

## Lothlorien Community Limited

# Ravenlea

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 11 and 15 August 2016. The previous inspection on 28 February 2014 was to check that breaches identified at the inspection on 12 July 2013 had been addressed, which they had.

Ravenlea provides accommodation and personal care for up to seven people with a learning disability who may have an autism spectrum disorder. At the time of the inspection there were seven people living at Ravenlea and one person received day care at the service. There were no vacancies. The service is a detached house, set in a quiet residential street in Folkestone. Each person has a single room with ensuite bath or shower room, with two situated on the ground floor. In addition there is a shared bathroom, kitchen, dining room, laundry and conservatory with doors to the garden. The enclosed garden has a paved seating area, lawn and raised beds and borders and is at the back of the house.

The service is run by a registered manager. 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 not fully protected by the risks associated with their care and support. Most risks had been assessed, but not all and some guidance required review, in order to keep people safe.

Most people got their medicines when they should, but improvements were required to medicine records and guidance to fully protect people.

People and relatives were involved in the planning of people's care and support. However care plans required review to ensure they reflected all current care and support, and detailed peoples wishes and preferences to ensure safe and consistently support. People told us their independence was encouraged wherever possible, but this was not always fully supported by the care plan.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of the inspection people had their liberty restricted, but one DoLS application had not been submitted. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

There were audits and checks undertaken to ensure the service ran effectively. However action was not always taken in a timely way to address shortfalls that had been identified. Records were not always

available or dated making it difficult to ascertain whether they were current. Feedback was not sought from relatives and other stakeholders to drive improvements.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were confident to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs and one to one funded hours.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach.

People had a varied and healthy diet. People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People had a varied programme of interactive and leisure activities that they had chosen and regularly accessed the community.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally.

People and staff had access to forums with regional staff where they could discuss any concerns or issues.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

## 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 not always safe.

Most people received their medicines when they should, but improvements were required to records and guidance to ensure people were fully protected.

Most risks associated with people's care and support had been identified, but not all and guidance to keep people safe was not always up to date reflecting current practice.

People were protected by robust recruitment processes and sufficient numbers of staff on duty.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Some people were subject to a DoLS authorisation, but another person had their liberty restricted and a DoLS application had not been submitted. Staff encouraged people to make their own decisions and choices.

People received care and support from trained staff who had access to group and individual meetings for support.

People were supported to maintain good health and accessed health professionals as needed. People had a varied and healthy diet.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and caring approach.

Staff supported people to maintain and develop their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed

**Good** ●

in the company of the staff.

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

The service was not always responsive.

People's care plans were not always up to date. They did not reflect all the detail of their current routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated. They had opportunities for a wide range of activities and trips out to the local community.

**Requires Improvement** ●

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

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective in driving improvements in a timely way. Feedback from relatives and other stakeholders was not obtained to drive improvements.

Records were not all available or up to date to ensure robust and clear communication.

Staff were aware of the provider's values and felt these were followed through into their practice.

**Requires Improvement** ●

# Ravenlea

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 15 August 2016 and was unannounced. The inspection carried out by one inspector.

The provider completed 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. Prior to the inspection we reviewed information, such as the previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, three staff recruitment files, staff training, rotas, medicine and quality assurance records and surveys results.

We spoke with three people who were using the service; we spoke with one relative, the registered manager, another of the provider's managers who was covering the service on the first day of the inspection and four members of staff.

Following the inspection we contacted a health professional who had had contact with the service and received feedback.

## Is the service safe?

### Our findings

People and a relative told us that people felt safe living at Ravenlea. One person said, "I am safe in the house".

People were not fully protected against the risks associated with their care and support. Most risks had been assessed, but there were not always written procedures in place, which reflected the action being taken by staff to keep people safe. For example, risks associated with diabetes. Staff talked about the arrangements in place to monitor a person's blood sugars and what action they would take and when if these were outside of the person's normal healthy range. These arrangements and actions contradicted the care plan and left a risk that the right action, at the right time may not be taken. One person used a handling belt to safeguard them when walking, but there was no risk assessment in place to ensure this was undertaken consistently and safely. Another person had a risk assessment in place for when they were eating, about preparing their food and staff presence whilst they were eating. However there had been an incident of choking and staff told us how this had been managed, but the risk assessment had not been updated to reflect these actions to keep the person safe if this happened again.

People told us they received their medicines when they should and felt staff handled their medicines safely. A relative felt medicines were handled safely.

There was a clear medicines management policy in place. Staff that administered medicines had received training in medicine administration and had their competency checked with observations of administration. Medicine Administration Records (MAR) charts evidenced most people received their medicines when they should. However we found that handwritten entries although signed were not witnessed and dated. One medicine was not administered according to the prescriber's instructions. Staff told us that the doctor had changed the instructions during a consultation. However although the MAR chart showed that the person was receiving the medicine in line with what staff told us the doctors instructions were the MAR chart had not been updated to show the change. This meant the MAR chart showed one thing and staff administered in another way.

Medicines should have been checked in when they arrived at the service to ensure sufficient quantities for the four week period. However we found that in one case this had not happened or not been recorded. This meant there was no clear audit trail of medicines coming into the service, which left a risk that medicines could be mishandled.

The doctor had authorised a list of homely remedies (medicines purchased over the counter) that could be given with people's existing prescribed medicines. Although staff told us that only paracetamol for pain relief was actual held within the service. However the list the doctor had authorised had not been reviewed and some people had paracetamol prescribed as well as authorised on the homely remedies list, which could leave a risk that the medicine may not be administered safely.

Some people were prescribed medicines 'as required' or 'as directed'. For two of these medicines staff told

us the guidance regarding safe administration had recently been updated and sent to the doctor for approval. However there was no guidance available for staff should they need to administer this medicine in the interim, which left a risk it may not be undertaken safely. Other individual medicines prescribed this way did not have written guidance about how, when and why they should be administered and when professional advice should be sought on their continued use, to ensure this was done safely.

There was an auditing system for when people took their medicines out of the service, such as when they visited family. However there was no check to ensure the correct medicines were returned when they came back into the service, to ensure a clear audit trail and reduce the risk of mishandling.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system in place to make sure medicines were returned to the pharmacist when they were no longer required. Temperature checks were carried out on medicine storage to ensure medicines quality.

People were protected from abuse and harm. During the inspection the atmosphere was relaxed with plenty of positive interactions between people and staff. Staff were patient when they needed to be and people made their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a clear safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service and how to contact the local authority's safeguarding team. At the time of the inspection there was a safeguarding alert in relation to medicine management, which was being investigated.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People told us they felt there were enough staff on duty. A relative felt there were enough staff on duty "most of the time". During the inspection staff responded when people approached them and were not rushed in their responses. There was a staffing rota, which was based around people's needs and one to one funded hours, which the registered manager kept under review. Since the last inspection a new person had moved into the service and the staffing numbers had been increased. In addition to the registered manager there were usually four members of staff on duty 7.30am to 9.30pm and two members of staff on wake night duty. Staff were supported by a maintenance person and gardener. There was an out of hour's on-call system covered by the provider's registered managers within the local area. The service used existing staff and the bank staff to fill any gaps in the rota or staff from the provider's other services within the local area and then occasionally if required outside agency. Outside agency had been used occasionally within the last two months. At the time of the inspection new staff had been recruited or were going through their pre-employment checks and there were no vacancies.

People and a relative told us the equipment and the premises were well maintained and in good working order. Repairs and maintenance were dealt with by the maintenance person or larger jobs by the provider's estates department and staff told us when there was a problem things were fixed quickly. People's needs were such that they did not require much equipment. There were grab rails appropriately fitted around the service. There were records to show the equipment and premises received regular checks and servicing to



ensure it was safe and remained in good order.

## Is the service effective?

### Our findings

People told us they were "Happy" and "Liked" living at Ravenlea. One person told us the best thing about living there was another person who lived there. A relative was very satisfied with the care and support their family member received.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and two people had DoLS authorisations in place. One person had initially only had an authorisation for four months which had expired and there had been a delay in submitting a new application, but this and two others had been done at the time of the inspection. The registered manager was aware that a DoLS application for a person who had moved into the service in April was required, but at the time of the inspection this had not been submitted.

The provider had failed to act in accordance with the law (Mental Capacity Act 2005) and obtain legal authorisation when a person was deprived of their liberty. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. Staff talked about how they sometimes facilitated this by offering two choices so as to not to overload the person with information. People were aware of their care plans and some people had signed to agree they 'have had my care plan explained to me and agree with what it says'. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records showed that people, their relatives and staff had been involved when best interest decisions had been required, such as managing finances and medicines.

Since the last inspection one person had moved into the service. Staff told us this had changed the dynamics of the house and the atmosphere on the days of the inspection was busy and lively, followed by periods of quiet when most people went out to activities or the local community. People smiled, reacted and chatted to staff positively throughout the inspection, often with banter and good humour. Staff were heard offering choices to people throughout the inspection. For example, what they wanted to eat or drink, whether they wanted to go out and what they wanted to do. Care plans contained information about how a person communicated and this was reflected during the inspection. For example, 'When communicating with me ensure communication is clear. I require a lot of patience and need staff to explain things to me in simple clear terms so that I understand. Otherwise I may become anxious or react inappropriately'.

People and a relative told us staff had the right skills and knowledge to provide care and support to meet

people's needs.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The Care Certificate had recently been introduced and new staff were completing this training. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received was "good" and enabled them to meet people's needs. Most training was online training and staff were required to update their knowledge periodically, although there was some slippage for one or two staff. Staff training included emergency first aid, infection control, and moving and handling, food hygiene and fire safety. Some service specific training had also been completed, such as Autism, learning disabilities, diabetes, positive behaviour support and epilepsy and emergency medicine administration.

The registered manager told us that 14 of the 19 staff team had a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had one to one meetings with their manager and an annual appraisal where their learning and development was discussed. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt well supported.

People had access to adequate food and drink. People told us they "really like" and were happy with the food. Staff consulted people about choices of meals and then planned the next weeks menu. Menus showed that people had a varied and healthy diet. Special diets were catered for, such as diabetic and high fibre/low fat diet. Alternatives were available if people did not fancy what was on the menu. A written this week's menu was displayed in the dining room. The main meal was served at lunchtime and in the evening a light meal or sandwiches. People generally had their meals in the dining room, chose where they wanted to sit and were supported by staff during meal times. One person used a plate guard to aid their independence. The meals looked appetising and people told us they were "nice". Some people were supported to prepare their own breakfast or packed lunches. One person was supported to plan and shop for their snacks.

People's health care needs were met. People told us when they were unwell staff supported them to go to the doctor. Records showed people had access to appointments and check-ups with dentists, doctors, chiropodist, opticians and an annual health check. People's health needs were monitored and appropriate referrals were made to health professionals. For example, one person had an appointment to see a dietician because of fluctuation in their weight. The registered manager told us that the provider's positive behaviour team were at the time of the inspection assessing one person to look at triggers and distraction strategies. Information about some people's specific health conditions had been obtained and were held within the care plan, such as williams syndrome, which is a genetic condition.

## Is the service caring?

### Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were all kind and caring. A relative also confirmed that staff were all caring.

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily. Discussions demonstrated that some people had built up real friendships with other people. At meal times the atmosphere was lively with plenty of conversation and interactions between people and staff.

The core staff team was long serving and had enabled staff to build relationships with people and aid continuity and a consistent approach by staff to support people. Throughout the inspection staff talked about and treated people in a respectful manner. When there was a slight altercation between two people in the dining room, staff were quick to step in and calmed the situation. Staff were able to spend time with people. During discussions with people staff intervened when they felt what people were saying was not quite right, their approach was one of calm and patience asking the person if that was quite right and then prompting or explaining in a sensitive way what was right, but getting agreement from the person that this was how it was.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. One person returning from an activity excitedly rushed in during the inspection and told a member of staff about their morning and an event that was going to be coming up and the staff member responded with the same enthusiasm.

People and a relative told us that people's privacy and dignity was always respected. One person said staff always knocked on their door before they came in. One person had requested a key to their room and the registered manager was arranging this. People's medicines were stored and administered in the own rooms to enhance their privacy and dignity. Care records were individually kept for each person to ensure confidentiality and held securely.

People were involved in discussions and review meetings to plan their care and support and made choices about their care and support. Staff encouraged everyone to make their own choices and facilitated this by offering a choice verbally or visually and allowing the person time to make a decision. For example, two different items of clothing.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where and how they spent their time. People accessed the house as they chose and were involved in household chores. People were able to spend time in the dining room, lounge, conservatory or the garden in good weather and their own room. Bedrooms were individual and reflected people's hobbies and interests. We heard during the inspection one person liked trains and

their rooms reflected this and they were offered the option to go out on a train during the inspection. Some of the people chose to spend time in their rooms and this was respected.

People's care plans contained some information about their likes and dislikes. They also contained information about the person's family and the contact arrangements. Care plans contained a list of family members and friends that people wanted to buy a birthday card or present for and this was supported by staff where needed. People's family and friends were able to visit at any time although people enjoyed busy lives so visiting was generally geared around this. A relative confirmed they were always made to feel welcome by staff that were able to discuss their family member's care and support with them. People were also supported to telephone and visit their families and keep in contact with friends.

People's independence was maintained. People had a half day house day each week where they were supported to clean their room, do their laundry and other household chores sometimes with lots of encouragement. Discussions and observations showed that people helped with preparing meals and snacks and other household chores, such as laying and clearing tables and loading the washing machine, hanging out washing and ironing. A person told us how they were gaining confidence in accessing the community. Through support they were able to walk to the post box on their own and were now walking "around the block" with them walking in one direction and staff walking in the other until they met. Staff told us about one person who was supported to shop for their snacks and paid themselves using the self-service till whilst staff waited at the side. A relative also talked about how their family member's independence had grown since living at Ravenlea.

Staff told us at the time of the inspection that people who needed support to make decisions were supported by their families or their care manager. One person had accessed an advocate previously. Information about advocates and how to contact an advocate was available within the service, should people need it.

## Is the service responsive?

### Our findings

People and a relative were happy with the care and support people received. People were aware of their care plans and the information they contained. A relative also told us they had seen their family members care plan; it reflected the support received and they went through it with staff regularly.

A relative told us they had been able to come and look round the service before they moved in. Some people had transferred from another of the provider's larger services when this one was new. One person had moved in since the last inspection. The registered manager told us this had been an emergency admission and there had been no chance to carry out a pre-admission assessment. The stay had initially been for a short period, but quite quickly the person had decided they wanted to stay.

Care plans should have contained a step by step guide to people's support and information within this about their wishes and preferences. This should have included what they could do for themselves and what actual support they required from staff.

Care plans required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. Some care plans did reflected what people could do for themselves in some areas, but not others so this did not ensure people's independence would be maintained or developed. For example, one stated 'I cannot brush my teeth properly and need help', but what help to ensure the person retained as much independence as possible was not detailed. Care plans did not always show people's preferred routine, such as when they liked to get up, go to bed, have a bath or shower. Some care plans were not up to date reflecting people's current support needs.

One person had moved into the service in April 2016 and their care plan had transferred with them. Throughout the care plan, sections had a note stating 'updated version on work laptop' or 'needs updating' these were dated 31 July 2016. This meant staff did not have up to date information available to them about the person's care and support needs, to ensure that it was delivered safely and consistently. Staff talked about the person's support needs, which did not reflect the care plan in place. For example, the care plan stated that the person would come down stairs on their own in the morning and was independent in the personal care, but staff told us this was not the case.

One person had diabetes and had a care plan in place for this. However the care plan contradicted information within the risk assessment and again did not reflect what staff told us was the support in place. For example, the care plans stated that their bloods sugar levels were tested on a two day regime, but staff told us this was not the case. The care plan review section stated that the person had a new blood sugar monitoring machine in place, but staff said this was not being used at the time of the inspection. It stated that staff should call for professional advice and guidance if the blood sugar levels were over 20, but staff told us they would not be called for this person until they reach 25. The person wore hearing aids, but there was no care plan for the maintenance of these although staff told us they required regular cleaning and the person did this themselves, but under supervision from staff. The care plan did not show the right optician that the person used. There was a care plan for supporting the person with cooking their own meals

independently three times a week, but again discussions with the person and staff showed this did not reflect current practice. The care plan stated that the person had a key to their room, but they did not although they had requested one.

One person had had an assessment undertaken by a health professional that had made a number of recommendations. Staff talked about each recommendation and how some had been tried and did not work, some had been implemented and others had been implemented and then adapted. However none of these had been followed through into the care plan to reflect the person's current support.

One person's care plan stated that they needed to have their blood pressure taken regularly and there was guidance about how this should be done. However staff told us this was no longer undertaken under the instructions from the doctor.

Care plans had been periodically reviewed by staff by writing a review report. However when this should have triggered a review of the actual care plan this had not happened. This meant staff would have to read the care plan plus all the review information to ascertain the up to date information about the person's current support needs.

People had goals and aspirations in pictorial form within their care plans for January to April. It was difficult to ascertain whether these were current as they were not dated. However a few had been completed in 2013 or 2014, but there was no information as to whether these were still goals. The registered manager told us these had been long term goals, but given that some were quite achievable, such as going out for a Chinese meal it was apparent these were not a focus for staff.

The above meant that the care and support people received was based on staffs knowledge rather than best practice and person centred care planning.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were involved in review meetings to discuss their care and support needs. This included the person, their family, staff and their care manager.

People had a programme of varied activities in place, which they had chosen. People regularly accessed the community and during the inspection made good use of the good weather and visited Margate one day and went on a train the other day. People attended group activities at a day centre within the local community, such as in Hythe and participated in arts and crafts, computers and woodwork. One person who attended a group was able to access the community during this time either by using public transport or organised trips out. Another person did voluntary work in a garden centre three times a week, which they told the inspector they really enjoyed. One other person had just started helping at a local garden centre to do the watering. Other recent trips out had included clothes shopping, swimming, discos, bingo, library, a drive and visit to a café or walk along the seafront and the gym. Within the house activities included watching television, listening to music, playing card games, making bead bracelets or spending time on their computer. People had been supported to grow vegetables this year in the garden and these had been used in the kitchen.

People told us they would speak to a staff member if they were unhappy. They felt staff would sort out any problems they had. One person talked about a complaint they had made previously and how things were "sorted out". There had been one complaint received by the service since the last inspection, which had

been investigated and action was taken to resolve the concern. There was a clear complaints procedure in place. There was an easy to read complaints procedure, but this was not displayed at the time of the inspection, although the registered manager agreed to display a copy. During the inspection people came freely and spoke to staff as they wanted. A relative told us they did not have any concerns, but when they had raised small issues these had been sorted straightaway.

People participated in residents meeting where they had the opportunity to voice their opinions about their care and support and any concerns they may have had. People were asked at each meeting about any concerns or changes they wish to make.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and the service provided. People were supported to complete a quality assurance questionnaire. We saw that surveys returned had mostly positive responses, although there was no action plan in place to make improvements the registered manager had taken some action to address negative responses, such as they were developing pictures to use to ensure people had a wider choice of activities and outings.



## Is the service well-led?

### Our findings

People and a relative were complimentary about the service and its management. One relative told us "(The registered manager) is a lovely person and sorts things out".

A relative felt the service was well-led. They told us "There is a general ambiance, very good mix and all get on. Staff are very good with the clients". Although relatives had the opportunity to provide feedback about the service provided during review meetings, there was no formal system to gain feedback from relatives or other stakeholders, such as quality assurance surveys, for the purpose of continually evaluating and improving services.

There were systems and processes in place, which were effective in identifying shortfalls, but timely action had not been taken to ensure compliance.

The service had undergone a period of change when a new person had moved in unexpectedly. This had triggered a review of staffing levels and also an increase to ensure people's needs were met. The impact of this meant that existing staff worked extra shifts and also the registered manager covered a number of shifts until new staff were recruited. The registered manager had also had a period of planned and then unplanned leave recently and returned on the second day of the inspection. The service had interim management arrangements put in place, but these changes had impacted on the management of the service and resulted in shortfalls that had been identified during quality monitoring visits had not at the time of the inspection been addressed.

A monitoring visit was undertaken by the provider's quality and compliance staff on 16 June 2016 and a report produced. During this visit senior staff spoke with people and staff, made observations and reviewed records. The report showed a number of shortfalls across the service although some had been addressed or action was being taken. However a number remained outstanding. For example, care plans were not up to date, people did not have up to date identified goals, objectives and aspirations, a diabetes care plan did not show actual practice, an action plan had not been developed following people's surveys where there was scope to drive improvements and views of relatives and other stakeholders had not been sought. The registered manager told us that following this visit an action plan would be produced and then monitored by senior management until concluded.

The regional manager also undertook periodically provider monitoring visit. Reports showed the last one was on 11 March 2016. There were a number of shortfalls and again some remain outstanding at the time of the inspection. For example, the report identified that care plan review reports should have trigger a review of the actual care plan, but this had not happened. It also identified that goals and aspirations for people needed review to ensure they were current.

Records were not always informative, accessible or clearly dated so as to ascertain whether they were current. For example, although staff told us they undertook an induction one file we looked at did not contain evidence of this. Senior management audits showed this was the case for three files they examined.

Activity plans and menus were not dated so it was not clear whether they were up to date or current. The supervision matrix identified that people had received an appraisal, but there was no date so each file had to be accessed to ascertain when. Key worker reports varied in detail with some being very informative about what the person had achieved during the month, but others not so only referring to other documents.

The provider had failed to take timely action to ensure compliance with the requirements. The provider had failed to seek feedback from relevant and other persons on the services provided. Records were not accessible or maintained for the management of the regulated activity. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager worked Monday to Friday and was supported by three team leaders and a team of support workers. During the inspection it was evident staff were very knowledgeable about people and their support needs. People knew the registered manager and felt they were approachable. People had the opportunity to attend 'Your Voice' forums with regional staff where they could raise any concerns. Records showed that people had raised about the lack of Wi-Fi within the service and the registered manager told us this was now available. People had also requested an outing to Chessington and this had been arranged with five people from Ravenlea participating.

Staff said they understood their role and responsibilities, felt they were supported and enjoyed their job. They had team meetings and supervisions where they could raise any concerns and discuss people's changing needs and any risks or concerns. Staff told us there was good team work at the service and gave an example of the recent increase in staffing and how staff had pulled together as a team to cover shifts required ensuring people's needs were met.

The provider had a set of values, although these were not displayed within the service. Staff had an understanding of the values and felt they followed them through into their practice. Staff told us that senior management visited the service and were approachable. The provider produced a newsletter to keep staff up to date with events and changes. Staff were also able to attend 'Your Say' forums held with regional management and some told us they accessed the provider's website. The registered manager also attended regular manager meetings to keep themselves up to date with events and changes.

Audits and checks were carried out to monitor the service ran effectively. This included regular checks on the medicines systems, infection control procedures and practices and health and safety checks. In addition the supplying pharmacist undertook an annual audit and recommendations were addressed. The Environmental Health Officer had visited in February 2015 and the service had a 5 star rating (the highest).

Staff had access to policies and procedures within the service. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of issues within the service.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences.</p> <p>Regulation 9(3)(b)</p>  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the law (Mental Capacity Act 2005) and obtain legal authorisation when a person was deprived of their liberty.</p> <p>Regulation 11(3)</p>  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p> <p>The provider had failed to have proper and safe management of medicines.</p> <p>Regulation 12(2)(a)(b)(g)</p> |
| Regulated activity   | Regulation  |

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to take timely action to ensure compliance with the requirements.

Records were not accessible or maintained for the management of the regulated activity.

The provider had failed to seek feedback from relevant people and other persons on the services provided.

Regulation 17(1)(2)(d)(ii)(e)