

Sanctuary Care Property (1) Limited

Ravenhurst Residential Care Home

Inspection report

21 Lickhill Road North
Stourport On Severn
Worcestershire
DY13 8RU

Tel: 01299825610
Website: www.sanctuary-care.co.uk/care-homes-worcestershire/ravenhurst-residential-care-home

Date of inspection visit:
08 June 2016

Date of publication:
30 June 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 8 June 2016 and was unannounced. Ravenhurst Residential Care Home provides accommodation and personal care for up to 50 older people. There were 48 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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 lived in a safe environment as staff knew how to protect people from risk of harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels reflected the needs of people who lived there. People's medicines were administered and managed in a safe way.

The registered manager supported their staff by arranging training staff in order to provide care and support to people that was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received.

People received care and support that was in-line with their needs and preferences. Staff provided people's care with their consent and agreement. Staff understood and recognised the importance of this. People were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as their doctor when they required them.

We saw that people were involved in planning their care. People's views and decisions about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and that their privacy was respected.

People received individual care and support that was in line with their preferences. The provider promoted and encouraged people to carry out their hobbies and interests.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that two complaints had been received that had been responded to with satisfactory outcomes for those who had raised the complaint.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way.

People were provided with food they enjoyed and had enough to keep them healthy.

People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. The provider promoted people's hobbies and interests. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Ravenhurst Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 June 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority prior to our inspection to gain their views about the service.

Some people who lived in the home were not able to tell us in detail about their care and support because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and three relatives. We also spoke with six staff that provide care, one activities co-ordinator, the registered manager and the area manager. We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes.

Is the service safe?

Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how the staff provided continued support and answered their requests for assistance promptly. One person told us how staff supported them in a safe way by assisting them out of bed so they did not fall. Another person we spoke with told us they felt safe as they always had their call bell alarm on them, they said, "I always have this on, I can go anywhere around the home and know that I'm safe". They continued by saying how they were gaining confidence and staff were supporting them to now walk with a walking stick, instead of the frame. They said staff assisted them when they needed support and recognised when they were tired and needed further help to walk.

Another person told us how they felt safe at night and said, "The night staff check on me regularly and bring me a cup of tea, if I buzz at night they are straight here".

All relatives we spoke with felt their family member was safe living in the home. One relative told us, "I keep a very close eye on what happens, and I know that [person's name] is very well looked after". Relatives we spoke with expressed how they did not worry about their family member's safety, as they had the confidence in the staff to keep them safe from harm.

All the staff we spoke with showed a good awareness of how they would protect people from the risk of harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about recognising different types of abuse. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person had been assessed to be at risk of falling. For example, a staff member who led on falls prevention was able to demonstrate how they worked with other health care agencies to work with individuals to reduce the amount of falls the person had. They told us of one person who, since their input, had been free from falls for a period of time. They told us how they worked with staff and relatives to ensure they promoted safe and appropriate footwear, and kept people's rooms free from trips and other hazards.

All people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "When I have had to use the bell the staff have always attended quickly". We saw staff answered call bells promptly and responded to people's requests immediately. All relatives we spoke with told us that there were enough staff to meet their family member's care needs. One relative we spoke with said staffing had never been a concern to them. We saw staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people's requests for assistance.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member

said, "The provider encourages us to sit down and talk with people. We have busier times, but we always have loads of time to spend with people". Staff we spoke with told us they felt the staff team were stable and that everyone worked together as a team. All staff we spoke with said the registered manager was visible within the home and felt that they had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The registered manager consistently reviewed staffing levels and made adaptations where people's dependency needs changed. The registered manager told us that they had a good skill mix of staff in order to keep people safe and meet their needs.

All people and relatives we spoke with did not have any concerns about how their medication was managed. One person said, "I have tablets, they are given to me on time, it saves me worrying". Another person told us how staff always checked if they needed any pain relief, and would give this when required. A relative we spoke with told us the staff ensured their family members medication was managed appropriately. They told us that this had a positive effect on their health conditions. We spoke with two staff members who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, medicines were counted after each drug round to ensure all tablets was accounted for. The registered manager showed us information they had provided to staff regarding safe use of a specific medicine. This demonstrated they kept up to date with best practice for management of people's medication. Staff told us this information was shared with them. We found people's medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way. One person said, "They all know my name and what help I need". Another person said, "All the staff are alright, they support me with what I need". A further person told us how staff, "Knew what they had to do", when supporting them with their care needs.

All relatives we spoke with told us staff were knowledgeable about people's care needs. One relative we spoke with felt people received good care as staff knew their family member as an individual. A further relative told us how much the person's physical and mental health had improved since their family member had come to live in the home. They said, "Since [the person's name] has been there, they are much happier, they have come on very well".

Staff told us the training they had was useful and appropriate to the people they cared for. All staff we spoke with told us that they did training tailored to people's individual needs. One staff member said, "The training is good, I did dementia care training, which showed me that you have to enter their world". Another staff member told us about the dementia care training they had completed and how they had been able to use this information to enhance activities and items of interest for people who live with dementia. Three staff members we spoke with told us that they had undertaken lead roles, for example, one staff member was a falls prevention lead. They showed us that with this knowledge and support from the registered manager it had helped people to reduce the number of falls they had due to early intervention.

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person said, "They always ask me first and do as I say". A further person told us how staff had encouraged them to have lunch in the dining room but respected their choice to eat in their room.

Relatives and staff were aware of who was able to make decisions about people's care, where the person was not able. Staff understood the importance of this and ensured that the person's advocate was listened to and the decisions respected. All relatives we spoke with who had the legal right to make decisions on people's behalf told us they were listened to and responded to with good outcomes for the person they were advocates for.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. We saw that people's capacity was considered when consent was needed or when

risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA process and reviews had been completed for people where it had been identified that they lacked capacity. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home and they had a good range of choices. Person told us that they were always happy with what was on the menu, however if they did not want it, staff would make them something else. One person said, "We have a menu, just like a hotel". A further person told us, "I have missed tea before as I was asleep and when I woke the staff bought some me some sandwiches". People told us that there was fresh fruit and snacks available within the communal areas of the home, which they could take when they wanted. Some people told us they chose to have their lunch in their bedrooms, which was respected by staff. We saw where people did chose to eat in the dining room staff ensured people had enough to eat and if they were happy with their meal. A relative told us, "There seems to be a good choice of food and it looks appetising".

Two people told us how staff had supported them to lose weight. They told us it was their choice to do this and was for the benefit of their health. A relative said that their family's member diabetes was well managed through their diet. They continued to say that the person had remained a steady weight since they had been living in the home.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, "My health problems have always be sorted quickly". They told us that following an injury they were, "Seen by the doctor the following day and when it happened the staff treated it immediately".

Relatives we spoke with told us that in line with the person's consent, they were informed of any incident and felt confident that these were handled appropriately and in a timely way. Relatives told us that staff recognised when a person became unwell and contacted the relevant health care professional where necessary. People were supported to see the dentist or optician when they required or during their annual health check.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "The [staff] are very happy and tell me if there is anything I need just ask". Another person said, "It's very nice here, everyone is happy". A further person told us, "Excellent place. It's good for the banter, keeps me sane". Another person told us about the positive relationship they had with the registered manager, they told us, "[The registered manager's name] is very honest. He always listens and acts on it".

All relatives we spoke with spoke highly of the staff who provided care for their family members. One relative said, "The home is very good; the staff are very nice and very friendly". A further relative told us that their family member was happy with the care and support they received living in the home. The relative said, "When I see [the person's name] they tell me how well the staff look after them". People were supported and encouraged to maintain relationships with their friends and family. All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not a visitor. Relatives told us they were able to visit when they wished. Relatives told us the registered manager knew their family member well and could talk with them about the care provided.

One relative we spoke with told us the staff knew the person as an individual and said that they supported them to be-friend other people who lived in the home. They said, "The carers have in the past organised for [the person's name] to sit with like-minded people when [they are] at lunch.

People told us staff asked them questions to understand their preferences better. One person said, "They all know my name, which is surprising as there are lots of people living here". Staff told us that due to the provider's encouragement to spend time with people they felt they knew people well. Staff we spoke with were able to tell us about individual people, their life history, their life style choice and preferences. One staff member told us how the service helped plan a person's birthday. They told us how they had arranged for the person's favourite local singer to come in. The staff member said, "[The person's name] is nursed in bed, but [the singers name] came and personally sang them happy birthday, it was amazing to be able to do that for them".

Throughout the inspection we saw staff were kind and caring towards people they cared for. We saw people smile at staff when they spoke with them. Staff were naturally at ease with people which encouraged further conversations. We saw when a staff member was holding a quiz in the lounge, they were careful to engage, encourage and involve people. The registered manager told us that some staff brought their dogs to work, and that the people who lived in the home enjoyed the dogs company. We spoke with one person who was holding a dog on their lap. They were smiling and stroking the dog, they said, "The dog is lovely". The registered manager explained this helped staff and people's relationships as staff were able to involve people in aspects of their life and make the relationship more meaningful. We saw that this created conversations between staff and people.

People told us staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened and respected. People we spoke with felt that all their

choices and decisions in all aspects of their care were listened to. For example, people told us they could have a bath when they requested one at a time that suited them.

People told us they were always treated with dignity and respect. One person told us, "They treat me very well". Another person told us, "All the staff are lovely to me". People told us that while they received personal care it was done so in a dignified and respectful way. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people clothes were clean and changed if needed. We overheard staff speaking with people in a calm and quite manner and where encouragement was needed to assist a person with their drink, this was done gently and at the person's own pace. One relative we spoke with told us, "It is a relaxed home where [the person's name] is treated well and they respect the decisions they make".

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how much they had enjoyed their short term stay at the home and were seeking to extend their time in the home. They told us that the registered manager had provided them with the information so they were able to do this.

Through our conversations with staff it was evident staff knew people well. One staff member was able to explain the persons preferences, knew what they liked and what they did not. They told us, "We know people well, what time they prefer to get up in the morning, and what time they like to go to bed". They continued to say, "It's all about talking and listening, and really listening to what the person tells you".

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of people's current care needs. The registered manager told us and staff confirmed that they had this information at the beginning of each shift. Staff also told us about the catch up meeting they would have, part way through their shift to ensure all information was shared and staff were aware of how people were feeling that day. All staff we spoke with felt that due to the good levels of communication that was in place, such as detailed handovers, team meetings and on-going communication, people received responsive care in a timely way. One staff member said, "Teamwork is brilliant, we all work well together". The staff member felt that this improved the delivery of care for people as all staff were up-to date with people's most current care needs.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person said, "Staff have tried to encourage me but it's my choice to stay in my room". Another person told us, "I used to have hobbies but I don't do them anymore, I haven't got that far in here yet but the staff are helping me to get involved in any activities". They continued to say, "I want to go and try yoga or something". People we spoke with felt the activities offered suited their needs and they could choose which ones they wanted to attend. A relative we spoke with told us, "They seem to have a lot going on in the way of activities; there is a notice board downstairs. They have picnics, a sing-a-long. They had a dog show recently and they have day trips to Weston". The relative felt that this was a good varied selection which people enjoyed and they felt they could attend to share the experience with their family member.

People told us staff knew them well and respected their wishes and individual preferences. Staff told us they provided meaningful activities to people and did things people enjoyed. Staff told us that communication with people and their relatives was key in gaining knowledge about people's likes and dislikes. Two people we spoke with told us how staff had arranged a visit to a RAF museum. They told us they had been in the RAF when they were younger and had enjoyed their trip. Another person we spoke with told us how the staff had arranged a trip to the local carpet factory. They told us they had worked there previously and had enjoyed going back and reminiscing. A further person told us how staff supported them to the local pub, where they were able to meet with their friends and enjoy a drink.

We spoke with the activities co-ordinator who shared examples of how they met people's individual preferences for their hobbies and interests and brought it into people's lives. They discussed how they involved and improved the communication with the local community, they told us, "It's easier to bring the community into the home". They told us about different events that they had organised where by the money raised went into the residents welfare fund. They provided examples, such as the recent dog show event that was held. They explained that half the money raised went to the resident's welfare fund to support further activities, while the other half went to the local dog rescue. People told us about the day and the competitions that were held. People told us that local people had brought their dogs into the home and the local vet judged the winning dogs. People told us this had been an enjoyable event. One staff member told us, "People's relatives come along too; it encourages conversations between them as it is something they can talk about".

Staff told us how they had recently completed a sponsored walk to raise money for the resident's welfare fund. They explained that the money raised was used to help increase the activities available for people. One staff member told us that the provider was looking to get a wheelchair friendly car, so that trips to the shops could be more spontaneous rather than the organised outings on the mini-bus. One person we spoke with felt that this would be a good idea in the winter months, when they wanted to go to the local shops.

People and relatives felt they were listened to. One person said, "I haven't had need to complain but I know if I did they would listen to me". Another person told us how they had raised concerns previously with the manager and felt the manager was open and honest, listened to them and acted on their concerns. A relative told us "I have no complaints".

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. We looked at the provider's complaints over the last twelve months and saw two complaints had been received. While there was no pattern or trend to these two complaints the registered manager had responded to these with the complainant being satisfied with the outcome. The registered manager demonstrated how they had learnt from the complaint and put actions into place to reduce the likelihood of the concern from happening again. For example, better communication to staff about going home times for people who were there for a short term stay, so that the person and their belongings were ready in time.

Is the service well-led?

Our findings

All people and relatives we spoke with felt included and empowered in the running of the service provision. They said they would speak with the staff or the registered manager if they needed to. People told us staff often asked if everything was going well or if there were any changes that they needed.

Relatives meetings were held along with training sessions, such as dementia awareness, falls prevention and safeguarding. The registered manager explained they did not always have a big turn out and felt this may be a reflection on the time in which the meeting was held. They told us that they were looking to move the time when this took place, which may improve the turn-out of relatives. Relatives we spoke with knew who the registered manager was and felt able to approach them and discuss aspects of the service. Relatives told us they felt listened to and felt confident that changes would happen.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the registered manager. One staff member said, "I love it here. [The registered manager's name] is smashing". Another staff member told us, "I'm proud of the job I do. I raise suggestions and I feel listened to". They continued to say that the registered manager was, "Easy to get on with, very approachable".

People who we spoke with told us they knew who the registered manager was. One person said, "I know the manager I see them all the time". Another person told us how the registered manager would go with them to the local shop and were happy that they had this opportunity to talk with them. People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. We found that when visitors came they could visit the office first to check how the person was. One relative said, "I don't have any concerns about the communication with the manager". Staff told us that visibly seeing the registered manager made them feel more confident to approach them as they were part of the everyday running of the home.

The registered manager looked at areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, the registered manager completed a 'sit and see' where they had spent time in the dining room viewing the experiences of people alongside the 'dementia strategy team', who were made up of staff who had dementia awareness training. They had worked with the staff and identified that the dining room required refurbishment and a new layout to encourage people to use it throughout the day. For example, a longer seating table for people who preferred to sit all together during meal times. People told us and we saw that they had been involved in choosing the design, such as fabrics and colours for the new dining room.

The registered manager told us that the provider completed six monthly checks and their findings were fed back to the registered manager for areas of improvement. The registered manager explained how these checks were in line with gaining people's experiences of the care. They told us the report was a positive reflection of the work that had taken place within the home, with some improvement required around

paperwork, however we found that the providers identified shortfall had not had a negative impact on people's care.