

# The Regard Partnership Limited

# Ravenscroft House

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ravenscroft House is a supported living service, providing personal care to people living with learning disabilities and autism. At the time of the inspection, seven people were living at Ravenscroft House.

Ravenscroft House is a large house fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a supported living service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People and relatives told us they were very happy with the care and support they received. The staff were exceptionally kind, caring and thoughtful and truly respected people's privacy, dignity and confidentiality. People were genuinely at the heart of their care and support and they took the lead on decisions about their care, including having a say in which staff were recruited to support them. People were encouraged to be as independent as possible and to develop and retain their independent living skills. Staff were compassionate and sensitive when supporting people with their emotional wellbeing during difficult times of worry and sadness.

Staff knew people exceptionally well including their likes, dislikes, preferences and wishes. They were responsive to people's care and support needs which enabled people to reach their potential. People enjoyed a variety of activities in the community, which enabled them to develop relationships outside of their home. People and relatives knew how to make a complaint if they needed to and felt confident it would be addressed.

Robust recruitment processes were in place to ensure suitable staff were employed. There were enough staff on duty to meet people's needs and keep them safe. And ad hoc staff hours enabled people to be supported to attend specific events. Accidents and incidents were investigated by the registered manager to reduce the risk of reoccurrence and identify any learning. Staff understood the provider's safeguarding policy and referrals were made to the local authority when concerns were identified. Medicines were well managed and

staff received regular medicines training.

People were supported to access routine and preventative healthcare services to maintain their health and wellbeing. Staff promptly identified when people were unwell and sought appropriate clinical advice. People were encouraged to choose their own menus and helped with the shopping and cooking. People all had mental capacity to make decisions for themselves and we observed staff obtained consent from people for day to day decisions.

There was a positive, person centred culture within the service which was embedded in staff practice. The registered manager used a range of quality monitoring systems, such as surveys and audits, to help drive improvement. People, relatives and staff spoke highly of the registered manager. Staff felt very well supported by the registered manager who was approachable and available for support and guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was 'Good' (Published 23 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe finding below.

Good ●

### Is the service effective?

The service is effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was outstanding in caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service is responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Ravenscroft House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector on 12 September 2019.

#### Service and service type

Ravenscroft House is a supported living service which provides personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. This was to ensure there would be someone at the service when we arrived.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of events which providers are required to send us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two members of staff including the registered manager.

We reviewed two people's care records and pathway tracked their care. This is where we checked to ensure they have received all the care they required. We looked at other care records including two people's medicines records, risk assessments and daily activities. We also looked at a variety of records relating to the management of the service, including staff recruitment, training, accidents and incidents, quality assurance and health and safety management.

After the inspection

We spoke with two members of staff, a social care professional and a health care professional by telephone. We also spoke to two relatives and a member of staff from the day service people attended. The provider sent us further information which we had requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remains as good.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and relatives told us they felt safe.
- Individual risks to people had been identified, for example where they were at risk of seizures or losing weight. Detailed guidance was in place for staff who were knowledgeable about how to support people to mitigate the risks. Environmental risks had been assessed and measures were in place to minimise any risks of harm.
- People were supported with positive risk taking which enabled them to develop skills and experiences which enhanced their quality of life.
- Whilst this is a supportive living service we still needed to check that the provider had taken reasonable steps to ensure the environment was safe for people who live there.
  
- Medicines were managed and administered safely. People received their medicines as prescribed.
- Staff received medicine administration training and were assessed for continued competency every year
- Medicines were well organised and appropriately stored. Each person had a locked medicine cabinet in their room which contained all the medicines they needed each week.
- Guidelines were in place for people who were prescribed 'as required' (PRN) medicines to provide guidance for staff as to when and why these should be given. The provider's policy included seeking permission from the registered manager or senior staff before PRN could be given and staff were all aware of this.
- Medicine records were complete and up to date. Medicine audits were completed regularly to check all medicines had been given as prescribed and any discrepancies reported and investigated.

### Staffing and recruitment

- Robust staff recruitment procedures were in place which ensured only appropriate staff were employed.
- Staff records included an application form with full employment histories and previous employment references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Staff consistently told us there were enough staff on duty. And we observed this was the case. They had time to sit and chat with people and supported them promptly when requested.

## Systems and processes to safeguard people from the risk of abuse

Staff understood the provider's safeguarding policy and procedures. They knew how to identify any concerns and how and when to report these, including to external agencies such as the local authority and the Care Quality Commission (CQC).

- People and relatives told us they had no concerns and one healthcare professional told us, "I have no concerns at all."
- The registered manager had submitted relevant safeguarding notifications to the commission when required.

## Preventing and controlling infection

- Infection prevention and control procedures were well-managed. The environment was clean, tidy and odour free and people were supported by staff to clean and tidy their own rooms.
- Personal protective equipment, such as gloves and aprons, were provided for staff to use.
- People were encouraged and supported to label and date their food once opened before storing it in the fridge or kitchen cupboards.

## Learning lessons when things go wrong

- There was a robust approach to incident and accident investigation and monitoring to learn lessons and reduce the risks of re-occurrence.
- Incident and accident forms were completed appropriately and in detail by staff. For example, following a medicines error. The registered manager reviewed each form and took relevant action which was communicated to staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support, and working with other agencies to provide consistent, effective, timely care

- Each person received a detailed pre-assessment to ensure their care and support needs could be met by the service. These included, for example, a medical history, communication, behaviours, religious and personal care needs. This information was then transferred into their individual support plans.
- People had a health action plan which identified their health conditions and the support they would require to maintain optimum health. Staff assessed and monitored people's on-going health, for example, their nutritional and oral health, in line with nationally recognised good practice. This enabled staff to identify trends, such as weight loss, over time. Where concerns were identified people were referred to their GP or health specialist for advice and treatment.
- People had access to routine preventative health care services when needed, such as their GP and dentist and received an annual health check-up.
- A social care professional told us, "They [staff] started to raise concerns [about one person]. They were very good at finding the info [for us] for the clinical assessment. They are always responsive and receptive to our support."
- Staff worked closely with other organisations to deliver good health outcomes for people. For example, where one person's behaviour was a cause for concern they sought advice from the mental health team. The staff worked with the day centre staff to ensure all staff involved in the person's support understood the risk assessment and provided support in a consistent way.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was

working within the principles of the MCA.

- Everyone being supported by Ravenscroft House had the mental capacity to make their own decisions.
- We observed staff encouraging people to make decisions and they were on hand to offer support and guidance when people requested it.
- People had signed to say they gave consent for a range of aspects of their support. For example, consent for staff to hold keys to their medicine cabinets, to receive personal care and to have photos taken.
- The registered manager and staff understood the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff told us they received training in a range of topics to help them keep up to date with their knowledge and skills. One staff member said, "Training is really good. There is a wide variety of e-learning and practical as well." Another staff member told us, "I'm waiting for autism training. Mental health is coming up now. [The registered manager] keeps track, what I've done, what needs to be done, I can ask for specific training if I want."
- New staff followed an induction process which included the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff.
- Staff received supervision which provided them with regular opportunities to discuss any concerns or training needs with their line manager.
- Staff confirmed they felt very well supported and could go to the registered manager at any time for support, advice and guidance. One staff member told us, "[The registered manager] is always available and at the end of the phone if she's not here."

Supporting people to eat and drink enough to maintain a balanced diet

- People did their own food shopping and were involved with cooking their meals with support from staff.
- Staff were knowledgeable about people's specific nutritional support needs. For example, one person had been losing weight. The staff had referred the person for healthcare support and were monitoring their weight and food intake.
- We observed this person in the kitchen cooking their lunch meal of sausage and mash. They told us they liked cooking but needed staff to help them check when the food was cooked through.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question remains rated as outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- There was an exceptionally strong person-centred culture within the service. Staff understood the importance of genuinely empowering people to be in control of their day to day lives and to express their needs and wishes.
- Feedback from relatives showed they were exceptionally happy with the support their family members received. One relative commented, "[My family member] is really making massive strides and doing things I never expected her to achieve. I can't imagine she could have ended up better off wherever she went." A relative told us they felt fully involved in their family member's care and said, "They [staff] are very good. They will always let me know if there are any concerns or problems."
- Meaning involvement included taking part in the recruitment of new staff. People were asked if they wanted to sit on the interview panels and were encouraged to think of questions they would like to ask. Where people wanted to ask their questions themselves, they were encouraged to do so. Where they wanted support from staff to read their questions, this was facilitated so no-one was excluded from the process. We saw examples of pictorial interview question sheets with answers given by candidates. People were then asked to give their feedback to staff to ensure they were part of the final decision making process.
- The provider held conferences which people were invited to join and share their ideas. Four people attended a recent conference which was focussed on people's support. It was person centred and offered people the opportunity to be part of the presenting team. This demonstrated that people were actively involved and were valued contributors, not just in the running of their own home, but in the wider provider developments. We saw photographs of people at the conference which showed them to be engaged and they were clearly proud to be involved.
- Staff valued people and their right to make decisions for themselves as individuals. Monthly reviews took place with their keyworkers which were focussed around what people had to say and what they wanted to achieve. In between these meetings, people were regularly asked for their views about their care and support and felt able to share their ideas with staff on a daily basis. Where people declined aspects of support, their wishes were respected. For example, staff had discussed the benefits of female health screening with one person, however they did not want to take up the offer. This was recorded in their support plan.

Ensuring people are well treated and supported; respecting equality and diversity;

- Relatives and people consistently told us they were extremely happy with the care and support they received from staff at Ravenscroft House and staff developed open and honest relationships with them. One relative told us, "[My family member] is very happy so I'm very happy. She comes home [to visit] but always wants to go back. She considers it [Ravenscroft House] her home". Another relative said, "They are so welcoming to me. We have a good rapport." One person told us, "I'm happy here" and another said, "They're [staff] my friends."
- Staff supported people with compassion and kindness and offered re-assurance at times of worry, going the extra mile and overcoming barriers to ensure they could fulfil their wishes. For example, one person wanted to visit their parent who was very unwell. Staff spoke up for the person and were determined to overcome a number of external barriers to ensure the person's wishes could be realised and supported them to travel a long distance to visit. They supported the person to visit again before their parent passed away so they could say their goodbyes. This made all the difference to the person. Staff supported the person to visit their relative's grave where they liked to lay white and pink flowers.
- People were encouraged to buy and plant flowers in their garden in memory of their loved ones and were helped to tend to them by staff. Staff offered compassionate and sensitive emotional support to people at key times through the year, such as at Christmas and on anniversaries of family members' deaths. The registered manager told us that at these times, "We use social activities to help with people's emotional wellbeing, such as walking, listening to music and looking at magazines together."
- People were supported to decorate their rooms with their favourite colours and soft furnishings and were personalised with their own furniture, pictures, photographs and ornaments. One person told us, "I've got a new bed. I'm looking forward to sleeping in my new bed." Another person showed us all their family photos and the medals they had won for dancing." People purchased their personal supplies of treats, such as their favourite drinks, biscuits or cakes, which they kept in their rooms.
- Staff helped people celebrate special occasions such as their birthdays and Christmas and encouraged people to get involved with the celebrations. The registered manager told us, "They [People] come to my house for Christmas. We have mince pies, wine, coke, and I have a Bar-Be-Cue in the summer for everyone."
- Staff knew people extremely well and knew when they were upset or anxious. People were also supported to be kind to each other and develop and maintain good relationships with each other. Staff sensitively discussed issues with people where they were jealous or upset with others. Staff understood, and were sensitive to, one person's feelings when they were not the centre of attention, such as on other people's birthdays, and had strategies in place to help them manage these.
- Staff valued people as individuals with their own personalities, strengths and traits and were very complimentary about them. Comments included, "[Name is very friendly and well liked" and "[Name] is a kind and generous person...she does enjoy giving."

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were embedded in the culture and values. We observed staff understood the importance of this in their day to day care practice and the positive impact this had on people's self-esteem and self-worth.
- We consistently saw staff respecting people's privacy and dignity and this was confirmed by a relative who said, "When I call they will take the phone to her room and I can hear them knocking on the door." A day service staff member told us, "The staff are always very kind. If they have anything to tell us they will always pull us aside or talk to us in the office, never in public."
- Staff were exceptional at encouraging people to be as independent as they could be in all areas of their daily lives. For example, where people were able to, they cooked their own meal and went out to buy their

favourite things from the shops. A relative told us, "[Name] tidies her room, peels the spuds. She likes making tea for people. She tells me on the phone what she's done." A staff member told us, "We support them [for example] with cleaning their room and laundry. It's important for maintaining their skills or they will lose them." Another staff member told us, "The staff team, past and present, has worked hard to ensure [name] has all the tools and understanding to live as full and fulfilling life as possible. We are all so proud of how far [name] has come."

- People were supported with their personal care to ensure they were clean and well-dressed and some people liked to wear jewellery and make-up. A relative confirmed this and told us, "They [staff] are so receptive to her needs. She has her hair done, is always well dressed. She's the happiest she's ever been." Staff told us they were proud of the care they provided. One staff member told us, "We really do care. We'll always make sure they're clean and tidy before they go out." Male staff supported people with all aspects of their care and support, except for their personal care.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person continued to have a detailed, individualised support plan which provided guidance to staff in how to support them. This included personal care, daily living activities, finances, religion and communication. Staff knew people very well, including their likes, preferences and life histories.
- We observed staff responded promptly to people's needs and wishes. Although people were quite independent, staff were on hand for advice and support when required. For example, one person showed us their tablet [electronic device] and said, "[staff member] sat in the lounge with me to help me learn to use it."
- Support plans were up-dated when people's needs changed and staff were made aware of these changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Staff knew people well and how to best support them with communication. For example, one person's communication support plan stated they had a delayed reaction to questions and needed time to respond. Staff could also use physical cues, such as handing the person a tea towel to dry up the dishes and allowing them time for it to register.
- Pictorial information was available, such as for the complaint procedure, residents meeting agenda and weekly household jobs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person continued to have an individual weekly calendar for their activities which met their hobbies and interests. These included for example, attending a day centre, ballroom dancing, flower arranging and drama classes. A relative told us, "[my family member] is always doing something. [The registered manager] tries to get them out every day. I know they've also had trips to [a wildlife park] and the theatre."

- One person told us, "I went to see boxing live" and showed us their collection of boxing DVDs. Another person told us they liked to go out shopping and meeting up with friends.

#### Improving care quality in response to complaints or concerns

- The provider had an easy read version of their complaints policy to help people to understand how they could complain. Relatives told us they would speak to the registered manager if they had a complaint and felt confident they would be listened to. There had not been any complaints.
- A day service staff member told us, "They would absolutely respond to any concerns we'd have."

#### End of life care and support

- Staff had supported people to develop an end of life support plan which outlined their wishes. A staff member told us, "It's horrible to think about but important to think about it so it's what they want." Where people did not wish to think about their end of life plans this was respected and recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains as good.

Good: This meant the service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had created a very strong focus on person centred care which was understood by staff and implemented in practice.
- The registered manager was well thought of by people, relatives and staff. Feedback from relatives included, "[the registered manager] has looked after [my family member] excellently for several years" and "I cannot speak highly enough of [the registered manager]. She has been outstanding in her awareness and supervision of [my family member]."
- Staff knew their roles well and how they contributed to the overall success of the service. There was a culture of ownership within the whole staff team to provide safe care and achieve excellent outcomes for people.
- One staff member commented, "We have a good staff team, a mix of ages, everyone brings something." Another staff member told us, "As a team we have staff meetings every month. Communication is very good." Staff used a communication book and diary to ensure information was shared effectively.
- The registered manager monitored the quality of the service through a range of processes, including surveys and audits. The provider carried out regular monitoring visits and where shortfalls were identified they developed an action plan which was addressed and signed off when complete.
- Although we do not regulate the accommodation we did note there was some confusion about the responsibilities for managing the building and it wasn't clear who was responsible, for example, for the management of legionella and have recommended the provider clarifies this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to complete easy read versions of surveys to give feedback on, for example, activities, safety and staff; and regular surveys were sent out to relatives. Results of the most recent surveys were all positive. All responses indicated that relatives thought the registered manager provided strong leadership and management qualities.
- People were encouraged to attend regular meetings to discuss their care, support and activities and refresh people's knowledge of safeguarding and fire safety.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a Duty of Candour policy in place to ensure any relevant concerns were communicated and addressed with openness and transparency. The registered manager understood their responsibilities under the Duty of Candour.

Working in partnership with others

- The registered manager was very open and worked in partnership with local organisations and agencies to develop strong local relationships and improve support for people. For example; with the day services, Speech and Language Therapists (SALT) and learning disability teams. A social care professional told us, "They are good at support and have a good overview. They're receptive to our support." A day services staff member told us, "They're probably the best home we work with." They told us the staff shared information about risks and what to look for and that if there were any concerns they would all sit down together to draw up a risk assessment to ensure a consistent approach.