Ravenswood Care Home Limited

Ravenswood Care Home

Inspection report

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Tel: 01782783124

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was completed on 11 October 2016 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. At the time of the inspection 52 people were using the service. 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 2008 and associated Regulations about how the service is run.

People were at risk of not getting the support they required in a timely manner as at times, there were insufficient staff to meet their needs. We found that, at times, people had to wait to have their care and support needs met and that staff were unable to spend quality time with people.

People gave us mixed reviews about the activities available to them in the service, and expressed wishes to be able to access the community more often.
Quality assurance audits were not always undertaken effectively to identify any trends in incidents.

People were referred to relevant health professionals when they needed it and were supported to maintain a healthy diet. People's medicines were stored and administered safely by trained staff.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged when required.

People were treated with kindness and compassion and they were happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected.

People knew how to complain and told us they were confident issues would be addressed. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

Staff knew what to do if they suspected a person had been abused. The manager reported incidents of suspected abuse to the local authority for further investigation.

Safe recruitment procedures were followed to ensure that new prospective staff were fit to work with people.

The registered manager understood the conditions of registration with us. We saw that systems were in place to monitor quality of the service; however some incidents were not being assessed for trends to

identify areas for improvement. People at the service felt the registered manager was approachable.

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

People were not receiving their care in a timely manner and there were not consistently enough staff to support people.

Medicines were managed and administered safely. Staff knew how to protect people from avoidable harm and abuse.

Is the service effective?

Good

The service was effective

People's mental capacity to make their own decisions had been assessed when required which meant the service was acting in accordance with the Mental Capacity Act (2005). People had support to eat and drink enough to
maintain a healthy diet. Access to healthcare professionals was arranged when needed. Staff had the knowledge and skills to support people effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff and were encouraged to make choices about their care and treatment. People's privacy was respected, and support was provided in a dignified way.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received care that met their individual needs, but were not always given opportunities to participate in activities that interested them in the community. There was a complaints policy and people told us they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.
Quality monitoring systems were in place but some were not

always analysed to mitigate the risk of issues reoccurring. People, relatives and staff had confidence in the registered manager and felt they were approachable and responsive.

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 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.

This inspection took place on 11 October 2016 and was unannounced. The inspection team consisted of three inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. We also looked at information we had received from the local authority and commissioners of the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information in the PIR completed by the provider to help plan our inspection.

We spoke with 14 people who used the service and seven relatives. We spoke with six members of care staff, the registered manager and the provider.
We looked at six people's care records to see if they were accurate and up to date, and we also looked at records relating to the management of the service. These included quality checks, staff recruitment files, medication records and other documents to help us to see how care was being delivered, monitored and maintained.

Requires Improvement

Is the service safe?

Our findings

On the day of inspection we were informed by the registered manager that the service was short staffed therefore the manager was on shift in a senior carer's role to provide cover, and the activity co-ordinator was providing care and support. People told us that they had to wait for support, one person told us, "They don't always come to you if you ring your bell, especially at teatime and bedtime, you can wait at least 15 minutes or more. The staff work really hard, but there are not enough of them especially at night". On one occasion we saw that when a call bell was pressed to summons a member of staff to assist a person that required support in their bathroom, that after 10 minutes no staff had responded and a member of staff had to be fetched by one of the inspection team. We saw one person had been sat in their wheelchair in a lounge for more than half an hour, and when staff returned later they asked, "Do you still need the toilet?" We were told by a relative that it was not unusual for people to have to wait, and another relative told us, "There does seem to be a shortage of staff, residents are supposed to have a drink at 11am but this is often late and residents complain they are getting their drinks too close to lunchtime". Some staff told us that they were often under pressure to get paperwork done, and couldn't deliver care as they'd like as they were rushing. One staff member told us, "There's too much strain on staff, we could do with more staff". Another staff member told us, "There is lots of pressure to get paperwork done. We can't deliver care as we're rushing round all day. This impacts on the people living here as you can't sit and talk to them". During our inspection we observed instances where people were not receiving the care they needed due to staffing levels at the service.

We discussed staffing issues with the registered manager, who stated that they were in the process of recruiting staff to cover two vacancies, and that when staff were off sick it did mean staff were under pressure. Following the inspection the registered manager confirmed that they had recruited two part time staff in senior roles, and were in the process of interviewing for another two staff, or more depending on number of hours worked. However, at the time of our inspection there were insufficient staff to meet people's needs.
This constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People's risks were assessed and monitored to keep them safe. Individual assessments were completed for each person when a risk was identified and plans were put in place to minimise these risks. However, we saw one instance where staff hoisted a person in the lounge when their care records indicated the person should be moved onto their chair using different equipment and had not been risk assessed for using the hoist. We asked the registered manager if the persons care plan had changed, and they told us that staff should not be using the hoist for this person. The registered manager spoke with staff immediately to find out why they had not followed the person's care plan. The registered manager told us staff had used different equipment than stated in the care plan because the person was sometimes resistant to being moved. This meant that this person was at risk of a fall or other injury due to incorrect equipment being used.

We saw that where a person was identified as at risk due to nutritional needs, there were risk assessments and management plans in place which included food and fluid monitoring charts. We also saw where risks

had been identified that relevant professionals were involved in the persons care, for example where one person had high risk due to nutritional needs there was evidence that the person had been referred to a dietician and had regular visits from a community nurse and the persons records had been reviewed and updated.
People we spoke with told us they felt safe and well looked after at the service. One person told us, "I feel safe here because there's always a member of staff about to see that you are safe, or who you can go to if anything is bothering you". And another person told us," I feel safe because I am used to all the people here. They know me and I know them. They look after me and help me". Relatives we spoke with were equally as positive with their comments about people being safe at Ravenswood. One relative told us, "I feel they are safe. I have absolute confidence in the staff and have never seen or heard anything to give me any reason to feel they may not be safe". Another relative told us, "I feel she is safe because staff all know her and understand her condition".

Staff we spoke to were able to tell us how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were able to explain how they would report concerns to ensure that necessary investigations were completed. We saw that concerns had been reported to the local authority when needed. The registered manager had undertaken an internal investigation for each safeguarding that had been raised and was able to tell us the outcomes of these where available from the local authority. A copy of the safeguarding record was kept on the persons care file and reported in the registered manager's monthly audit; however no analysis of these incidents was being undertaken to identify any trends to reduce the likelihood of an incident occurring again.

During our last inspection we found that there were some issues with the way medicines were managed. At this inspection we saw that these issues had been resolved and saw that medicines were being managed and administered safely. We saw that each person had their own profile with their picture on it to help staff identify the person. Within this were details of the medicines they were prescribed, if the person had any allergies and if the person was to be offered any 'as required' medicines. We saw that medicines had the person's name on them, and also where medicines needed to be used within a specified period of time these had the date they were opened on the packaging. People told us they got their medication when they needed it. One person said, "Yes I get my tablets on time and am automatically given pain relief. I do tell them if I still have pain but am usually told that I can only have it at certain times and that I have had what is prescribed". And another person told us, "Oh yes, they are very good, I get my medication, and they can usually see when I'm in pain and offer me my tablets."
We observed that staff administering medicines were knowledgeable about the medicines, and we saw people being offered pain relief. We observed a staff member offering a person their medicines and heard them say, "Are you ok having your tablets now, or do you want them in a minute". The staff member went on to explain what the tablets were to the person and sat next to them whilst they took their medicine. This meant Medicines were being safely administered at the service.

The provider followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records we viewed showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.
This meant that people were protected from harm as appropriate staff were employed by the service.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were trained and had the knowledge to support people effectively. One relative told us, "I am confident that they know how to support my relative who can be difficult to manage at times. For example they [relative] were adamant that they would not go with me to an appointment. A care worker took time to talk to them about why they should go and it was arranged for the staff member to come with us and the appointment was kept".

People told us that they felt confident that staff knew how to support them and that staff seemed well trained. Staff told us they received induction training prior to supporting people, which included shadowing of experienced staff. Staff also told us that they received on-going training and one staff member told us they had recently attended a skin integrity course. Records confirmed that training was updated as required and included manual handling, challenging behaviour, first aid, safeguarding and dementia care.
At our last inspection we highlighted issues with assessments of people's capacity not being detailed enough for staff to use. At this inspection we found that when people lacked capacity to make decisions about their care, capacity assessments were in place, and decisions about their care were made in their best interest and in line with the principles of the Mental Capacity Act. 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 told us and we saw that people were asked for consent before they were supported. One person told us, "The girls always ask before doing things and will have a bit of a joke with you as well". At lunch time we heard staff ask a person, "Can I wipe your mouth for you, or do you want to do it". Another person told us, "They explain and tell me what they want or plan to do beforehand and ask if it is ok".

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 found that referrals for DoLS authorisations had been made when required. Records showed authorisations were in place and staff were following the recommendations. We saw the registered manager had a system in place which meant when authorisations expired they were reapplied for within the timescales and were being reviewed appropriately.

At our last inspection we received mixed opinions regarding the quality of the food. At this inspection people told us that they enjoyed mealtimes and that it was a social occasion for them. One person told us, "I can sit and chat to the other ladies at my table, and staff will have a laugh and joke".

People told us that they liked the food, that they had a choice of what they would like to eat and drink and where they chose to sit. One person told us, "Yes we have a choice- they ask you what you want. It's very good and you get enough food, I enjoy mealtimes". People told us they could also choose what time to have breakfast but other meals were at set times. At lunch time we saw staff asked residents individually if they wished to go to the dining room for lunch and most chose to do so. Those who wished to stay in the lounge

areas were given individual side tables, cutlery and glasses to enable them to eat where they wanted. Staff used a pictorial aid with photographs of the two choices to aid people and saw that staff took time to explain the options to people when necessary to help them make a choice.
We observed that over the three units people were bought into the dining rooms for their lunch in stages, which meant that people did not have to wait too long for their meal.
We saw staff asked people if they would like to wear an apron to protect their clothes, and paper napkins were provided. People told us that if they decided they did not want what was on the menu they were offered an alternative. One person said, "If you don't like what there is they will make you a sandwich". We saw that one resident did have sandwiches and they confirmed they were happy with this as an alternative to the hot meal. We also noted that a resident who said they did not want salad when their meal was served was offered vegetables as an alternative. We found that special dietary needs were catered for. We saw that there were two people that required specialised diets and saw specialist equipment was used to make meal times more pleasurable, and people with diabetes were given alternative desserts. This meant people were given choice and staff were aware of people's individual needs .Staff actively supervised the lunch time, offering appropriate levels of assistance as required. Staff were observed giving their full attention to the person they were supporting by talking to the person, and going at their pace. We saw staff encouraged people to try to eat independently and saw that some people then choose to eat parts of their meal themselves. This meant people's nutritional needs were being effectively met.

People and relatives told us they got to see a GP and other health professionals when they needed to. One person told us, "They get the GP in promptly if you are not well-as soon as they can" and another person said, "Staff often notice if you are not well without you having to say. Any health problems and they get the GP in to see you". Relatives also told us that they felt their relations health needs were catered for. One relative told us, "Yes the GP is called when necessary and they are meeting their health needs". One relative told us, "They keep us informed if there are changes or if [relative] is not well and get the GP in promptly. They also take [relative] to appointments".

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received at Ravenswood. People said staff were kind, caring and patient. One person told us, "They let you do things for yourself but remind you to be careful. I do my own personal care and can get about by myself. When I go to my room in the evening to watch TV they remind me to switch it off before I go to sleep for the night". And another person said, "I wash myself, they don't do it because I can do it myself". A relative told us that they were happy with the care their relative receives, they said, "I'm very happy with the care [relative] receives, because [relative] appears to be happy and is confident enough to feel able to approach staff if they need help with anything. I would recommend this home to anyone". Another relative said, "Staff help [relative] to understand information by taking time to explain things and ensuring that if they seem to relate better to one carer than another then they will be the one to explain things to them"

We observed staff interacting with people in a caring and warm manner and although at times they were very busy, they tried to engage with people as they went about their work. We did observe some staff at times that were busy and rushed. One relative told us how they feel the care their relation receives is person centred, they told us, "I think care is person centred, staff are very busy, but some are able to give some people one to one time. I have seen it for example at meal times, a staff member will sit with [relative], talking and encouraging them to eat. In the evening when a lot of residents are in bed or in their rooms, staff will sit and have a drink and chat to them". This meant that people were supported by people that knew them well.

People told us that staff respected their privacy and dignity. One person told us, "They always make sure I am covered when I get out of the shower". And another person said, "If I want to go to the toilet they will stand outside and just come in to help with my underwear and make sure I am decent". We observed staff speaking to people with respect, and saw that staff apologised to people for interrupting what they were doing if they need to give them their medicines or offer them a drink by saying, "Excuse me, sorry for interrupting, but would you like a drink".

Some relatives told us about how their relations had improved since living at Ravenswood, "Feel we very lucky here as they have encouraged [relative] to walk independently. They've gone from using a walking frame to nothing in the years they have been here". Another relative told us, "[Relative] has improved mentally and physically since they came here. They have got their sense of humour back, and are getting stimulation. They like to talk and to help with chores such as setting the table, putting clothes away etc. and staff encourage and facilitate this".

Requires Improvement

Is the service responsive?

Our findings

Some people told us they were offered the opportunity to take part in activities that interested them. Although the service did have activities on offer, we received mixed views from people about this.
Some people told us they would like to go out and do things rather than just having people coming in to entertain. One person said, "We used to go on trips to Blackpool, Alton Towers and the like but not been anywhere recently. There are plenty of activities here, and they try their best but yes I do get bored. Perhaps we could go out and walk round the garden". And another person told us, "I haven't been outside these walls. I would like to go into town shopping but there's no one to take me". Another person told us about their wish to go out and do normal things, they said, "I like it here but only thing is they ought to let us out especially at night instead of leaving us sitting around. I do what I can and enjoy the crafts, but I used to enjoy the theatre going to the matinees. I did ask about going to the theatre but nothing ever came of it. It would make me feel a bit more human if I knew I could go out at night". This meant that people were not being supported to access the community when they wanted to.
The home employed a dedicated activities co-ordinator who worked across all three units for 30 hours per week. We saw that there was a weekly activities programme on display with each day having various activities on offer such as quiz day, exercise day, pamper day, and sensory art and crafts day. However on the day of the inspection the activity co-ordinator was working as a carer as the service was short staffed. As a result of this we did not observe any organised activities taking place in the afternoon, although people were reading, knitting or sitting chatting, whilst others took a nap. During the morning there was a Harvest Service provided by a local church group, who visit the service throughout the year. People had been asked individually on the day by the co-ordinator if they wanted to attend the service, and many went along and actively joined in the service.

People and their relatives told us they were involved in the assessment, planning and review of their care. One person told us, "Before I came here we talked about what I can and can't do and what help I need with, what I like, and so on. I've had reviews since, I think they are about every 12 months but if any changes in between staff will talk to me about them". A relative told us, "The family have been very involved with the care planning from day one and staff discuss any changes with us. There are regular reviews- the last one was just two months ago". And another relative said, "The Home have involved me fully in planning [relatives] care and have explained to me how we should be treating someone with dementia which has been a great help. When I come here it's as though the family has been accepted into the home not just our relative". We found evidence that people and their relatives were involved in the delivery of their care and were asked about their preferences. One person told us, "Yes they know my preferences, such as what time I want to get up, how I like my tea, where I like to sit and who with, who I get on with and what I like to spend time doing. They know because they have asked".
We saw how staff handed over to new staff coming on duty for their shift. We saw they passed on information regarding how each individual person had been during their shift. This included information on how they had eaten, people's mobility and highlighted anyone who was not their "usual" self. We saw staff passed on details of care we had seen during the inspection at shift change. This meant staff had up to date knowledge of people's needs.

All the people we spoke to were aware of how to complain and share any concerns they may have and told us they would be happy to do this if needed. One person told us, "Any complaints and I would go straight and tell the manager". And another person said, "I would tell the Deputy Manager, she is brilliant. She will do anything to help you".

Relatives we spoke with also said they had never really had to complain and if they had raised concerns these had been dealt with promptly. One relative told us, "We have never had to complain and can't give an example of any major concerns but if we do have to raise things then we have found staff are approachable and will respond and sort things out quickly". Another relative told us that they were happy with the response to concerns they had recently raised with the registered manager.

We saw that the registered manager had recently asked people who used the service and their relatives for feedback about the service. One person told us, "Yes, they always ask me if I have any problems, we get forms to fill in sometimes and we had a meeting to talk about things we want to do and different foods we'd like". One relative told us, "Yes we have been given questionnaires asking for our views from time to time, I've just done one". The registered manager told us that when responses had been received back she went through them and had already actioned one area of improvement that she had identified regarding record keeping. We also saw that the manager was in the process of sending letters out to any respondents who had raised issues to inform them of actions taken. This meant people's views were being listened to with a view to improving the service.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff told us and we confirmed through observations, that there were insufficient staff to meet people's needs in a timely manner. This meant that people were not receiving the care and support they required due to a lack of staff. One person told us, "I only have one bath a week and I would like more but I have to be taken downstairs and they say they haven't got the time if I ask. I worry that if I say anything about needing more staff and they get more, then I will have to pay more". The registered manager was in the process of recruiting staff to fill the vacancies; however when staff took annual leave or were taken ill this left the service short staffed.

The registered manager had systems in place to monitor the quality of the service. These included a monthly check that included medication files, accidents and incidents and various health and safety checks for the environment and equipment. However, some of these were not always analysed to identify any patterns in the incidents.Where there had been safeguarding incidents, records were kept on the person's care file and reported in the registered manager's monthly audit; however no analysis of these incidents was being undertaken to identify any trends in the incidents to try to prevent further occurrences. This meant we could not see whether they had been successful in identifying issues and to mitigate the risk of further incidents.

We saw that where an accident or incident had occurred the registered manager had completed an investigation of these, and saw that where applicable a duty of candour letter had been sent to the person's relative explaining the details and actions from an incident that had occurred. The duty of candour is a CQC regulation that ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment, and also specific requirements that providers must follow when things go wrong with care and treatment. We saw that as part of the monthly audit for falls, the registered manager completed a slips, trips and falls management safety checklist and a near miss analysis for any accident, incident or near miss.

Where a person required either weekly or monthly weight monitoring we saw that the registered manager collated a monthly audit of these along with other indicators for weight loss or gain and used a colour coding system to identify their level of risk. By using this system action had been taken prior to people having lost too much weight and saw that people had been referred to health professionals promptly.

We saw that residents meetings, food meetings as well as staff meetings had taken place and minutes of these meetings documented. The registered manager provided written feedback from these meetings for any resident that wanted a copy; however the activities co-ordinator whom chairs the residents meeting provided feedback individually and at the next meeting.

People we spoke with living at Ravenswood and relatives spoke positively about the registered manager and felt the home was well led. One person told us, "The manager is brilliant, she would do anything for you" and another person told us, "Yes I know her and get on very well with her, we see quite a lot of her some days". Relatives told us that they felt the home was well led. One relative told us, "The manager and all senior staff

members are approachable and open and available if you want to talk". Another relative told us, "The manager is very busy and I have often seen her on the "shop floor". I visit relatives in other homes and think this is as well led as them, no complaints". People, their relatives and the registered manager also told us that the provider was very visible within the service. One relative told us, "The manager is super-efficient and always very helpful. I have nothing but admiration and praise for her. The same also applies to the owners. And another person said, "The owners always come and speak to us when they are here".
The registered manager told us that she felt supported by the provider and told us, "Anything I ask for I get. I have never worked for such supportive providers".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Unsafe staffing levels. Regulation 18 (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to meet the requirements of this part.