

Ravensdale Health Care Limited

Ravensdale

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?

Good ●

Summary of findings

Overall summary

Ravensdale provides care and treatment for people with physical disabilities and/or mental health problems. The service can accommodate a maximum of 20 people. On the first day of our inspection, there were 18 people using the service. On the second day there were 17 people.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was no 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 provider's operations manager had been managing the service on a day to day basis since January 2018 and had applied to the CQC to become the registered manager. In addition to this, an experienced interim manager had been appointed in June 2018 to give further support to the service and recruitment for a registered manager remained on-going. The management team were also supported by a clinical nurse manager. The management team showed a commitment to running a well led service for the benefit of the people who used the service.

People told us they felt safe with the support offered. Staff could describe and understood their responsibilities to support people to protect them from abuse and avoidable harm. Staff were recruited safely which ensured they were of a good character to work with people who used this service. Staff met people's needs in a safe way and were overall, available when people needed and wanted support. Plans to improve permanent staffing were in place.

Systems for managing medicines safely were overall, effective. The management team responded swiftly to some issues we identified with medicines support to ensure safe medicines management. Staff were trained in medication administration and their competency was checked regularly.

Staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care. Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

People were encouraged to eat a healthy, balanced diet of their choice. People had access to a range of healthcare professionals in order to meet their health needs

People said they were treated well. People received support from staff who showed kindness and compassion. Their dignity and privacy was protected and staff understood people's individual needs in relation to their care. Support plans were person centred and reflected individual's preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service) supported this practice. The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected.

Care records contained enough information to guide staff on the care and support required and contained information relating to what was important to the person and how any risks were managed. These were reviewed regularly and showed involvement of people who used the service or their relatives. People were supported to pursue social interests relevant to their needs, wishes and interests.

There was an effective complaints procedure for people to raise their concerns. The majority of people were confident they would be listened to and action would be taken to resolve any complaints they had. Information on raising concerns was available in accessible formats.

There were systems in place to make sure managers and staff learnt from any incidents such as accidents and incidents. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ravensdale

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 comprehensive inspection took place on 15, 21 and 25 June 2018 and was unannounced on the first day, announced on the second day and we made telephone calls to people's relatives on the third day. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in January 2018. We used information the provider sent us in the Provider Information Return when planning the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked around the service, spent time in each unit and observed how people were being cared for. We spoke with four people who used the service and one relative. We also spoke with two relatives by telephone. We spoke with five members of staff, an occupational therapist, the operations manager, the clinical nurse manager and the interim manager.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care plans and four people's medicines records.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and their relatives told us they or their family members felt safe at Ravensdale. One person said, "Yes I definitely feel safe." A relative said they were confident their family member was in a safe place and protected from harm, they said, "It's all spot on here." Some people were not able to tell us verbally whether or not they felt safe so we observed their interactions with staff to help us understand. We saw people were comfortable and at ease in the presence of staff. Staff had received training in safeguarding and demonstrated good understanding of different types of abuse and the signs they should look for which may indicate someone could be at risk of possible harm.

Overall, we found staff numbers were sufficient to ensure people were safe from risks and their needs were met. Most people and all the relatives we spoke with confirmed there were enough staff to meet people's needs. However, one person said they thought staff were not deployed well and this led to waiting longer than they expected to for their needs to be met. Another person said the use of agency staff sometimes led to a lack of knowledge around their support needs. We discussed these concerns with the operations manager. They said they had an active recruitment drive in place to attract and employ regular staff. A recruitment and retention action plan was in place, showing analysis of dependency, agency use and turnover of staff was underway.

We spoke with an agency staff member who told us they were well supported and enjoyed working at the service. They said they worked regularly at the service and had got to know people's needs. They told us, "I love coming here; it's such a well organised home." Staff we spoke with had no concerns about staffing levels. One staff member said, "Always plenty of staff for what people need."

There were systems in place for the safe management of medicines. Medicines were administered by nurses, whose competency was checked at least annually. We reviewed a sample of medicine administration records (MARs) and saw these were overall, completed correctly. However, we found two people's medicines had on one occasion been omitted but yet signed as administered. There was no explanation for this omission. The clinical nurse manager made immediate arrangements to investigate these errors and introduced a more robust system of weekly audits to prevent any re-occurrence. We also found one person was prescribed a tablet that needed to be dissolved prior to administration and the instructions on the MAR did not state this. The clinical nurse manager made arrangements to contact the pharmacist to ensure these instructions were included on the MAR. Nursing staff were aware of the need to dissolve the tablet.

There was guidance on how staff should manage 'as and when required' (PRN) medicines and we observed medicine was administered in a kind and professional manner. Staff sought consent from people and asked people what drink they wanted to take their medicine with and checked that it had been taken.

We reviewed staff recruitment records and found appropriate checks had taken place. This included

application forms, full employment details including reasons for when there were gaps, interview notes, references, personal identification checks and a Disclosure and Barring Service (DBS) check. The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

There were personalised risk assessments for each person to give guidance to staff on any specific areas where people were more at risk such as falls, nutrition, pressure areas, and mobility. They had been reviewed and updated regularly or when people's needs had changed so people received the care they required. Staff were able to describe the risks people faced and what they did to minimise risk.

Accidents and incidents were recorded and where these had taken place the operations manager and staff had discussed them and taken action in order to ensure they did not reoccur. The provider had systems in place to support learning from when things went wrong and to use what they learned to make improvements to the service. For example, if people had experienced an increase in falls; the monitoring system could identify this increase and any pattern to it. The operations manager was then able to identify actions to take to improve the person's safety such as referral to occupational therapy, new equipment or furnishings to reduce the likelihood of falls in the future.

The service was clean and well maintained. There were robust systems in place to ensure the premises remained clean and people were protected from the risk of infection. Staff had sufficient understanding of good practice in relation to infection prevention and control. We saw they used Personal Protective Equipment (PPE), such as gloves and aprons when assisting people with personal care. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Prior to people moving into the service, their needs were assessed with the involvement of the person, their relatives and any professionals involved in their care. This enabled the development of effective care plans to achieve positive outcomes for people. People or their family members told us they were cared for as they wished and staff were trained to meet their needs.

Appropriate use was made of technology to enhance people's health, wellbeing and independence. People were supported with a variety of equipment that included sensor mats and communication aids. The operations manager had ensured the home environment was designed and redecorated to meet people's needs and further work towards this was on-going. For example, new height adjustable work surfaces had been ordered for dining areas and a new sensory room was being planned.

Staff were positive about the training they had received and gave us examples of training which had been arranged in response to people's individual needs. New staff completed an induction when they started to work in the service and completed the care certificate. The care certificate sets out common standards for social care staff. Staff told us their induction prepared them well for their role. One staff member said, "It was very thorough, all my competencies were checked, it was great." All the staff we spoke with said they had received enough training to care for people effectively.

There was a rolling training programme in place to ensure refresher training was completed and staff's skills remained up to date. The training record was not up to date. The operations manager was aware of this and had an action plan in place to ensure this would clearly show the training all staff had completed. Staff also received support to carry out their roles effectively. The staff team were supported through supervision and appraisal and they told us they felt supported by the management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The operations manager and staff understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make specific decisions; the decisions were made by a team of people in their best interests.

People were supported to see health professionals so they remained physically and mentally as well as possible. One relative told us, "They are very prompt if there are any health concerns; I'm very impressed with that." Staff and the management team recognised the need to work together with external professionals to ensure people received coordinated care and support. This included Huntington's disease specialists, speech and language therapists and occupational therapists.

People told us they enjoyed their meals. Several people told us, "The food is lovely." One person expressed some dissatisfaction with the food but told us they had joined the food forum at the service and hoped this would lead to improvements of the food they liked. We saw people who lived at the home enjoyed socialising with other people and staff during their meals, and meal times were not rushed. Where people needed assistance from staff in order to eat safely this was provided. People's nutritional risks were assessed and their care plans explained the support people needed to maintain a balanced diet and sufficient nutrition. Staff were aware of people with risks associated with their nutrition, for example, swallowing problems.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People were comfortable with the staff working with them and there was a relaxed and vibrant atmosphere in the service.

People who lived at the service and relatives told us staff were kind and caring in their approach. Comments we received included, "Everyone is lovely, [family member] is treated very well", "[Family member is well looked after; they are fantastic with him]" and "Most staff are kind and pleasant. When one wasn't a while ago, it was dealt with by management." Two people said they were sometimes concerned that unfamiliar agency staff did not understand them and their needs fully. They were aware the provider had a current recruitment drive to ensure more permanent staff were employed and said they looked forward to being involved in that recruitment.

Throughout the inspection we observed positive interactions between people who lived at the service and staff. Staff were attentive to people's needs and respectful. Staff took time to make sure they had understood what people were saying; they used a variety of ways of communicating with people. They showed patience and understanding if people had communication difficulties. It was clear people had developed good relationships with staff. We saw staff treated people as equal partners which showed how much they valued people who used the service. One staff member said, "I love working here, love working with all the people who live here."

Staff spoke warmly about the people they cared for and knew them well. They told us they found out about people's needs by checking their care plans, talking to their relatives and staff who knew them well. Staff understood when people may be becoming anxious and took time to provide people with reassurance and practical help when they wanted this. Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. They understood their responsibilities for keeping people's personal information confidential. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. Some people chose to lock their own rooms and staff respected this.

We saw evidence of the staff and management team's commitment to giving people as much choice and control as possible. People made their own day to day decisions such as what they wanted to wear, where in the home they wanted to be and what activities they wanted to do. People's independence was promoted and staff understood the importance of this. One staff member said, "It is good for people's sense of wellbeing to do as much as they can for themselves." Staff did not rush people and everything was done at people's own pace. Care records we reviewed contained detailed information about how staff could support people's independence.

People and their relatives told us they or their family member were consulted with, listened to and made decisions about their support. One person said they had been involved in drawing up their care plans and

had regular reviews of them. A relative told us how they felt their views on their family member's care needs were taken into account. They said, "I told them what a smart person [name of family member] always was and they have made sure this continues. A proper shirt and trousers every day just as he always liked."

People told us they were treated equally and respectfully. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care plans we looked at were detailed, reflected people's individual needs and preferences and were regularly reviewed. This meant staff could familiarise themselves with the most relevant and up to date information. In addition to full care plans there was a summary of needs which included information on people's communication needs. This meant staff had the information on how to communicate with people as they wanted, and knew what was important to people. Staff had good knowledge of people they cared for and were able to tell us how they responded to people and supported them. Daily records were used to record information including, weights, skin integrity, food and fluid intake. This information was evaluated and used to provide interventions and care tailored to the individual. Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

People told us they were involved in developing their care records and in reviewing the support they received. One person told us they thought this process could be managed better and take place more frequently. Other people and their relatives said they were more than satisfied with their involvement. One relative said, "Everything is great, I feel very involved in the planning of [family member's] care."

People had access to a wide range of activities both in the service and in the community. Activities were planned and organised to take into account people's preferences and abilities. Some people were able to participate in activities of their choice independently or with the support of other agencies if that suited them.

Activity in the service was well organised and aimed to meet people's aspirations and interests. A regular breakfast club took place which was themed and enabled people to socialise in a relaxed environment. Other activity included; outside entertainers, visiting animals such as a husky dog team and tropical animals, arts and crafts and karaoke. Throughout our inspection we saw people were engaged well in the activities. Staff told us people went out in the community regularly and took part in activity that matched their interests such as walks in parks, pub lunches, watching rugby matches and shopping for clothes. We noted the records did not always fully reflect the activity people were involved in. The operations manager acknowledged this was an area of improvement that was needed. They said staff would be reminded of the importance of documenting all activity. All the relatives we spoke with felt there were enough activities. One relative showed us photographs of their involvement in an activity at the service with their family member. They said, "It was wonderful to be involved and still be able to do something with [name of family member]."

People were able to raise a complaint if they wished. People who used the service and their relatives told us they knew how to use the complaints procedures and felt confident to do so. One person said, "I can talk to anyone here about any concerns; I know they would do something." A relative said, "I would not hesitate to bring any niggles or complaints up; I feel they would be well received." One person told us they had not been completely satisfied with how their concerns had been addressed, however, they said the provider was

working with them to try and remedy this.

There was a clear complaints policy displayed in reception area at the home and also in the 'Service User Guide' given to people when they began to use the service. We looked at the complaints log and saw complaints received were being recorded and responded to appropriately. The records indicated apologies were given where appropriate and action was taken to prevent re-occurrence of events.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led.

There has been no registered manager since September 2017. A manager was recruited by the provider at this time but left their post before their registration with the CQC had been completed. To ensure consistent management support, the provider's operations manager had been managing the service on a day to day basis since January 2018 and had applied to the CQC to become the registered manager. Further to this, an experienced interim manager, who had previously been the registered manager of the service had been seconded to the service in June 2018. Recruitment for a registered manager remained on-going. The operations manager told us they had introduced new incentives to attract a high calibre of candidate for the role of registered manager. The management team were also supported by a clinical nurse manager.

People who used the service and relatives were familiar with the management team and spoke highly of them. Comments we received included, "[Name of operations manager] is making improvements here all the time", "[Name of operations manager] is good and I'm pleased to see [name of interim manager] back, I like him" and "The present manager is very nice and makes themselves known to you."

Staff also spoke positively of the management team. They said they were approachable and listened to them. Staff told us they enjoyed working at the service and said there was a positive team working culture. One staff member said, "[Name of operations manager] is very visible and has a fantastic relationship with staff and service users here. She's brilliant, so supportive." Another staff member said, "[Name of operations manager] is so responsive, makes sure things get done quickly. Any problems are dealt with properly. A very good manager."

We found there were good systems of quality assurance checks and audits in place. There was a calendar of audits to ensure all areas of the management of the service were reviewed quarterly. The audits included; medicines management, fire safety, catering, care records and equipment. These were used to monitor the quality of the service provided and to look for any improvements that could be made. In addition to this there was a monthly analysis of clinical statistics and events regarding accidents, incidents and safeguarding. Senior managers completed compliance reviews to ensure quality standards were maintained. Results of all the audits and reviews were collated to form an overall service action plan which showed evidence of a commitment to continuous improvement in the service.

People who used the service were asked to provide feedback on the service through a survey. The results of the latest survey in April 2018 showed a high degree of satisfaction with the service. We saw people were actively involved in the running of the service. People contributed to the recruitment of staff and were supported to do this with communication aids.

Regular 'service user' meetings and forums took place where people were able to put forward their views on how the service could improve. We saw this included feedback on menus, food and activities. A person who

used the service told us they enjoyed being part of the forums and were now attending provider forums to influence change within the provider's group of services. They said, "I feel I have a voice and am listened to."

The service worked well with other agencies and services to make sure people received their care in a joined up way. This included working with community mental health teams, GPs and occupational therapists.