

Mrs Linda Paterson

Ravenscroft Care Home

Inspection report

116 Warwick Road
Carlisle
Cumbria
CA1 1LF

Tel: 01228520748

Date of inspection visit:
27 January 2016

Date of publication:
10 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 27 January 2016. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that people would be in and that the registered manager would be available.

Ravenscroft Care Home (Ravenscroft) is a small, family run, residential care home. It is located just outside Carlisle city centre and is a short walk from local amenities. The building is a large Victorian property and is suitable to provide accommodation for people needing help with personal care and support. It does not have a lift but some of the accommodation is provided at ground floor level for people who may have difficulty in climbing stairs.

The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the time of our inspection there were three people living in Ravenscroft. We were able to spend time with all of them during our visit. Two of them had limited verbal communication and one was able to express themselves verbally very well.

The registered manager and the other members of staff were aware of their roles and responsibilities to keep vulnerable people free from harm and the threat of abuse.

We saw that peoples personal finances were dealt with in an appropriate way with suitable records kept.

We found that medicines were managed well and in line with peoples' prescriptions.

We observed warm and friendly interactions between the staff and people who lived in Ravenscroft Care Home. We saw that staff were able to communicate well with the people they supported.

We looked at the assessed needs as recorded in the care plans and also the dependency levels of the people who lived in the home and saw these were well managed by the registered manager.

People were encouraged to eat a healthy diet but could also choose their favourite food.

Healthcare needs were met through peoples' doctors, district nurses and consultants where necessary. Dental, optical and chiropody services were accessed when required.

People had been assessed prior to their admittance to the home. Each person had an up to date care and support plan that gave staff sufficient information to provide an appropriate level of care.

People knew how to make their concerns known both verbally and by other means and were confident that any concerns raised would be listened to and dealt with in a timely manner.

There was an open culture in the home with the staff team supporting people who lived in Ravenscroft care home to live as fulfilling a life as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The registered manager had completed training in safeguarding vulnerable adults. They were aware of their responsibility to protect people from the threat or risk of abuse.

Medicines were administered safely and in line with peoples' prescriptions.

There was sufficient staff employed to care for and support people who lived in Ravenscroft Care Home.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles to ensure they were competent to provide the support people needed.

People had a choice of meals and snacks. Records of people's weights were kept.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice was being followed.

Is the service caring?

Good ●

The service was caring.

People told us they were provided with good care and support.

People's independence and confidentiality were respected.

Staff knew people well and had formed caring and appropriate relationships with them.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been thoroughly assessed before moving in

to Ravenscroft. Re-assessment of their needs was on-going.

People and their families were able to raise complaints and concerns knowing they would be listened to.

People were given freedom of choice at all times and staff respected the choices people made.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place.

The registered manager constantly, though informally, monitored the quality of the service provided.

All records concerning every aspect of the operation of the home were in place and up to date.

Ravenscroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 announced inspection took place on 27 January 2016 and was carried out by one lead adult care inspector.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We spent time observing how the registered manager supported people in the home and how they interacted with each other.

We spoke to two relatives on the telephone to ask them for their comments and opinion about the provision of care and support.

We read all three care files which included assessments, care plans and person centred plans.

We looked around the building, including two of the bedrooms with the people's permission and also discussed the maintenance of the building and any risk in the environment. We inspected medicines and medicines records kept on behalf of people in the home.

Is the service safe?

Our findings

We were able to speak to one of the people who lived in Ravenscroft to ask if they felt safe living there. They told us, "Yes I really do feel safe. I like the manager and her husband who support me to do things by myself".

Some people were unable to verbally express themselves about feeling safe. We saw that they were relaxed and comfortable and relaxed around Linda and her husband. It was obvious they were used to their surroundings.

We contacted relatives by telephone to see if they felt their family member was safe living in Ravenscroft. We received only positive comments regarding the service. These comments included, "I have no doubt that my relative is safe living with [provider]. They had a difficult time before they moved in but they are very settled now".

This small home was run very much on family lines with the majority of the care and support provided by the provider, who was also the registered manager, and her husband. All but one of the people had lived in the home for many years and we saw that they were totally relaxed in each other's company.

Care plans contained up to date risk assessments that included time spent in the home and in the community. There was only one person that was able to go out by themselves and they told us they enjoyed going to the shops in Carlisle.

The registered manager was fully aware of her responsibility to keep those people she supported safe from the risk of harm or abuse. She was supported in her work by her husband and one other part time member of staff who had worked in the home for a number of years and knew the people who lived in Ravenscroft very well.

Everyone who worked in the home had completed training in safeguarding and those we spoke to during our visit knew exactly what to look for if they suspected any of the people they supported were at risk of harm or abuse.

We looked at the arrangements in place in relation to the recording of medicines received into the home and kept on people's behalf. We looked at the medicines administration records and found these to be clearly and correctly completed. There were records showing what had been received and details of any medicines returned to the pharmacy. Medicines management was the responsibility of the registered manager and she told us that, currently, there were no medicines liable to misuse called controlled drugs prescribed to any of the people who lived in Ravenscroft.

We saw that medicines were managed well and administered in line with people's prescriptions.

We looked at the records that were held in respect of people's personal monies and found these to be up to

date and in order.

Is the service effective?

Our findings

As this was a very small home it was run very much on family lines with the provider who was also the registered manager and her husband providing most of the care and support. There was one other part time member of staff who assisted with care and support if the provider had to go out. Both the registered manager and the other members of the staff team had worked in the home for many years and knew the people who lived there very well.

Staff training was kept up to date by joining the staff in a registered home nearby that ensured their skills were up to date.

We saw, during our inspection visit, that the people who lived in Ravenscroft very much considered they were part of one family with the registered manager. This was obvious to us through our observations during our inspection visit.

We looked at the assessed needs as recorded in the care plans and also the dependency levels of the people who lived in the home. We saw these were well managed by the registered manager. A new risk assessment had been put in place in respect of the one person who was able to go out on their own.

Relatives we spoke to also believed their family member was considered to be a part of one family who lived together. Their comments included, "The manager has always looked on the people she cares for as members of her own family. That makes it much easier for me as it means I have no worries".

We saw, from our observations and the records, that all those using this service were able to make some decisions about how they wanted to live their lives and to spend their time. They were not all able to easily verbally communicate well but because they had lived in Ravenscroft for so long communication was not a problem. If people could not always speak, and this sometimes depended how they were feeling at the time, communication was by other means such as body language and facial expression.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). 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.

Although people who lived in Ravenscroft were able to make some decisions for themselves all of them also had family members who were able to assist them in making the larger decisions about their care and welfare. The registered manager was aware of family members who had lasting power of attorney in order to help their relatives when necessary.

Health care needs were met by people's GP practices and hospital consultants when their services were

required. The registered manager ensured all hospital or consultant appointments were kept up to date and recorded in each person's individual daily diary. We saw there was a hospital passport in each of the care plans should a stay in hospital be necessary. The registered manager had a good network of specialists who could advise and treat people with special physical and emotional needs.

People who lived in Ravenscroft saw the dentist and optician on a regular basis and the registered manager ensured chiropody appointments were regularly kept.

We saw in the care plans that people had access to a dietician and a speech and language specialist if this was necessary. A record of people's weight was kept in each plan of care. The main meal was served in the evening and we observed a light lunch being served at lunch time. People were asked what they wanted to eat and, if necessary, were given assistance to eat in a dignified and relaxed way. People were encouraged to eat healthily but could also choose their favourite meals.

We looked briefly around the building and were shown their bedrooms by two of the people who lived in the home. These were large and airy and well decorated with suitable furniture and fittings. The provider had recently converted one of the large rooms on the ground floor into a bedroom for one of the people who lived in Ravenscroft. This room was large enough to accommodate the hoist that the person whose room it was occasionally needed to use to assist their mobility.

Is the service caring?

Our findings

People who were able told us they were very happy living in Ravenscroft and that the registered manager and her husband were very caring and kind. We spent time in the communal areas of the home and what we saw evidenced that the care staff knew the people they supported well and treated them with the utmost respect but at the same time put people at their ease with warm a warm and caring attitude. There was an understanding from the care staff of people's individual needs and the way in which people were able to communicate. We saw that people were given time to express themselves in their own way.

We also saw that confidential files about each person were kept locked away. This ensured the confidentiality and privacy of the written records.

We saw that all the people were treated as individuals and equals and were supported by a registered manager who knew them very well. Because all but one had lived at Ravenscroft for so many years the registered manager, who provided most of the care and support, was able to tailor the care to each individual whilst respecting the decisions each person made. The other person had only recently come to live in the home but they were able to tell us how well they were cared for. They said, "I love it here and everyone cares for me really well".

We saw that people were given as much independence as they wanted with the home being run very much on family lines. Those that were able were involved with their care and support and told us, "We can choose what we do and where we go". They told us that they were all given time to make their own decisions and one said, "I only have to ask about going out and can go now that I am used to the way into town".

Is the service responsive?

Our findings

Each person had their own personal care plan that included risk assessments, details of the support required to meet the individual needs and detailed information relating to health care needs. Records were kept of doctor's visits and other health care appointments.

People had lived in this home for many years and we could follow, through each of the monthly reviews, when any of the originally assessed needs had changed. We saw how risk assessments had been updated to meet the changing needs particularly when people went out into the community.

Outings were provided in accordance with peoples' abilities to take part and enjoy. One of the people went out two days a week and enjoyed time in the community with a support worker. Other activities were limited to what each individual wanted to do. The provider had recently purchased a new vehicle that could be used for people that used a wheelchair. This meant that outing or trips to the shops could take place on a regular basis. The registered manager told us that they went out somewhere every week even when the weather was cold. One of the people who lived in the home went out each week to meet the people he used to work with. People also enjoyed going to a local social club that was held in a local church hall every Thursday with the registered manager and her husband.

At the time of our last inspection there had been no need to provide aids to assist people with their mobility. However, at this inspection the registered manager told us she had purchased a hoist for one of the people to use on the days they found mobilising difficult. They now had a large room on the ground where there was plenty of room to keep the hoist to ensure it was always available for use.

The purchase of a hoist evidenced that the registered responded well to people's changing needs. The registered manager and her husband had completed training in moving and handling in order to be able to assist people to mobilise in a safe way.

People who lived in Ravenscroft care Home were able to raise their concerns in a variety of ways and families knew they could speak to the registered manager if they had any complaints. The care Quality commission had not received any complaints.

Is the service well-led?

Our findings

The registered provider who was also the registered manager had cared for two of the people who lived in her home for many years. The third person had only recently moved in after the recent floods in Carlisle. The registered manager approached her role as if the people she supported were members of her family but with an appropriate degree of professionalism. She told us that her aim was to give people a full life and support them to be as active as possible. It was obvious from our observations that she did this with openness and accountability.

The registered manager had always encouraged the people she supported to maintain family links and all the people living in the home were in touch with their families. Invitations were given for family members to visit the home and people who lived there did go to visit their families from time to time when they were able and wanted to.

Links with the community were also important and these were kept up through some social activities in and outside the home. The registered manager encouraged the people she supported to maintain their community links and go out as much as possible but they said they really liked to go out in the car with the registered manager.

The registered manager confirmed that she kept in touch with the local authority learning disabilities team for help and advice should she need it. She also had a good network of Health care professionals such as consultants and district nurses to call on for advice when this was needed.

As this small home was run very much on family lines the care and support was provided by the registered manager, her husband and one other part time member of staff who came in to assist and support if the registered manager needed to go out. This meant that any supervision was very much a relaxed process.

Monitoring of the quality of the service provided was done on an informal basis through constant dialogue with the people who lived in Ravenscroft. Only one person was able to discuss their care in detail with the registered manager and they told us, "I get on well with everyone and [manager] is always asking if I am happy with everything". The registered manager also maintained contacts with family members to ensure they were always kept up to date with their relatives care and support.

We saw that records concerning every aspect of the operation of the home were in place and up to date.