

Ravenswood Care Home Limited

Ravenswood Care Home

Inspection report

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Date of inspection visit:
24 July 2019
25 July 2019

Date of publication:
15 August 2019

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?

Good 

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 29 people aged 65 and over at the time of the inspection. The service can support up to 55 people in one adapted building.

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

Improvements were needed to ensure there were systems in place to monitor all areas of people's care needs and to ensure the improvements made were imbedded and sustained. Records were in the process of being updated to ensure they reflected people's preferences in the way they wished their care to be provided.

Improvements were still needed to ensure medicines were managed and staff were deployed across the service effectively. Improvements to the design of the service were in progress to ensure the environment met the needs of people.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

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. People's nutritional risks were monitored, and advice was sought from healthcare professionals to maintain people's health and wellbeing.

People were supported by caring and compassionate staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted.

People had the opportunity to be involved in interests and hobbies. People understood how to make a complaint and there was a system in place to investigate and respond to complaints received. The manager was in the process of gaining people's end of life wishes to ensure their preferences were respected at this time of their lives.

Improvements had been made to the management of the service. The manager promoted an open culture within the service where feedback was gained from people, relatives and staff. The management team had a clear plan in place to continue to implement changes at the service to improve people's care.

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

Rating at last inspection and update

The last rating for this service was Inadequate (report published 07 March 2019) and there were multiple breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We received a monthly update of their progress against the action plan.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 06 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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 not always 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The day to day management of the regulated activity was carried out by a consultancy working for administrators. The provider was no longer connected with the service.

The service did not have a manager registered with the Care Quality Commission. There was a manager at the service who was planning to register with us. 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 unannounced.

What we did before the inspection

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 the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. Before the inspection we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke with four care staff, the deputy manager, the manager and two consultants.

We viewed five people's care records. We looked at how medicines were stored, administered and recorded for eight people. We also looked at documents that showed how the home was managed which included staff recruitment and records that showed how the service was monitored by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further improvements were needed. However, the provider was no longer in breach of regulation 12.

- Some improvements had been made to the way medicines were administered and monitored. For example, people received their pain medicines when required and recording of these medicines had improved.
- However, improvements were still needed to ensure that the changes implemented were consistently followed by staff. For example, the amount of medicines recorded on the Medicine Administration Records (MARS) did not consistently match the stock held at the service. This meant we could not always be assured that people had received their medicines as prescribed.
- The manager had implemented monthly and weekly checks of the stock balances. The errors had not been identified at the time of the inspection. However, the audit in place would have identified the errors at the end of the week when this was due to be completed.
- We fed this back to the manager and they acted on our concerns immediately. Staff were scheduled to re-attend medicine training; an investigation was underway and monitoring of medicines was increased to daily.
- We will assess the effectiveness of these actions at our next inspection.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further improvements were needed. However, the provider was no longer in breach of regulation 12.

- Improvements were still needed to ensure people's risks were consistently mitigated to protect people from the risk of harm. For example; charts had recently been implemented to ensure people were repositioned as required. However, these were not consistently completed. For example; one person required four hourly turns and there were occasions when they had not been repositioned for five hours. This person told us they can become uncomfortable if they were not supported to move regularly.
- We fed this back to the manager who informed us that these systems had recently been implemented and they had plans to audit the charts to ensure people were being supported as required.
- People told us they felt safe when staff supported them. One person said, "The staff help me using a hoist

they always make me feel comfortable and talk me through it."

- Improvements had been made to the management of people's risks when moving. We observed people being supported to move by staff. Staff took their time and ensured people were comfortable. Manual handling techniques were followed in line with their plans of care.
- Improvements had been made to the management of people's risks to their skin. We observed people were supported with pressure relieving cushions and mattresses as detailed in their plans of care. This had ensured people's skin was maintained as there were no people who had pressure sores at the time of the inspection.

Staffing and recruitment

- People gave mixed responses about the availability of the staff at the service. People told us there had been improvements in the staffing levels. However, there were still times when people felt staff were not always available.
- We saw there were enough staff to meet people's needs. However, improvements were needed to ensure staff were deployed effectively. For example; on the first day of the inspection during breakfast there was one staff in the dining room to support people. People waited a long period of time to be supported to move following breakfast.
- On the second day of the inspection, the deployment of staff had improved, and people were supported to move to the lounge in a more timely way.
- The consultant told us they had implemented a new system to ensure staff were deployed around the service effectively. This was still being monitored and reviewed to ensure staff were available when people needed them.
- The manager showed us a staffing tool which was being completed to ensure staffing levels were monitored and changed in line with people's needs.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Learning lessons when things go wrong

- The consultants working at the service and the deputy manager had taken learning from the last inspection and it had helped them to focus on the improvements needed to people's care.
- Incidents and accidents that had occurred at the service were recorded. Incidents were analysed to ensure actions had been taken to lower further occurrences. Staff were informed of changes to people's support through handovers, team meetings and supervisions, which ensured lessons were learnt when things went wrong.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from harm. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe at the service. One person said, "I feel safe because of the care I receive, and I feel secure." A relative said, "My relative feels safe because they receive good care."
- People were safeguarded from the risk of abuse because staff understood how to recognise and report safeguarding concerns.
- The manager understood their responsibilities to safeguard people where suspected abuse had been identified. Where concerns had been raised the consultants, deputy manager and manager had made referrals to the local authority to investigate.

Preventing and controlling infection

- People told us the service was clean. One person said, "The cleanliness has improved."
- Staff explained how they followed infection control guidance and we observed personal protective equipment (PPE) was used when they supported people such as gloves and aprons. This meant people were protected from the spread of infection.
- The manager had completed an infection control audit and action had been taken to make improvements to the environment.

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 or was inconsistent.

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

- Improvements were still needed to ensure the design and layout of the service met the needs of people, such as a dementia friendly environment.
- We observed that decoration was an ongoing process and there was a plan in place to ensure the service met people's needs.
- The manager told us there were plans to create an area to help maintain people's independence and daily living skills.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.

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

At our last inspection the provider had failed to ensure people's consent was gained and had not consistently followed the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 were encouraged to make decisions about their care. One person said, "The staff ask me everything." We saw staff asking people's consent before they provided support.
- Where people lacked capacity to make specific decisions mental capacity assessments had been

completed to ensure decisions were made in people's best interests. For example; people who needed their medicines administered covertly had best interest decisions in place to show this had been discussed with professionals and this way of administering medicines was in people's best interests.

- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the skills and knowledge to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and there was no longer a breach of regulation 18.

- People and relatives told us they felt staff were trained and understood how to care for them.
- Staff told us they had received updated training since our last inspection. Staff had received updated medicines training and competency checks were carried out. We saw where concerns were highlighted by the deputy manager whilst completing medicine audits, staff competencies were rechecked to ensure people received safe support.
- Staff told us they felt they would benefit from specific training such as dementia awareness. We saw further training had been scheduled to ensure staff had the appropriate knowledge and skills to support people effectively.

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

At our last inspection the provider had failed to ensure people's needs were assessed and planned to ensure their specific needs were met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to ensure people's needs were assessed and recorded to ensure staff had guidance to follow to support people effectively.
- The manager and deputy manager had started to complete more detailed care plans for people and was following an action plan to ensure each person's records were updated.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records showed that where people's diverse needs had been identified such as religion the requirements of the Equalities Act 2010 had been followed. The manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

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

- People told us the food was good. One person said, "I like the food and there is plenty of choice."
- We saw staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People who needed assistance to eat were supported in an unrushed way and staff chatted to people whilst they were eating.
- Improvements had been made to ensure people's nutritional risks were managed and monitored. People who were at risk of weight loss were supported with nutritional supplements and their weight was regularly monitored. Concerns with people's weight were reported to health professionals for advice.
- Systems to ensure people were drinking enough were effective. Fluid charts were in place which were checked throughout the day to ensure people were well hydrated.

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

- People and their relatives told us staff supported them to access healthcare professionals. One person said, "I am seen by the doctor if I am unwell. I tell the staff and they sort it."
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and any action taken to ensure people maintained their health and wellbeing. This ensured that people received a consistent level of support from staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff treated them in a caring way. One person said, "The staff are caring. I love them all." Another person said, "The carers are all very nice, they treat me well."
- Relatives we spoke with were reassured that their relatives were well looked after, and staff were caring towards their relatives.
- We observed caring interactions between people and staff. Staff complimented people on their appearance and people responded by smiling. One person was heard to say, 'I like you' and the carer responded, 'I like you too', whilst holding the person's hand.
- Staff showed patience when supporting people and ensured people were comfortable throughout the day. For example; we heard staff regularly asking people if they were okay and if they needed anything.
- People were supported to maintain relationships with their families and friends. People told us there were no restrictions on visitors and they were supported to spend time in their own room if they wanted privacy.

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

- People told us they were able to make choices in their care. One person said, "I can choose lots of things." Another person said, "The staff ask me what I need help with and listen to me."
- We observed Staff encouraging people to make choices in the way they received their care and people's choices were respected.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person, "The staff are sensitive when they are helping me to wash, they cover me up." Another person said, "The staff always treat me respectfully. They [staff] are all very nice."
- We saw staff spoke with people in a polite and caring way and showed patience when people asked them for support. People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move. Staff encouraged people to maintain their independence. For example, one person's ability to walk fluctuated. On the day of the inspection this person said they felt able to walk with their frame. Staff maintained a close presence to ensure this person's safety whilst promoting their independence.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure people received care that met their preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives were involved in the planning and reviewing of their care. A key worker system had been implemented and monthly discussions were held with people and their relatives to ensure people were involved in their care. This ensured people received support in line with their wishes.
- People were receiving personalised care because staff knew people well. However, the support plans did not always reflect the knowledge staff had about people's preferences in the way they wanted their care to be delivered.
- The manager had started to meet with people and their relatives to ensure that their care records were updated with their involvement. We saw newly developed care plans for some people that were centred around them and contained their preferences.

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.

- Staff understood people's individual methods of communicating. We observed staff giving people time to answer questions and using short sentences to help people understand what was being asked.
- Support plans were in place to give staff guidance on the most effective way of communicating to help people express their views.
- The manager and deputy manager were in the process of implementing pictorial menus and notice boards to ensure information was available to people in various formats.

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

- People told us there were some activities provided at the service which they enjoyed. One person said, "I enjoy the Bingo and the quizzes." Another person said, "I like the chair exercises where we throw balls to each other."

- Daily activities were planned with staff and the activity co-ordinator. Staff were involved in providing two activities per day. We observed the morning 'news of the day' and this prompted discussions with residents and staff about different areas of the current news.
- Improvements in this area were ongoing. The manager was reflecting on events held and how people responded to these to plan more special events. For example, there was a 50's day held at the home and the feedback was extremely positive. The manager has taken this feedback to plan further events.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would tell [manager's name]." A relative said, "My relative would tell me I think, but the staff treat them so well we have had no issues."
- There had been no complaints at the service since our last inspection. However, there was a complaints policy in place which ensured any complaints received were investigated and responded to.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- The manager had started to gain people's views with regards to their preferences on the way they were supported at the end of their life to ensure people were supported in line with their wishes.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the systems in place to monitor the service had not been fully implemented and sustained.

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

At our last inspection the provider had failed to monitor and mitigate risks to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurances systems had been introduced at the service by the consultants and deputy manager and these had been effective in ensuring some newly implemented systems were imbedded in the service.
- However, there were still some improvements required to ensure all newly introduced templates were being completed by staff. For example; repositioning charts and bowel movement charts had been recently introduced. We found that these were not consistently being followed by staff. The manager had plans to implement further monitoring systems to ensure all areas of care provided were monitored.
- Records had been updated to ensure people's needs and risks were documented. However, improvements were still needed to ensure records contained people's preferences in how they wished their care to be delivered.
- The manager was responsive to our feedback and forwarded a plan of their actions to ensure their governance systems were effective in monitoring all areas of the care provided. We will assess the effectiveness of this at our next inspection.
- People and relatives spoke positively about the new management team and told us improvements had been made at the service. One person said, "[Manager's name] is good, they have been a god send to me. If I need to see them for anything, they always come to me to chat about things."
- Staff spoke positively about the new manager and deputy manager. Staff felt able to approach the management team who were supportive. One staff member said, "[Manager's name] is the best manager we have had. They are approachable and very supportive, which had helped me in my role."
- There was a clear leadership structure at the service. The consultants, manager and deputy manager had specific responsibilities within the home. Management meetings were held regularly to ensure areas for improvement were acted on in line with targets that had been set.
- There was an action plan in place, which showed where improvements were still needed at the service. The management team were committed to improving the quality of the service people received.
- We will continue to monitor the progress of the action plan through monthly updates from the consultants and manager.

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

- The consultants and manager understood their responsibilities to act in line with the duty of candour if things went wrong.
- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.
- The new management team and structure promoted a clear culture of openness and learning from mistakes within the service, which was confirmed by the discussions we had with staff.
- The manager told us it was important to be approachable and supportive to staff, which promoted an open culture and improved morale. They said, "It is important to treat your staff like gold and they will treat your residents like diamonds."

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

- Feedback was gained from people through an annual questionnaire and resident/relative meetings. We saw the information gained was used to make improvements to the service people received.
- Supervisions and staff meetings were held. Staff told us this gave them the opportunity to discuss any concerns or suggestions. The manager listened to suggestions made and acted on them to make improvements.

Continuous learning and improving care

- Staff were supported to develop their skills. For example; a professional who visits the service on a weekly basis has been asked to provide specific training such as catheter care, to ensure staff understand how to support people.
- The manager had started to implement resident experience observations. For example; the manager had completed a dining experience observation to ensure people's experience at mealtimes was monitored and any improvements needed were fed back to staff.

Working in partnership with others

- The consultant and manager told us relationships have been rebuilt with professionals since they had started to manage the service and they were open to advice to improve the service.
- Monthly meetings were held with the physiotherapist and community psychiatric nurse to raise any concerns and request intervention for people who use the service.
- The consultants and manager have been open and transparent with the local authority and the commissioners with regards to the ongoing improvements at the service and the progress in line with their action plan.