

Ravenswood Care Home Limited

Ravenswood Care Home

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ravenswood Care Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 55 people across one adapted building.

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

People's care plans were not always reflective of their current needs. The design of the building was not always adapted to meet people's needs. Staff did not always receive specialist training to meet people's individual needs. People were not always supported with their diet and nutrition. Effective systems were not always in place to assess and manage risk to people's safety. Systems in place were not always effective in identifying areas to improve on people's care. Managers and staff did not always understand their roles, responsibilities and requirements.

People's medicines were mostly managed effectively. The manager was addressing older areas of the building which required redecorating in order to help keep them clean. Accident and incidents were recorded and reviewed. People were supported by enough staff who supported them in a timely manner and staff members received training on how to keep people safe from the risk of abuse.

Staff worked in partnership with other healthcare professionals and people had access to healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We found there was a positive culture shared between staff to promote good outcomes for people. Incidents were investigated and improvements were made. Managers and staff were open and honest. People, their relatives and staff had the opportunity to make changes to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 15 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's needs not being met, staff shortages and poor infection control. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements in relation to people's care plans and governance systems in place. Please see effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ravenswood Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ravenswood Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Day one of the inspection was carried out by two inspectors. Day two was carried out by one inspector.

Service and service type

Ravenswood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager currently registered with the Care Quality Commission. However, the manager was in process of applying for their registration at the time of our inspection. This means that they (once registered), along with the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced, however we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We completed our site visit on 8 April 2021 and made phone calls on 13 April 2021. We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, senior care workers, care assistants, and cooks.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records. We received further intelligence from the local authority which we considered when making our judgements.

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 required improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Effective systems were not always in place to assess and manage risk to people's safety.
- Risk assessments were not in place for people in relation to the current pandemic. The manager told us they would complete these. This would help reduce the risk to those who were disproportionately vulnerable such as those living with dementia.
- We found however, assessments in place for risks in relation to skin, mobility, nutrition and hydration and environmental risks.
- Health and safety checks in the home were carried out regularly to ensure the safety of people living there.

Using medicines safely

- People's medicines were mostly managed effectively.
- We found whilst no harm was caused, one person's cream was prescribed for three times a day, but staff only administered it twice daily. When raised, the manager immediately contacted the GP who confirmed no harm was caused, they reviewed the prescription and changed it to be administered twice daily. No other medicine errors were found.
 - Improvements had been made since our previous inspection to the accuracy of people's medicine administration charts which matched the stock held at the service.
 - We found medicines were stored securely and people's medicine administration charts were completed fully.
 - Where people were prescribed medicine on an 'as required' basis, clear protocols were in place for staff to follow.

Preventing and controlling infection

- We were mostly assured that the provider was preventing visitors from catching and spreading infections, through the use of a separate entrance, available PPE and lateral flow tests being taken prior to entering.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the home was clean and cleaning schedules had been increased, the old part of the building required some redecorating to help keep it clean, however, the manager was already aware and had requested, and received, funding to make improvements.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who were trained to recognise and report potential abuse.
- Staff told us the process to follow if they had any concerns, and who to raise concerns with to ensure people were safeguarded.
- People we spoke with felt safe living in the home. One person told us "I feel safer living here than I was living on my own, I have never felt so comfortable."

Staffing and recruitment

- We saw people were supported by enough staff who responded to, and met their, needs in a timely manner.
- Staffing levels were checked by a dependency tool. Although staff were busy, people and staff reported people's needs were always met. The manager also confirmed they recently recruited two new members of staff.
- Recruitment processes were in place to ensure the suitability of staff working in the home. Pre-employment checks and references were obtained prior to staff employment.

Learning lessons when things go wrong

- Accident and incidents records were kept and reviewed to identify learning.
- Actions were taken including advice provided from health care professionals, to reduce the risk of it happening again.
- Accident and incident audits were regularly completed to make changes and help keep people safe.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found people's care plans were not always up to date and reflective of their current needs.
- Some people's care plans contained out of date and conflicting information. One person's care plan showed they were at risk of weight loss and were required to be weighed weekly. Their weight risk assessment showed no weight recorded for three months due to the hoist scale being out of use. However, the manager showed us this was an error in recording, as a weight audit for February was completed demonstrating the person's weight had increased.
- We also found one person's care plan detailed that they could not use the call bell. However, staff confirmed this was withdrawn as the person can now use the call bell.
- Although care plans did not always reflect people's current needs, they were person centred and staff were aware of how to meet people's individual and current needs.

Adapting service, design, decoration to meet people's needs

- The service and design of the building was not always adapted to meet people's needs.
- People lived in a building split into an old part and a new extension. The old part of the building required redecoration, the manager had already requested and received paint to redecorate the required walls. This would ensure effective cleaning to all areas of the home and help ensure both parts of the building were aesthetically pleasing for people living there.
- Consideration was not always given to those living with dementia, for example, signs to help people orientate around the home.
- Special equipment was in place to support people to move around the home independently.

Staff support: induction, training, skills and experience

- Specialist training for people's individual needs was not always provided. For example, the home supported people with diabetes, but there was no training for staff in this area. This meant there was a risk to people's individual needs not effectively being met.
- Staff did however, receive an induction to their role and completed their mandatory training to support people living in the home.
- Staff were also trained in equality and diversity, to ensure they met people's diverse needs.
- The manager supported staff through supervisions and they sought professional advice and guidance when required.

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

- People were not always supported with their diet and nutrition.
- We found contradicting information around one person's weight record. This meant the monitoring system in place was not always effective in identifying any changes to people's weight.
- Staff had also not received specialist training on supporting people with diabetes. This meant their nutritional needs might not always be met.
- We found, however people's nutrition and fluid needs were assessed and detailed in their care plan.
- People's fluid intake was accurately recorded, and a total was kept which ensured people were meeting their targets.
- People were offered drinks and snacks throughout the day, one person told us they were able to make their own drinks if they wanted too.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the manager worked with a range of health care professionals and other organisations to effectively meet people's needs. These included GP's, dietician and speech and language therapists.
- The manager promoted a positive working relationship between staff and other organisations. This included regularly weekly input, referrals and as and when required support based on people's individual needs.
- People's health and wellbeing was monitored, and staff understood people's needs. Care plans detailed where professional input had been sought and advice for staff to follow. This meant people had effective and consistent care.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA were protected.
- Appropriate DoLS applications were in place with records of conditions being met of authorised applications.
- Assessments of people's capacity to consent to care and treatment were completed in accordance with the MCA. Where a person did not have capacity to consent to aspects of their care and treatment, best interest decisions were made involving the person's relatives and relevant professionals.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were not always effective in identifying areas to improve on people's care.
- Whilst regular audits were completed, they did not always identify errors. For example, care plan audits had been carried out, however they had not highlighted the contradicting or out of date information they contained. This meant improvements to care plans were not made in response to audit findings.
- We found monitoring of people's weight was not always effective and the systems in place had not identified the required improvement. The manager told us they would review their processes to ensure effective monitoring and recording was in place.
- The manager was aware of required improvements to be made in the home. They had completed relevant requests to the compliance team and administrators, including new wheelchairs and paint to redecorate to improve the service.
- We could see improvements had been made since our previous inspection, however governance systems in place were not fully embedded and we will check this on our next inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff did not always understand their roles, responsibilities and requirements.
- We found whilst temperature checks were completed on arrival for staff and visitors, they were not recorded. When raised, the manager confirmed they would create a record sheet to document the temperatures when taken. This would provide assurance of the completion of the checks and to prevent visitors from catching and spreading infection.
- The manager had not identified a gap in specialist training for staff. This would support staff to effectively meet people's individual needs.
- At the time of our inspection the manager was not registered with us, however they were in the process of applying to register.
- The manager did however inform us of notifiable events in accordance with regulatory requirements.
- During our inspection, when concerns were raised the manager took responsibility to put things in place to make improvements. Following the inspection, requests for information were also sent efficiently.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff shared a positive culture which was person centred and promoted good outcomes for people living in the home.
- Staff told us how approachable and supportive the manager was. When staff had concerns or required advice, they confirmed the manager provided this or sought further guidance if required. This ensured people living in the home received the support they needed.

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 manager and staff understood the importance of being open and honest.
- The manager investigated incidents and put actions in place to improve the care of people living in the home.

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

- People's views and input were respected and encouraged.
- A recent resident meeting provided people with the opportunity to talk about food and drink offered in the home, staff and management and their input on making the home better. People commented on different meals they would like and requested for activities to be reintroduced, as these had stopped due to the pandemic.
- Staff meetings were held which provided updates and gave staff the opportunity for their input and any suggestions to improve the service. This included upcoming events such as Mother's Day and Easter Sunday, where one staff member suggested an Easter party.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals.
- The manager encouraged staff to work with other organisations including GP's, local authority safeguarding teams and health professionals to ensure good outcomes were achieved for people living in the home.