Extrafriend Limited

Ravenswood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on the 23, 24 and 29 June 2016. This was an unannounced inspection.

At our last inspection in December 2014 we identified concerns relating to staff being unable to explain the principles of the Mental Capacity Act (MCA) or able to explain reasons for assessing people's capacity. During this inspection we found some improvements had been made although the principles of the MCA were not being followed.

Ravenswood provides care for older people with nursing and personal care needs. At the time of the inspection there were 31 people living at the home. Accommodation is arranged over three floors. It has two lounges, a dining area, two snug areas with couches, a conservatory and top floor offices. There is a drive way, a front landscaped garden, summerhouse and back garden.

There was a registered manager in post. 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. The registered manager was present during the inspection.

People could be at risk of cross infections due to poor hand washing facilities, specialist medical equipment not being clean or ready for its next use, and staff wearing jewellery and false nails that could impede effective hand washing. Where people were unable to make decisions relating to their care and treatment the principles of the Mental Capacity Act were not always being followed.

People's care plans did not always contain detailed, accurate and informative risk assessments in relation to their individual needs. People felt safe in the home and received their medicines safely and when required by staff who had received training. People were supported by staff who felt happy and supported by the management of the home.

People were supported by staff who had appropriate checks in place prior to commencing their employment. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs. People were happy with the meals and had various choices each meal time.

People were supported to maintain relationships with friends and family and there were regular activities within the home. People were supported by staff who gave people choice and control in their care and support.

People felt able to make a complaint to the registered manager should they need to do so. People and

relatives were involved in planning their care.

The quality assurance systems were not always identifying areas for improvement.

There was a system in place to ensure people, relatives and professionals views were sought so that improvements could be identified.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People could be at risk of cross infection due to poor hand washing and dirty equipment.

People's medicines were being safely managed although the provider's policy required updating to reflect people's support relating to their individual health needs.

Where people had specific risks relating to their care and treatment there were no clear support plans or risk assessments for staff to follow.

People felt the service was safe and recruitment procedures ensured people were supported by staff that had adequate checks prior to commencing their employment.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people were unable to make decisions relating to their care and treatment the principles of The Mental Capacity Act were not always being followed.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were happy with the meals and had various choices each meal time.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were supported to maintain relationships with friends and family.

People were supported by staff who gave them choice and control in their care and support.

Is the service responsive?

Good

The service was responsive.

People felt able to make a complaint to the registered manager should they need to do so.

People were supported with activities and care plans confirmed what people liked to do with their time.

People and relatives were involved in planning their care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance systems did not always identify shortfalls found during this inspection.

People were supported by staff who felt happy and supported.

There was a system in place to ensure people, relatives and professionals were sent an annual survey and had their views sought about their care.

Ravenswood

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 was an unannounced inspection that took place on the 23, 24 and 29 June 2016. It was carried out by one inspector and a specialist advisor on the first day and second day. The third day was just the inspector. The specialist advisor's expertise was in nursing care.

We spoke with eight people living at Ravenswood and three relatives about the quality of the care and support provided. We spoke with the registered manager, the clinical lead nurse, the chef and five staff. We also spoke with two health care professionals to gain views of the service.

We looked at five people's care records and documentation in relation to the management of the home. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines. We also 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

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

People were not always receiving safe care.

During this inspection we found people were at risk of cross infections as specialist medical equipment was unclean, poor hand washing facilities and staff wearing items that could impede effective hand washing.

For example, one person required support from staff with specialist medical equipment. This equipment was used in and around their mouth and needed to be clean and ready for use at any time. We found the equipment had not been properly decontaminated following its previous use and parts were touching the floor. It was dusty and dirty from the previous use. Due to it not being clean and decontaminated it would not be ready should the person require their specialist equipment to be used. We raised this with the clinical lead nurse. They were unable to confirm when the specialist medical equipment had last been used, but took action to clean it. Following this inspection the provider provided us with their suction policy and procedure which set out guidelines for staff to follow.

People were at risk of cross infections due to poor hand washing facilities. For example, effective hand washing reduces the spread of infection when preformed immediately before and after every episode of direct contact with the person. Staff confirmed they supported people with their personal care in their bedrooms. We found bedrooms had sinks but did not have liquid soap, disposable hand towels and bins to enable staff to wash their hands effectively before and after providing personal care and before leaving the room. Staff told us they will take their protective equipment such as gloves and aprons off and find the nearest communal bathroom to wash their hands in. This meant people could be at risk of cross infection due to staff not being able to wash their hand at the point of care. We fed this back to the registered manager they took action and confirmed during the inspection they had ordered disposable hand towels and liquid soaps to go in each person's room.

Staff were wearing items that could impede effective hand washing. For example, due to staff wearing rings, jewellery and false nails staff might not be able to undertake effective hand washing. The home's policy confirmed staff were encouraged to wear bright colours on their nails. The registered manager told us this was encouraged because it created a bright and cheerful environment for people. We asked if there was a risk assessment that identified the risk of wearing false nails and jewellery. One had not been completed. This meant people could be at risk of cross infection and injuries from staff jewellery. We fed this back to the registered manager who was going to review related guidance on effective hand washing.

People's care plans did not always contain detailed, accurate and informative risk assessments in relation to their individual needs. This included people who required support with their mouth care, dementia and epilepsy. For example, one person required support with their epilepsy and mouth care. There was no specific guidelines on how the person should be supported, how equipment should be cleaned, maintained or what the risks were and how they were being managed. Another person, required support with their dementia as throughout the day they would become upset, angry and want to leave. They had two behaviour assessments completed in May 2016 both assessments contained two different assessment

scores and outcomes. We raised this with the clinical lead, they were unable to explain why there were two records that had been scored differently. The different scores reflected if the person had displayed unsettled behaviour. One record confirmed yes, the other confirmed no. This meant it was unclear which one was current or what the current risks were. This meant people were at risk of receiving unsafe care and treatment due to a lack of specific guidelines for staff and accurate risk assessments in relation to their individual needs.

People who required their medicines to be administered covertly had no pharmacy assessment to confirm their medicines were safe to be mixed with food. Some medicines when taken with yogurt can prevent the medicines being absorbed. During the inspection some medicines were being administered in this way. We fed this back to the registered manager and clinical lead who confirmed they would take appropriate action.

The provider had a medicines policy in place although it did not contain all areas relating to different methods of medicines administration and medical devices. We found no guidance for staff to follow relating to people's diabetes and blood monitoring machines. For example, staff were unclear about what was the best way to clean the skin before they tested people's glucose levels or which fingers should be tested. Some staff were cleaning with alcohol wipes and others with water and some staff were using people's pincer fingers and thumb however these should be discouraged as there is an increased risk of damaging fingers due to diabetes. The policy had no confirmation of when staff should use body maps, for example when it is important to rotate a medicines administration site for pain relief. Body maps are important as it ensures staff know were to apply the next treatment. The clinical lead and registered manager confirmed they would update the medicines policy.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was not always free from odours and not all toilet doors had locks on them. This meant that people could be interrupted and be disturbed creating an undignified environment. The outside smoking area had doors left open so smoke could be smelt in the dining area from those who were smoking. We discussed this with the registered manager. They confirmed the doors to the dining area should be shut when people use the smoking area. We found this was not happening and the smell of smoke could be unpleasant for some and others could aggravate a medical condition. The risk assessment in place did not identify the risk of smoke to others or to shut the doors. The provider confirmed they planned to purchase new doors in between the smoking and dining area. We also found three rooms that had a strong unpleasant smell. The clinical lead gave an explanation on why each room smelt. Following the first day of inspection the smells in each room remained. The registered manager confirmed the rooms were cleaned daily. They told us all rooms had been deep cleaned following us raising the concern with the clinical lead. Records confirmed this. The registered manager confirmed one room was due to have the carpet replaced. We fed back to the registered manager and provider our concerns for them to take appropriate action. There was a completed gas, electric and portable appliance test in place and certificates confirmed these were in date.

People received their medicines from nurses. Medicine administration records (MARs) showed that medicines were signed for when received from the pharmacy and when they were administered or refused. This gave a clear audit trail and enabled the service to know what medicines were on the premises. There were adequate storage facilities for medicines including those that required refrigeration or additional security.

People felt safe. We asked people if they felt safe. They told us, "Yes, very safe here" and "Yes, I do". Staff had received training in safeguarding adults. Records confirmed this. Staff were able to demonstrate their understanding of abuse and who they would go to. One member of staff told us, "There are different types, verbal, physical, emotional, financial". Another member of staff confirmed, "I always go to the nurse in charge or the manager". They also confirmed who they would report any concerns to externally. One relative also felt their loved one was safe. They told us, "They are very very safe".

People were supported by adequate staffing numbers to meet people's needs. The registered manager confirmed the staffing arrangements for people. During our inspection all people were supported by adequate numbers of staff to enable them to have their individual support and care needs met. People, relatives and staff felt there were enough staff to meet people's needs. One person told us, "There are always enough staff". Two relative told us, "There are always lots of staff around. There is normally three or four carers in the lounge" and "Yes, there is enough staff".

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. The registered manager undertook additional risk assessments if required, they identified the risk and confirmed how it would be managed. Records confirmed this.

People had their own personal evacuation plans in place for emergency situations. The evacuation plans confirmed people's individual support needs. For example, their communication requirements, any equipment and support they would need, and any anxieties they might have.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective.

At our previous inspection in December 2014 we found staff were unable to demonstrate the principles of The Mental Capacity Act (MCA) or, able to explain reasons for assessing people's capacity. During this inspection we found improvements had been made although not all decisions made when people lacked capacity had been recorded.

The 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.

We reviewed people's mental capacity assessments and best interest decisions. These are required when it is established that the person lacks capacity. Some people living in the home had dementia. Six people had best interest decisions in place but two people did not. One of the two people required support from staff with all their daily care needs. For example, their food required modifying, their epilepsy, medicines, mouth care, medical appointments, and personal care. Best interest decisions had only been made relating to pureeing the person's diet and medicines. The other person had dementia and lacked mental capacity to make day to day decisions. Their mental capacity assessment only had a best interest decision completed in relation to medicines. There was no best interest decision in relation to medical appointments or personal care. We raised this with the registered manager. Who confirmed they would take appropriate action. This meant people who lack capacity were not always having their best interest decisions sought.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff were able to demonstrate their understanding of the (MCA). One staff member told us, "You assume everyone has mental capacity. If someone doesn't, a best interest decision is made". The registered manager confirmed how staff's knowledge was regularly being checked, to show they had a clear understanding of the ACT. Records confirmed these checks and learning achieved.

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 are 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 were being met. The correct guidance had been followed, eight authorisations were in place and 21 applications had been made.

Staff felt well supported and confirmed there was regular supervision and appraisals. Staff told us, "I feel well supported. I can always ask the nurse anything" and "Yes, I get enough supervision and appraisals. Any

problem they always try and help me" and "They have been so supportive, I know I can raise anything with them". Staff received supervision every few months. Supervisions were an opportunity to raise concerns and record support arrangements. Supervision records confirmed this.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included safeguarding, mental capacity act, health and safety, moving and handling, dementia training and dealing with difficult situations. They told us, "I get regular training. I have had moving and handling, dementia training, mental capacity and safeguarding adults" and "I get all the training I need.

People were well supported by staff during their mealtimes. Meals were served when people required them. For example throughout the morning people had breakfast at the time of their choosing. There was a changing four week menu. The chef knew people well and was able to confirm those who required their meals modifying in a certain way, either mashed or liquid consistency. Where people required their meals modified this had been done following an assessment by a specialist advisor. Records confirmed this.

People felt happy with the meals. When we asked people what the meals were like, they told us, "Food is alright. I like the fish and chips. There are plenty of drinks and they will bring it down to me if I need it" and "I am vegetarian, they know this and so I don't have meat". Staff asked people what they liked for lunch, whilst showing them the available options on a tray. There was a choice of drinks such as different juices, water and squash and people were asked what they would like.

People were supported by staff who knew their communication needs well. Staff spoke with people in a calm and reassuring manner. Where people required extra reassurance staff took their time and used phrases detailed in people's care plans. This included items that might reassure them or avoided topics that might upset them.

People were supported to attend a range of health care professional's appointments. People saw their GP, speech and language therapists and attended eye appointments when required. The clinical lead confirmed that the home had a visit once every two weeks from the local GP. This they confirmed was an opportunity to discuss any changes. During the inspection we observed this visit taking place.

Good

Is the service caring?

Our findings

The service was caring.

People and relatives felt staff demonstrated a kind and caring manner. We asked people if staff were kind and caring; they told us, "Yes. Any problems a member of staff will always help", "Really helpful, staff are great; it is the way they talk to me". Relatives told us, "The staff are very friendly and fantastic, they look after my [spouse] fantastic" and "Staff are very friendly and attentive. They are very kind, extremely kind".

Staff were able to explain how they provide respect and dignity to people they supported. Staff told us, "You treat people how you would like to be treated. I respect them as a person and have nice friendly chats with people. I always close the door, and curtains. Covering people if I am providing personal care" and "I respect when people wish to go to bed or what they want to do. It is their choice". Another member of staff told us, "We use screens and we always knock on people's doors". During the inspection we observed staff speaking to people in a respectful manner and in one bedroom a screen was available for staff to use offering privacy to the person they were supporting.

People were encouraged and supported with their wellbeing. During the inspection people received hand and foot massages from staff. Staff were able to demonstrate when they might provide a massage to someone. One staff member told us, "It is about spending quality time with people, we will sit and offer to hold someone's hand or give them a hand or foot massage". This they felt was beneficial to people's wellbeing.

People made daily choices about going out or how they wished to spend their day. One person during the inspection was supported by staff to access the local community so that they could vote at the local polling station. Other people choose to spend time in the lounge areas, dining room or in their bedrooms. Some people had built strong friendships with other people living in the home. They spent time talking to each other and sitting in each other's company. People felt they had choice. They told us, "Yes, I have choice" and "I get up when I want to". Staff offered people choice. They asked what drinks people would like. What they would like to do and if they wished to be involved in the daily activities within the home.

People were supported to maintain relationships with friends and family. Relatives confirmed they were able to visit unannounced to the home and always felt welcomed. Relatives told us, "I visit at different times, they are always friendly towards relatives" and "They treat me as one of the family as well. I am always welcome".

People were supported to express their views and to be involved in making decisions about their care and support. One person told us, "I get the care I want". One relative told us, "They keep me involved" and "They always inform me about any decision and I am involved in reviews". Staff all confirmed how they encourage people to make daily decisions about their care and support. Staff told us, "It is about what they want" and "We always ask people if that is what they want".

People's wishes relating to care they wanted when they were nearing the end of their life were clearly recorded in their care plan. Staff felt some people who had moved to the home had significantly improved, especially in their mobility. This they felt was due to the quality of care and support provided by the home. One staff member told us, "Some people come here and make improvements. Especially for people who have poor mobility they seem to get better with their mobility".

Good

Is the service responsive?

Our findings

The service was responsive.

People had comprehensive pre-assessments undertaken prior to living at the home. This information was added in people's detailed care plans. Care plans contained important information such as what the person liked and disliked and their routines. One relative felt how beneficial that has been to the care that their loved one has received. They told us, "From the first time [Name] went to the home, they have used the information I had shared with them and I really think this is why it works". They felt the home continued to respond to the changes in their loved ones care. They told us, "I don't have any anxiety any more. They work so well and will adapt and will come back later if they need to and will provide the care then".

One care plan had been updated following a change to the person's lunch time routine. Staff and the registered manager were able to demonstrate they knew the changes to this person's support. However on reviewing another person's care plan it confirmed the person loved having their hair wash. This had changed from when they first started living at Ravenswood and they were now reluctant to have their hair washed. Their care plan had not been changed to reflect this change. We raised this with the registered manager who confirmed they would action this.

People felt able to raise concerns if they needed to. There was a copy of the complaints policy on the back of people's bedroom doors. People told us, "Yes, I would know how to complain, I would speak with staff or with [Name]. I wouldn't hesitate" and "I have never had a reason to complain". Relatives felt able to raise a compliant should they need to. The registered manager logged all complaints and compliments the service received. One complaint had been received since January 2016 and six compliments. Some compliments included, "Thank-you for all the care and attention" and "Thank-you for all your kindness and support". Where complaints had been logged there was a clear record of actions taken to prevent similar situations from occurring again.

People had access to activities six days of the week. Activities included, singing, listening to music, reminiscing, foot and hand massages and exercises. During the inspection people participated in the daily activities of hand massages, singing and dancing as well as planting hanging baskets in the garden. Some people received one to one support. The activity staff member confirmed they offer reading the newspaper to people and will go through people's reminiscence book. A reminiscence book gathers important memories for the person which is connected to their life. One person showed us the book they had complied. Staff sat with people and went through those memories talking about what was important to that person. The provider had recently landscaped the front garden. A summer house was also available providing a quiet peaceful environment for people to access.

People were encouraged to maintain their interests. One person had an interest in crochet. They spoke highly of how important this was to them and how they had crochet blankets for other people living in the home.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

The provider and registered manager had completed audits such as infection control, medicines, care plans, environment, cleaning schedules however these were not identifying areas of concern so that improvements could be made. For example, an infection control audit in May 2016 had failed to identify dirty and dusty medical equipment, inadequate hand washing facilities and staff wearing jewellery and false nails. No audit had identified missing locks on bathrooms doors. The monthly evaluations of care plans and care plan audit undertaken in May 2016 had failed to identify four people's care plans that did not contain detailed, accurate and informative risk assessments in relation to their individual needs. Where two people required best interest decisions relating to their care and treatment this had also not been picked up through the monthly evaluation of their care plan or the care plan audit.

The medicines audit undertaken in May 2016 had also failed to identify the provider's policy did not contain important guidance for staff to following relating to medical treatment provided. It also did not contain medicines being given covertly and if these were safe to be given with food.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

There was a registered manager and a clinical nurse lead. The clinical nurse lead was responsible for the nursing care. They were supported by a team of care staff and two activity co-ordinators. All staff felt well supported. They told us, "The team is very good. There is lots of support", "I feel very well supported", "[Name] has been very supportive to me personally" and "excellent support, there always there for you".

Prior to our inspection we identified that the provider was not displaying their rating following their last inspection. We discussed this with the registered manager. They took immediate action and the rating is now being displayed on the care homes website. Providers are required by law to display their ratings.

People, staff, relatives and external stakeholders were sent annual questionnaires. The questionnaires that had been returned contained positive feedback. People were encouraged to attend a monthly residents meeting this had been well attended. People were able to express what films they liked to watch and their favourite actors and actresses as well as what activities they would like to undertake.

The registered manager and staff confirmed the vision and value for the service was to ensure people were supported to have choice and enabled people to be independent. Staff told us, "You respect people and give people choice" and "Give people choice and encourage them to do things themselves". This was confirmed by the providers 'Service user guide and statement of purpose'. A statement of purpose confirms what service the provider plans to offer. We reviewed the last statement of purpose we had been sent and it contained old information. The registered manager confirmed they would update it and send us an updated version.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. We checked these details were accurate during the inspection. We found we had been notified of incidents that had occurred in the service.

People were encouraged to be part of their local community and access shops and cafes. One staff member we spoke with felt this was important to people. They told us, "We go to [Name] coffee and along the sea front. Last week we went out twice locally". They continued to explain how much people benefited from this. The registered manager also confirmed how important it was and that the provider was looking for a mini bus so that people could go out more regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not always following the principles of The Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always have care plans that did contained detailed, accurate and informative risk assessments in relation to their individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of service people received were not effective.