach and attentive to people's needs. We saw one person was very agitated during the afternoon of the first day of our inspection. We observed staff calmly reassured them and help them to settle. We witnessed many other positive interactions between staff and people who lived in the home. Staff were compassionate, respected people's privacy and promoted their dignity.

Staff were aware of people's individual needs and preferences. They were able to describe to us what individual people liked and disliked, as well as how they preferred their care to be delivered. The home gathered a good level of information about people's preferences and needs before they moved into the home. In addition, people told us and records we looked at confirmed that people were involved in planning and reviewing their plans of care, as much as they were able to. We observed one person reviewing their plan of care with their keyworker. The member of staff ensured the person's views and preferences were taken into account in regards to every aspect of their care. This helped to ensure that people could, as much as they were able to, shape the care that was delivered to them. People told us they felt listened to by staff and the Registered Manager and that staff supported them when they needed it. The visiting relative we spoke with told us that the home communicated well with them and kept them up to date with the progress of their relative.

People told us staff treated them with dignity and respect. We observed kind and sensitive interactions between staff and people who lived at the home. We observed staff knocked on doors and called to people before they entered their rooms. We also saw staff made sure doors were closed and curtains drawn before any personal care was delivered. Staff respected people's wishes. For example, people could choose how they spent their day, what time they got up and went to bed and when they had a bath or shower amongst many other things. The home had appointed a dignity champion to research and implement best practice in the home with regard to promoting people's dignity. The Registered Manager hoped this would enable the home to further improve the level of care provided in this area.

The home provided care for people at the end of their life. We discussed this with staff and the Registered Manager. They explained that people chose how they wanted to spend their final days during discussions with staff. This was then recorded in their written plan of care. Records we reviewed confirmed this. The service had recently appointed an End of Life Care champion to try to ensure the home continued to implement best practice in this area in line with any changes in guidance. Staff told us that some of them had received training to care for people at the end of their life, which was confirmed by training records we

looked at. Records we looked at showed a range of external professionals had been involved in people's care toward the end of their life. This showed the home involved professionals so they could take a coordinated approach to helping people experience a pain free and dignified end to their lives. The home supported people's families during this difficult time also and provided accommodation for them if they wanted to stay with their loved one at the home. We saw a great number of 'Thank you' cards had been received by the home following the care they had delivered to people at the end of their lives. These described the kind, sensitive and supportive role the service had played with regard to end of life care.

Is the service responsive?

Our findings

People told us they felt the service was responsive and that staff were attentive to their needs. Comments we received included; "If you want anything you only have to ask for it. They do their best for you"; "Some people aren't able to come out of their rooms and I see staff helping them"; "You can bring in anything you like. I have all my own things in here, photos, TV, my own lamp and chair" and; "I like it here, there is good company. They feed you well and look after you".

Throughout our inspection we saw staff were attentive to people's needs and anticipated them well. Each person had a call bell in their bedroom which we observed to be within easy reach. Due to the level of overstaffing at the home, staff were able to respond to people very quickly. People we spoke with told us this was one of the things that made the home, in their opinion, very good as they did not have to wait any great deal of time for help and support.

The home employed an activities coordinator to help provide stimulating activities and social events for people who lived at the home. Activities were wide ranging and included board games, painting, crafts, gardening, outside entertainers and themed events, amongst others. People told us there was always something going on at the home which they were able to get involved in if they so wished. People were supported by staff to go out if they wished to attend events in the local community. People's spiritual needs were met by visiting clergy and people could attend local churches if they wished to do so.

We saw the service undertook a thorough assessment prior to anyone moving into the home. This helped to ensure that the home could meet people's individual needs from the moment they arrived. People told us and we saw from their written plans of care that they had been involved in the assessment and care planning process. This helped to ensure people's specific and individual needs and preferences were taken into account in the way care was delivered.

People's needs were re-assessed on a regular basis, each month or more often if there was a change in their circumstances. People's written plans of care were then updated accordingly. For example, we saw where someone had lost weight, the service had implemented more frequent weighing, taken advice from external professionals and had made sure the person received fortified foods. This showed the service was responsive to changes in people's needs.

People we spoke with all told us they felt confident raising any concerns or complaints with the staff team or the Registered Manager, if there was something they were not happy about. Comments we received included; "If I had any problems I would speak with the boss"; "If I had a problem I would talk to staff" and; "If I had any problems I would go to the office manager. The staff are very, very helpful. They will get you anything". This showed people were comfortable in raising concerns and confident any issues would be resolved. We saw the home had implemented a suitable complaints policy and procedure, which was available in each person's bedroom in the service user guide. On looking at the complaints log and speaking with the manager, we found the service had not received any complaints since 2014. The manager explained that usually people have little 'niggles' they want sorting out, rather than any serious complaints. They

explained, however, that when someone raises concerns, they are always invited to make a formal complaint.

The home had an open door policy with no restrictions on visitors. The visiting relative and all the people we spoke with told us the home was very welcoming to visitors.

Is the service well-led?

Our findings

People we spoke with told us and records we viewed confirmed that people were able to have a say in how the home was run and how the service was delivered to them. The Registered Manager operated an open door policy and made themselves available to speak with people who lived at the home and their relatives, as well as staff and visiting professionals. Quality assurance surveys were conducted by the service on a regular basis. These gave people and their relatives the opportunity to feedback about their views and experiences of the service. We looked at the most recent surveys and found good comments had been received from people and their relatives. Comments on the surveys included; "Mum and I are very happy with Ravenscroft and their lovely staff"; "It is like visiting Mum at home. We are on first name terms with the brilliant staff" and; "Happy with home and my mother speaks highly of you all". We saw that minor issues were picked up from questionnaires and addressed accordingly. The Registered Manager annotated any questionnaires that contained issues or concerns to show what action had been taken to address them. We saw that there was an open culture and that the registered manager and senior staff engaged with both people and staff in a caring and professional way. People spoke positively about the support provided to them by the Registered Manager and the staff team.

There was clear leadership at the home. The Registered Manager was supported by senior staff who also provided leadership to the staff team. People we spoke with told us the Registered Manager and all staff were approachable, kind and caring. The Registered Manager undertook regular training to ensure they kept their skills and knowledge up to date to be able to 'lead from the front', coaching staff and providing them with guidance and support. The culture at the home was described by people and staff as inclusive and open. We observed the atmosphere in the home to be very pleasant and welcoming. The Provider had owned and run the home for many years and the Registered Manager had also worked at the home for many years before taking charge. This helped to provide consistency for people, with regard to the home's approach to delivering care.

We saw the Registered Manager had implemented a wide range of quality assurance tools which included audits on many areas of care and the service delivered to people. The areas covered included medicines, care planning, the environment, staff training and fire safety. We saw from the completed audits that where any issues were highlighted, the registered manager took action to remedy them. For example, we saw that several months ago, the medicines audit had identified that some staff had not completed the medicines administration records (MARs) properly. The registered manager communicated the importance of this to staff face to face and via a memo. Close monitoring of the MARs then took place for the following few weeks in order to monitor their completion. We saw records of supervision session where the registered manager had discussed concerns with individual staff members about other concerns which had been identified by staff or by people who used the service. This helped to show how the Registered Manager continually monitored and assessed the quality of the service and took action to improve it when necessary.

The manager held regular meetings with people who used the service, relatives and staff. These meeting gave everyone the opportunity to discuss any suggestions for how the home could be improved, any concerns and to feedback on action taken to improve the service. Those we spoke with told us they found

these meetings to be worthwhile. The Registered Manager told us they found them very useful for keeping themselves up to date with how people felt the service was performing.

Handover meetings took place at each shift change and the Registered Manager attended each meeting. Handover meetings were used to discuss people who used the service, their progress, activities that people had participated in and whether there were any concerns that staff needed to be particularly aware of in relation to people. These meetings provided the Registered Manager with a further opportunity to keep up to date with what was going on in the home at least twice daily.

The home used external professionals to assess and monitor how the service performed. For example, the home was assessed by Investors In People in December 2015 to measure how well staff were supported and whether their development was promoted. The report contained many positive examples with regard to how staff were managed, supported and developed at the home. This helped to show the service actively sought feedback from external professionals in order to identify areas for improvement.