Associated Care Solutions Limited

Ravenswood House

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 April and 4 May 2016 and was unannounced. Ravenswood House provides accommodation and personal care for up to 10 people with a learning disability or autistic spectrum disorder. There were eight people living in the home at the time of our inspection. Ravenswood House consists of a lounge, dining room, a quiet/activities room, kitchen and 10 bedrooms set over two floors. People had access to a secured back garden.

A registered manager was in place as required by the service's conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were safe living at Ravenswood House. Staff were knowledgeable in protecting people from harm and injury. People's risk associated with their care, environment and activities had been identified and were being managed well. People were encouraged by staff to make decisions where possible about their day. However there were inconsistent records of how staff had gained agreement about making significant and best interest decisions on behalf of people. This was being addressed in the implementation of the new care plans which would clarify the lawful consent to people's care.

We observed staff treating people in a kind and friendly manner. Staff adapted their approach with each individual. Staff observed for changes in people's behaviours which may indicate that they were becoming upset or there was a change in their well-being.

People were given their medicines in a safe and effective manner. Where a person's mental or physical health well-being had changed it was evident that staff had worked with other professionals including the community mental health team and psychiatrist to seek additional advice and support.

Robust recruitment systems of staff were in place to ensure people were supported by staff who had been vetted and were of good character. People were supported by adequate numbers of trained staff. Additional staff were provided if people needed support for appointments or community based activities.

The managers and senior staff of the home provided people, their relatives and staff with support. They carried out frequent audits and checks of the quality of service being delivered. However, this was not consistently recorded. The provider was in frequent contact with the home, although they did not carry out any formal quality checks to ensure the home was providing high quality care.

We have made a recommendation regarding the governance and monitoring systems of the home.

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

This service was safe.

Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. People's personal risks had been assessed.

People's medicines were managed and stored effectively.

Is the service effective?

Good

This service was effective.

Staff were knowledgeable, trained and supported to care for people with complex needs.

Staff understood the importance in providing choices to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves. Newly formatted care plans would evidence the home gained people's lawful consent to their care.

They were supported to access other health care services when needed. People's dietary needs and preferences were catered for.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and decisions were respected and valued by staff.

We observed staff being kind and friendly. Staff knew people well and understood their different needs and adapted their approach accordingly.

Is the service responsive?

Good

The service was responsive

People received care and support which was focused on their individual goals and needs. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

People and their relatives had an opportunity to express their views about the service. Their feedback was valued and acted.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had no monitoring systems in place to ensure the service was operating effectively and safely. Daily and weekly checks were carried out by senior staff but there were limited records of some auditing checks.

People spoke highly of the staff and the registered manager. Staff understood their role and expected care practices. They were supported by the deputy and registered manager.

Ravenswood House

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 29 April and 4 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection 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. We also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observed how staff interacted with people. Most people who lived at Ravenswood House were unable to speak to us due to their complex needs. However, we spoke with one person, two members of staff, the deputy manager and the registered manager. After the inspection we spoke with two relatives by telephone and sought their views about the service.

We looked at the care records of three people. We reviewed three staff files including recruitment procedures, as well as the training and development of all staff. We checked and discussed the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home with the registered manager.

Good

Is the service safe?

Our findings

People were kept safe from the potential risk of abuse. Staff had been trained and had the appropriate knowledge and understanding of the home's safeguarding policies and procedures. Staff understood their role in protecting people and reporting any concerns to the registered manager. Staff we spoke with said that they were confident in the safeguarding process and knew who to contact when reporting concerns including external safeguarding agencies. One staff member said, "I would definitely report any worries to my manager and I would record it straight away so it was fresh in my head."

Some people who lived at Ravenswood House had complex needs. Occasionally they became anxious or emotional and showed behaviours which may challenge others. Staff had been trained and were knowledgeable about people who may become upset and have difficulty managing their own emotions. They were able to tell us how they observed for changes in people's behaviours or triggers which may cause them to become anxious. The risks to themselves and others had been identified and documented. Care records gave staff clear guidance of the triggers which may cause people to become upset and how they should be supported.

The risks of people with medical and health issues had also been identified and recorded, such as for people who had seizures or who were at risk of choking. People's risks associated with their daily living activities, personal interest and hobbies had been also identified and assessed. Controlled measures had been put into place to protect people which gave staff guidance on how to support people to protect them from injury or harm. Staff worked with people to take positive risks, including trying out new activities and going on day trips. Good communication between staff including daily hand overs, communication books and the completion of daily notes about peoples physical and well-being. This ensured staff were fully informed of people's present needs.

People were protected from those who may be unsuitable to care for them because appropriate checks had been carried out to ensure staff were fully vetted before they started to work with people who lived at the home. Staff recruitment records showed that adequate checks of staff identity, criminal checks and employment histories had been carried out.

People were supported by a familiar and consistent staff team. Staff confirmed that there were adequate numbers of staff to meet people's physical, social and emotional needs. We were told that the deputy and registered manager also provided support to people if there were shortages in staff. Staff told us staffing levels were flexible to meet people's individual needs. For example, additional staff were provided when people required specific support such as attending appointments or attending activities in the community. There were sufficient numbers of staff available to support and reassure people during the night. Agency staff were occasionally used at night.

People were supported to take their prescribed medicines by staff who had been trained in the management of medicines. The skills and knowledge of staff in managing and administering people's medicines were regularly up dated and observed by the registered manager. Effective systems were in place

to ensure peoples' medicines were ordered, administered and recorded to protect people from risks. No-one at the home was administering and managing their own medicines. All medicines were reviewed by their GP or a consultant annually or as required. Medicines Administration Records (MAR) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual detailed protocols were in place for medicines prescribed to be given as necessary. People's medicines were stored securely and storage temperatures were monitored and recorded. Individual detailed protocols were in place for medicines prescribed to be given as necessary such as for people's pain or anxiety. Staff were also prompted to consider other interventions before they resorted to administering the prescribed medicine.

The home was well maintained and regularly cleaned. People were encouraged and supported to take part in communal household tasks as well as being supported with their own housekeeping chores such as laundry and cleaning their bedrooms.

Good

Is the service effective?

Our findings

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff had been trained to carry out their role. They had received regular update training to refresh their knowledge and were encouraged to attend further professional development courses in health and social care. The deputy manager overviewed the staff training schedule and ensured staff were updated in mandatory subjects such as safeguarding and protecting people from harm. Staff had also received additional training from health care professionals to enhance staff awareness in areas such as dementia and epilepsy awareness.
New staff undertook a comprehensive induction programme which included training and shadowing a senior member of staff. New staff were also required to complete the new care certificate training which allowed the registered manager and senior staff to monitor their competences against expected standards of care.

Staff were supported by the management and senior team. They had received formal and regular supervision meetings (1:1 private support meetings) with their line manager. New staff received more frequent meetings throughout their probation period. Staff also received an annual appraisal to review their performance and development. Staff confirmed they felt well supported and were able to discuss their professional development and concerns. One staff member gave examples of additional courses they had attended to develop themselves in their senior role. They went on to explain that they were being encouraged to develop in their career and take on more responsibilities in the home.

The competency and skills of staff had been monitored. The registered manager was in the progress of developing and implementing a new series of competency tools which could be used to check if staff were competent and adequately skilled to carry out specific aspects of their role, such as their knowledge of supporting people with their finances and treating people with dignity and respect. The registered manager said, "I wanted to use a broader range of competencies which will help me to see what staff know and understand. I can then work with staff on any weak areas."

Most people living at Ravenswood House had complex needs and varying abilities to understand and consent to the care being provided. Staff had tried to help people understand the care they should expect from the home by producing pictorial information. For example, a pictorial consent form had been produced with pictures of the person and the care they would receive from the home which helped people understand the support they would receive in the event of an emergency. People were encouraged to make decisions and choices whenever possible. Where people had limited capacity to make day to day decisions, we observed staff supporting them to make a decision by providing different options such as showing them the activities board. Staff took account of people's preferences to ensure their care was as personalised as possible.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Not all people who lacked mental capacity to make decisions about their health and welfare had been assessed in accordance to the code of practices and principles of the MCA. However, their care plans were detailed and supported staff to encourage people to make their own day to day decisions. The registered manager showed us a copy of the newly formatted care plan which included mental capacity assessments which would ensure that people's consent to the care and support they received was lawfully obtained. We were reassured that decisions being made on behalf of people were done in their best interests. The registered manager gave several examples where staff had worked with people's families, health care professional, advocates and involved people where possible in significant decisions which were being made about their health care and well-being.

The registered manager was aware of their role to apply for the authorisation to restrict people who may be deemed as being deprived or their liberty and freedom. Where people had been restricted of their liberty, the registered manager had sought advice and made the relevant application for authorisation to do so. People can only be deprived of their liberty to receive care and treatment when this 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).

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew people's preferences and choices with their meals. People could make suggestions about their preferred food choices informally or through their 'service user meetings'. Pictures of meal choices were presented to people to help them decide. We were told that people enjoyed eating out and having take-away meals. They were encouraged to contribute towards the planning and shopping of meals. Where possible, people took it in turns to assist staff in the kitchen preparing meals. Alternative meals were provided if people did not like the meal options for the day. People who required a specialised diet were also catered for. One person required soft textured foods. Staff were knowledgeable about the types and textures of food that this person was allowed. They were monitoring their food intake and trying different foods to ensure this person received a balanced diet.

People were supported to maintain good health and received ongoing healthcare support. Their health action plan described the support they needed to stay healthy. Staff supported people to make appointments with health care services such as dentist and opticians. The deputy manager ensured that people's health needs were regularly checked and assessed. Records showed that people had been referred to the appropriate services when their needs had changed. For example, one person had been referred to the speech and language therapist team for advice about food textures. Staff were supporting and encouraging this person to try new foods as recommended by the therapist. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example, one person had started to have changes in their well-being and memory. They had been referred to the appropriate services. Records showed the registered manager had discussed a best interest decision with the person's consultant regarding an investigative procedure.

Good

Is the service caring?

Our findings

Most people who lived at Ravenswood House were unable to express their views about living the home due to their complex needs. However, we spoke with one person who had limited verbal communication but was able to express their views with their own sign language and the use of simple sentences. They gestured to the registered manager that they would like them to present when they spoke with us. The person was confident and freely expressed their views, indicating they were happy living at Ravenswood House. They were able express which activities they enjoyed and that staff were kind and caring. Another person showed us a photograph album which contained pictures of them doings activities which they enjoyed. They grinned when they showed us the pictures, indicating they enjoyed these activities.

People were supported by staff who were kind and passionate about supporting people to have a good quality of life. People were encouraged and supported by staff to try new activities and increase their levels of independence. Relatives were positive about the home and the staff approach. One relative said, "He is quite happy there. They have a very active life." Another relative told us they would pick up changes in their relatives behaviour if they were unhappy at the home. They said, "I know (name) is happy at Ravenswood and he gets on with all the staff. I would know if he wasn't happy there." All the relatives we spoke with said their loved ones referred to Ravenswood House as their home.

We heard and saw positive interaction between staff and people when we walked around the home and spent time with people in the lounge. People appeared relaxed and comfortable around staff. We saw staff chatting with people in a friendly and warm way. Staff knew people well and were able to adapt their approach and manner for each person. We observed people expressing their wishes in their own unique way and staff responding appropriately. Staff patiently listened and tried to understand their expressions and adapted their approach to help the flow of two-way communication were possible. People's care plans described how staff could support them to communicate effectively such as speaking slowly and using short sentences.

People's privacy and dignity was respected. Staff introduced us to people and tried to explain the purpose of our visit and why we were spending the day in their home. Staff respected people's dignity and privacy. They gave us examples of how they supported people with their personal hygiene in a dignified manner. People could freely choose to spend time in their bedroom alone. Their bedrooms were personalised and decorated to people's tastes. They had been encouraged to buy items and activities of personal interest. People were given choices about how they wanted to spend their day or carry out an activity. Their views and decisions were respected.

People's care plans included information about their personal circumstances and how they wished to be supported. They provided information about their personal backgrounds and families such as family trees and photographs of people who were close to them. Details of people's cultural backgrounds, beliefs and occasions such as Christmas and birthdays were also recorded. This meant staff had guidance in place to support people with their social, cultural and recreational needs and ensured they remained in contact with family and friends where appropriate.

Good

Is the service responsive?

Our findings

People were at the centre of the care they received. They were given opportunities to carry out activities. Their personal, social and recreational needs were being met. People had a timetable of activities which they had planned together with staff. They were supported to follow their interests and take part in social activities. Most people preferred to have a planned programme of activities such as going swimming, trampolining or shopping. One person had been supported to do voluntary work at a local garden centre. We saw staff giving people information about activities which helped people to make a decision about whether to carry out the activity or not. Their views and decisions were respected.

We were given examples where people, their families and staff had been involved in joint events and celebrations. Since being in position the registered manager had discussed and explored opportunities with people about trying out new activities such as day trips, holiday and attending college. On one of the days of our inspection six people were going on coach day trip to a nearby seaside town with the support of three staff.

Where possible, people had been involved in their assessment of needs and developing their care plan. Their care records were personalised and reflected their needs and choices. People's families had been involved in compiling a biography of people's backgrounds and providing information about their earlier life and how this may affect them today. Specific information about aspects of people's lives which were important to them such as their likes and dislikes were also documented. Information about what people could do for themselves and the support they required in daily activities was clearly described to assist staff.

Guidance was in place for people who had unstable medical conditions such as epilepsy. An epilepsy care plan and protocols described the actions staff should take if a person had a seizure, including the administering of prescribed medicines. Records showed that staff had sought additional advice from specialised health care professionals and were monitoring the frequency of people's epilepsy.

Details of people's preferred daily routines such as their morning routine provided staff with guidance and details of people's choices and support requirements. However, we found that people's care plans and risk assessments had not been consistently reviewed and updated. We raised this with the registered manager who told us they had recognised that they were behind on reviewing people's care plans; however the implementation of a new format of care planning would immediately address this. We looked at the care records of one person which had been completed in the new format. Pictures, photographs and easy read sentences in the new care plan helped people to understand their care information. The care plan described their strengths, support needs and desired outcomes and goals. Risk associated with the support they received had been assessed and control measures had been put into place. People's mental capacity to consent to their care and support had also been addressed and recorded. The registered manager also described the training which was planned to be delivered to senior staff so they could take more responsibility in reviewing and updating people's risks.

People's daily notes were completed by staff and captured people's daily activities and well-being such as

their health issues, mood, food intake and daily routines. Handover information and personalised daily notes about each person was shared with staff at the start of each shift to give them an update on people's well-being. People's daily notes were summarised each month into 'monthly summaries' which helped to update their care plans. The monthly summaries were reviewed by the registered manager and helped staff to recognise when people's needs had changed. A keyworker system was in place. This meant that each person had one member of staff who overviewed their care and support needs and goals.

People's concerns and complaints were encouraged, explored and responded to in good time. People's day to day concerns and issues were addressed immediately. Staff told us how they observed for changes in people's behaviours if they were unable to express their concerns. People also had the opportunity to express their views and concerns at monthly 'service user meetings'. People were spoken to individually if they did not want to attend the meetings. Records showed minutes of the meetings were in pictorial and written format. They had discussed such things as 'things that I'm not happy with and what I would like to do'. The registered manager reviewed people's comments and the minutes of the meeting and addressed any concerns or suggestions. For example, one person's bedroom had been redecorated as a result of discussions in the meeting.

The home had received one formal complaint since our last inspection. The registered manager shared with us the events surrounding the incident and how they had supported the person and sought other health care professional's advice.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had managed the home for three years. They were supported by deputy manager and senior staff to ensure that people received good care. They were supporting senior staff to develop and take on more responsibilities within the home. They said, "We have got a good team at the moment. Some staff want to develop in their role so I am keen to look at their strengths and give them the training and support they need to take on more responsibilities. This in turn will help me and hopefully make staff feel valued and feel as though they are contributing towards the running of the home and providing good care."

The registered manager was in regular contact with the provider. They told us the provider provided weekly telephone support when required and visited the home most months. The provider was informed of significant events which had affected people or staff and any maintenance issues. However, the provider did not have any governance systems in place to monitor the quality of the service being provided at Ravenswood House. The registered manager met with the provider but did not receive personal and formal supervisions or provided with professional guidance. This meant the provider could not be assured that people were receiving high quality of care and support as there were no systems in place to monitor the management of the regulated activity provided.

The registered manager kept themselves up to date with current practices and legislation by attending events, training and speaking to other health care professionals and colleagues. On a day to day basis the quality of the service being provided was monitored by the registered and deputy manager and senior staff. Senior staff had been tasked with carrying out daily and weekly monitoring checks of the service being provided such as fire checks, medicines audits, financial audits and overviewing the care records relating to people. We were told that any shortfalls identified in the monitoring of the service would be raised with the registered manager who would immediately address the concern and this also informed their monthly action plan.

However, some monitoring systems only consisted of visual checks and there was limited recorded evidence of the auditing of some of the monitoring checks carried out. For example, an auditing checklist indicated that people's care records had been checked frequently but there were no documents or tool used to identify the required standards against which this frequency should be measured or the desired contents of people's care records. This had resulted in some people's care plans not being regularly reviewed and updated. We raised this with the registered manager. They recognised that their auditing tool did not always evidence that checks had been carried out. However the registered manager showed us how they were in the process of implementing a new care plan format. We were shown one example of a new completed care plan and were told that plans were in place to develop an auditing tool which would reflect the documentation requirements of the new care plan. Senior staff would be given extra training to complete, review and audit the care plan documentation to ensure people's care plans were current and reflected their needs. We found no negative impact on people as communication between staff was efficient and people's monthly summaries highlighted any changes in people's needs.

We recommend the provider and registered manager seek and consider guidance from a recognised body

around good governance processes and the management of the home.

Staff and people felt confident in the management of the home. The registered manager had a 'hands on approach' and was involved in supporting people and the daily running of the home. They said, "It is important that I am part of the team. I don't ask them to do anything that I wouldn't do." We were told that this allowed the registered manager to observe staff and people going about their daily activities. They gave us examples of how they had acted on issues they had observed such as putting strategies into place when it was observed that some people were becoming too dependent on certain staff members. Accidents and incidents were reviewed monthly by the registered manager. Actions were immediately taken to reduce incidents from reoccurring.

There was a strong sense of team work within the home. The registered manager valued the suggestions made by staff through daily feedback and meetings. Records showed regular staff meetings were held so that the team could raise any concerns about their work or the needs of people. Relatives were positive about the staff and management of the home. They told us the managers were generally approachable. One relative said, "The staff are good. We get to hear what's going on at Ravenswood." They also told us about events which occurred at the home which was attended by the managers and the provider. The registered manager valued people's views about the service. They had recently sent out questionnaires to staff, health care professionals linked to the home and people's relatives. We were told that they would review the results after the returns deadline date had expired. They said "It's important that we hear from others and find out what they think about us. I will certainly review and take action on any negative feedback."

The registered manager had worked on the home's policies and procedures ensuring they reflected the home's practices. Individual polices were discussed and reviewed in the team meetings. This helped to reinforce policies and enable staff to be involved in reviewing any policies to ensure they reflected current practices.