

## Orchard Care Homes.com (3) Limited

# Ravenstone

### 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?

Good



### Overall summary

The inspection took place on 22 and 23 September 2015 and was unannounced.

The provider of Ravenstone is registered to provide accommodation and nursing care for up to 43 people who have nursing needs. At the time of this inspection 39 people lived at the home. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to the first floor. People have use of communal areas including lounges, conservatory and dining room. A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed views from people about whether there were sufficient staff to consistently meet their needs. We found improvements had been made to make sure staff responded to people's requests for assistance and helped people to follow their interests. Although, at this inspection there were some people who had to wait to receive support with their personal care needs.

# Summary of findings

People had their prescribed medicines available to them and staff followed safe medicine practices. This included referring to information which had been developed for people who needed 'when required' medicines to make sure they received these safely and in the right way for them. This was an improvement made by the provider since our last inspection. However, we were concerned about one person who did not receive one of their medicines at the right time which was important for them as this could have impacted on their physical abilities.

People told us they were supported to access health and social care services but for two people staff had not followed up the advice provided by the doctor to maintain and promote their health and well-being.

People and their relatives told us that they felt safe. Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm. Staff had received the training they needed to fulfil their roles and felt supported by the registered manager but some staff did not conduct themselves professionally whilst on duty. All new staff had been checked for their suitability to work at the home.

Staff were knowledgeable about people's needs and how to meet those needs and care records had been improved to reflect the care people received. This included supporting people with their continence needs by making sure the records accurately recorded any aids people required to help staff provide personalised care which consistently met people's needs.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these

were made in their best interests by people who knew them well. Where people may have restrictions on their liberty and freedom in order to keep them safe applications had been made to the local authority so that assessments could take place to make sure people were not unlawfully restricted.

People were provided with appropriate food and drink to meet their health needs. People were happy with the food they were provided with and staff helped people to make their own choices so that people's personal preferences could be met. However, there was an unpleasant smell in the dining room where people were eating their meals which did not enhance people's dining experience.

Staff were caring and respectful towards people with consideration for people's individual needs when chatting with people. Staff offered people the opportunity to have fun and interesting things to do. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

People knew how to make a complaint and felt able to speak with staff or the registered manager about any issues they wanted to raise. People were encouraged to give their views and experiences of the home through meetings but staff were also aware of advocacy services should people need an independent person to speak on their behalf.

People benefited from living in a home where quality checks were completed on different aspects of the service to drive through improvements. The registered manager was open and responsive to making further improvements so that people consistently received good standards of care and treatment.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. People did not consistently receive care when they wanted as some people had to wait for staff to help them meet their needs. People's prescribed medicines were administered by staff who had the knowledge to do this safely but one person did not receive one of their medicines at the right time.

People were protected from harm and abuse because staff had received training to increase their knowledge and they put their training into practice.

**Requires improvement**



### Is the service effective?

The service was not consistently effective. People were happy with the health care they received but staff had not followed through actions required by their doctors to ensure some people's needs were effectively met. The professional conduct of some staff did not reflect they had put their training into practice. Staff did not ensure some people's meal time experience was enhanced as there was an unpleasant smell where people were eating their meals.

People were supported to make their own decisions and to consent to their care and treatment. People had a choice of what to eat and liked the food provided.

**Requires improvement**



### Is the service caring?

The service was caring. People told us that staff were kind. People were involved in their own care as staff offered them choices and provided care based on people's own preferences. People's right to spend time alone and be with their visitors as they chose was respected.

**Good**



### Is the service responsive?

The service was responsive. People were happy with the support they received to follow their pastimes and interests. People felt that their complaints were listened and responded to. Where people had raised complaints the registered manager had investigated these and used any learning to make improvements to benefit people.

**Good**



### Is the service well-led?

The service was well led. The involvement of people who lived at the home and staff in the running of the service had been encouraged and promoted. People benefited from a management team who checked the quality of the care people received and were responsive to the areas which required further improvements so that people enjoyed better care.

**Good**



# Ravenstone

## 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 22 September 2015 and it was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge and experience of older people. The inspector also returned on 23 September 2015 for part of the day to complete this inspection.

We looked the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any

incidences which put people at risk of harm. We refer to these as notifications. We contacted the local authority and the clinical commissioning group who commission services from the provider for their views of the service people received. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home and four relatives. Another four relatives spoke with us by telephone. We also saw the care and support people received.

The registered manager, deputy manager, two nurses, three care staff and the activity co-ordinator spoke with us during this inspection and we also spoke with the chef by telephone.

We looked at the care and risk plans and monitoring records for five people and medicine records. We also looked at three staff recruitment records, incident and accident reports, meetings for people who lived at the home and staff. Records were viewed about the running of the services people received which included how the registered manager and registered provider assessed, managed and monitored the quality of the services people received.

# Is the service safe?

## Our findings

Although we saw improvements had been made following our last inspection to make sure there were sufficient staff to meet people's needs, at this inspection we saw staff did not always fulfil their responsibilities. This is because they failed to meet the personal care needs of two people which meant they had to wait until after lunch for their needs to be met. Staff who we spoke with told us it was because they were busy which sometimes happened. We received some mixed views from people who lived at the home and relatives we spoke with about the timeliness of staff in meeting people's needs. One person told us, "I think there has been enough people (staff) around to help me and keep me safe by being there for me." Another person said, "The numbers of staff during the week is okay, but at weekends are not that good. So when I press my call button it can be as long as 30 minutes before someone comes to see what I need." Two relatives said they were unhappy with the inconsistencies in the timeliness in which staff assisted their family members. One relative told us that their family member's personal care needs had not been met in a timely way which the registered manager said they would be investigating. However, four relatives told us they had no concerns about the staffing levels at the home.

The registered manager was able to show us how they assessed and managed staffing levels to ensure sufficient staff were on duty but was open and responsive to our concerns about the failure of staff to meet the personal care needs of some people. The registered manager assured us they would take action to make sure staff consistently managed their roles and responsibilities so that people received the care they require at the time they needed it.

All people we spoke with were happy with the support they received from staff to take their medicines. One person told us, "Staff are good at looking after my medication and it's given to me on a regular basis which I'm pleased about." Another person said, "The nurses always give me my medication every day which helps keep me well." A relative told us, "Medication is provided and we are happy with that and have no concerns." However, on the second day of our inspection we were concerned as one person told us they had not received one of the medicines they needed. We saw this person's one specific medicine should have been

administered to them earlier that morning but staff had failed to do this. It was important this person received this medicine at the right prescribed times otherwise this could impact upon their physical abilities. The registered manager assured us they would address this with staff so that lessons could be learnt to reduce the risk of this happening again due to the impact to this person.

We saw people were supported to receive their medicines in a dignified and sensitive way. For example, staff knew how people liked to take their medicines and made sure people had drinks so that they were able to swallow their medicines with comfort. Medicines were available for people and stored safely in locked medicine trolleys. The records for each person's medicine contained a photograph of the person to reduce the risk of medicine being given to the wrong person. We saw improvements had been made following our previous inspection. Staff now had written information to refer to when people were prescribed 'when required' medicines so that risks to people of not having these medicines consistently in the right way were reduced.

People told us they felt safe living at the home when staff supported them. One person told us, "I feel safe because the staff know what they are doing and what my needs are." Another person said, "Staff know what I need and how to support me which makes me feel safe." A relative told us, "He is very safe there as staff are on hand and they are pleasant to him." Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had been trained to understand how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. Two staff members told us that they had never seen anything that caused concern but they would be confident to report anything to the registered manager. Our records showed that where allegations of abuse had been reported the registered manager had taken appropriate actions, followed local authority safeguarding procedures and notified the Care Quality Commission as required.

Staff understood how to report accidents and incidents and knew the importance of following these policies to help minimise risks to people. The registered manager told us that they monitored these to identify any trends which may indicate a change in people's needs or medical

## Is the service safe?

condition. For example, if people had a series of falls this would be discussed with their doctor so that people received the support and any treatment they needed to reduce risks to their wellbeing.

Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. We saw that staff had assessed monitored and reviewed people's level of risk in relation to all aspects of their care, such as their walking abilities, their skin and their level of dependence when meeting their daily care. We saw staff supported people with their walking and used specialised aids to make sure risks to people's health and safety were reduced, such as, pressure relieving mattresses and regularly helped people to reposition themselves. We saw that where people needed to use any walking aids these were always within their reach and people we spoke with gave us examples of how staff supported them so that they were as safe as possible. One person told us, "They make sure that I'm safe when having a bath, making sure that I

don't fall by standing by me and supporting me." Another person was supported to manage their own risks around their health need so that they had a degree of independence. People's monitoring records had been improved following our last inspection. Staff were now consistently recording the regular care they provided to people to reduce risks to people's skin, and to ensure they drank enough.

We saw that appropriate checks were completed on new staff prior to them starting work at the home which included checks with the Disclosure and Barring Service (DBS). We spoke with one staff member about their recruitment. They confirmed they had not started work until references had been made with their previous employers and a police check was completed to make sure they were suitable to work with people living at the home. They also told us that they had received a good induction to the home and training which was helpful to meet the specific needs of people who lived at the home.

# Is the service effective?

## Our findings

We saw staff had not followed up a doctor's visit with appropriate actions. We saw the doctor had requested two people have samples of their blood taken but there was no written record this had been done and staff could not confirm samples of blood had been taken. The deputy manager contacted both people's doctors surgery on the day of our inspection to check what actions had been taken since the doctor visited nearly three weeks ago. It was confirmed to the deputy manager that both people still required blood samples to be taken and one person had gained weight and then lost some further weight. The deputy manager was able to tell us the importance of actions not being delayed for both people as there could be underlying health causes which blood tests might reveal.

People we spoke with told us staff would refer them to the doctor if they were unwell. One person told us, "Staff would arrange for my health professionals to see me if needed." Another person said, "If I'm not well staff would arrange for my GP to come and see me." We saw in people's care records that staff had supported people with their health needs by contacting different professionals so that these could be effectively met. For example, we saw people's sore skin needs had been reviewed by the nurse who specialises in skin care, known as the tissue viability nurse.

Staff we spoke with told us they had access to a range of training and one to one meetings about their roles and performance essential to support them in their work. Although staff had completed this training and told us they found it useful two staff members did not put their training into practice. Their behaviour whilst on duty did not reflect they had considered their training or their responsibilities of acting in a professional manner whilst undertaking their caring roles. The registered manager was made aware and would be taking action for the benefit of people who lived at the home.

We saw positive communications between staff and people who lived at the home at mealtimes and extra support was given when people needed it. However, we noticed there was an unpleasant smell in the dining room on the first day of our inspection where some people were sitting to have their meals. We spoke with the registered manager and staff about this unpleasant smell who recognised this did not enhance people's dining experience. They told us the

carpet had been cleaned and thought the machine used may not be working correctly due to the smell it was leaving on the carpet. However, the registered manager confirmed there was another area in the home where people could have eaten their lunchtime meals and this was used on the second day of our inspection.

People spoken with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, "They (staff) also ensure my oxygen is working properly so they have to be well trained to care for me." We saw examples where staff effectively put their training into practice whilst they were undertaking cleaning duties around the home environment. For example, they wore protective clothing so that the risks to people of cross infections were reduced. This was an improvement made following our previous inspection as we saw this did not always happen. We also saw staff had improved their practices in consistently recording the fluid and food people had eaten and drank for people assessed as being at risk of poor nutrition or dehydration to meet people's needs effectively.

We saw food and drinks were available to people throughout the day and people were offered a choice of meals. People told us they had plenty to eat and liked the food. One person told us, "I think the food is wonderful and with very nice starters as well. There is always squash, water and snacks to have during the day as well as our tea and coffee. Another person said, "The food is beautiful and I have drinks and snacks during the day if I feel thirsty or hungry. One relative told us, "Our relative enjoys the meals and the variety that is offered. There are refreshments and snacks available for our relative to enjoy."

We spoke with the chef who told us that they had discussed meals with people who lived at the home so that people's favourite meals could be made available. The chef was aware of people's food requirements and how to prepare and cook meals so that they met people's individual needs. For example, people who needed a soft diet so that they had food available to meet their nutritional needs. We saw where people were at risk associated with eating and drinking their nutritional needs had been assessed. Staff told us and we saw people were referred to health professionals when this was required to support people in receiving the nourishment they required to remain healthy and well.



## Is the service effective?

Staff understood how to use people's preferred communication to enable people to give their consent and make choices around the daily aspects of their care. All staff spoken with told us they always discussed people's care with them and made sure they were in agreement with it. We saw this was the case as staff sought people's consent around their medicines and before supporting them with meals. People we spoke with also felt that staff offered them daily choices and we saw staff responded to these requests effectively. Relatives we spoke with also believed their family members were given choices and these were respected by staff.

The registered manager and staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how this law affected their roles. For example, they were

aware of the steps to take where a person does not have the capacity to consent to a specific decision about an aspect of their care so that decisions were made in people's best interests. One staff member gave us an example of where a person might repeatedly decline to wash and an assessment of their capacity showed they were unable to make this decision it would then be made in their best interest. Staff also told us about care practices which could potentially restrict people's freedom in order to keep them safe from harm. For example, people who might want to leave the home but would not understand they needed supervision to be able to do this safely. The registered manager had made DoL applications to some people's local authority so that people were not unlawfully restricted without this being agreed by people who had the authority to do this.



# Is the service caring?

## Our findings

People told us that staff were caring as they helped them and they were happy living at the home. One person told us, "The staff are caring and look after me well." Another person said, "Its good living in here I'm very happy with what the staff do for me." People who lived at the home and their relatives told us that visitors were made welcome. One relative told us, "I can visit whenever I like and staff always speak with me." Another relative said, "I get on well with all the staff and I am made welcome with a cup of tea." Throughout our inspection we saw relatives visited their family members. Visitors were able to choose whether to see people in private or sit with them in the communal areas. There were no restrictions on people visiting.

We saw staff and people who lived at the home spoke with each other in a friendly and respectful manner. People were offered a choice of music to listen to and sing along to as they wished. Some people showed their enjoyment as they hummed along or moved to the beat of the music. Staff talked to people about their likes around music and showed a genuine interest as people reminisced about what music meant to them.

Staff knew people well and understood and had learnt their likes and dislikes from talking with people about their life histories. For example, one person liked to sit by the window next to the pet bird they had become fond of. Another person was enjoying a conversation they had with a staff member about their working life as staff helped them in reminiscing about what they used to do. We also saw staff checked with people if they were comfortable,

such as, staff supported one person back to their room. As they did this we saw staff chatted with this person about their day. This person smiled as they happily shared their day with staff.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I can do some things and they (staff) let me where I can." Staff told us that they encouraged people to remain independent and supported people to do their own personal care needs where they could. We saw examples where people independently made their own choices about their daily lives which were respected by staff. For example one person chose what music they wanted to listen to and we saw they independently changed the music they wanted to listen to.

We saw there were some arrangements in place for people to be involved in making decisions. If people needed an advocate staff had access to information about how advocates supported people in their lives and speak up on their behalf when this was required.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed when assisted with personal care. We saw staff discreetly assisted people with their toileting needs and closed doors to ensure people's privacy was protected. One person told us, "Staff look after me very well when they give me a bed bath they are patient and kind to me they close the door and curtains." We saw and heard staff do this and used people's preferred names when speaking with them.

# Is the service responsive?

## Our findings

People we spoke with told us about their experiences of receiving care and support which they felt was responsive to their needs. One person told us, "I mainly have bed baths and an occasional shower these are a nice experiences so I feel safe and well cared for by the staff." Another person said, "Staff do my personal care which is very good so I'm happy about that." However, we received mixed comments from relatives we spoke with. One relative told us they felt their family member's needs were responded to and staff always shared any concerns with them about their family members care. Another relative said that had not had any course not to be happy as their family member received the best care. A further relative said that staff did not always respond to their family members needs so that the care met their individual needs. They had raised their concerns with the registered manager.

We saw staff knew people well and had a good understanding of their needs. Staff were aware of people's preferences and told us some people chose to eat some of their meals in their rooms. One person chose to have bed sides in place at night as this made them feel safe and secure as they were used to sleeping in a double bed. We saw staff responded to people's requests for assistance when they used their call bells. One person told us, "The staff respond well to the call button, sometimes I have to wait a few minutes if they are busy." This was an improvement as at our previous inspection people's call bell requests for assistance were not consistently responded to without an unreasonable delay.

Staff told us that they had read people's care plans to update themselves on changes in people's needs. We saw people's care plans had been reviewed following our last inspection to make sure they accurately reflected people's as they changed. Staff also said they were kept up to date about changes in people's needs during shift handovers and reviews of people's care needs.

We saw people who lived at the home and their relatives were involved in attending review meetings where they were able to discuss any concerns about their care and support needs. A relative told us, "Staff have concerns that

my relative wants to stop in the bedroom, they called a meeting with family members where the situation was discussed but we have to respect what my relatives needs are."

We saw people were now supported to follow their individual interests and have fun things to do as a group. This was an improvement following our previous inspection when we saw and heard from people that they were bored and felt lonely. We saw some people enjoyed listening to music and singing along to the tunes. One person told us, "I do have lots of support from the man who does all our activities, and these stop me from being bored, lots of different things to do so I'm happy with that." Another person said, "What is good for me is that there are activities that happen every day so that I don't get bored." A further person told us, "I certainly will not do any of the activities it's not for me." One relative said, "He has chats with a man about football" and another relative told us their family member, "Like to stay in their room mostly, they like their own company."

All staff spoken with told us there had been improvements made and people did have opportunities to take part in social events. We saw the two dedicated staff members had been appointed to plan and support people to follow their interests. We spoke with one of these staff members who was knowledgeable about people's lives and interests. They told us about the variety of things people could choose to take part in which included singing, exercises to music, art and craft and floor basketball games. We saw some of these were planned for certain days and displayed for people to be able to organise their days around what interested them. The staff member also said they helped people to follow their individual interests which included spending time with people on a one to one basis so that they had opportunities to reminisce about their lives. They told us they helped people to maintain life skills which people enjoyed, such as, doing some baking and gardening. They were also keen to support people in joining events in the community, such as, having a stall at the local town market and visiting museums of people's choice. We saw this staff member supported and encouraged people to meet as a group and spent time with people in their rooms so that people did not become isolated.

We asked people who lived at the home and relatives how they would complain about the care if they needed to.

## Is the service responsive?

People who lived at the home were aware they could tell staff if they were unhappy. One person told us, "If I had any worries or concerns I would chat to the staff who would help and support me." A relative said if they had any concerns they would speak with the registered manager.

Staff we spoke with knew how to support people in raising any complaints and believed all complaints received would be listened to and action taken by the registered manager to resolve people's issues. Staff also told us people could raise their concerns and complaints at meetings held at the home. For example, care review meetings and group meetings which were attended by people who lived at the home and their relatives.

The provider had complaints procedures and information for people on how to complain was displayed so that people who lived at the home and visitors had the knowledge about how they could make a complaint. We saw there was a system in place to record complaints received. The complaints records showed that when the registered manager had received a complaint they had completed an investigation. We looked at the complaints that had been received. The registered manager had acted on the complaints raised and people had been informed of the outcome and any actions taken.

# Is the service well-led?

## Our findings

Three people we spoke with told us they did not know who the registered manager was but felt confident they could approach staff if they wanted or needed to. One person told us, “I don’t know who the manager is but the other staff are good and caring.” Another person told us, “I have no idea who the manager is but the staff are good to me.” However, we did see some people spoke with the registered manager on the day of our inspection and knew them by name. Relatives we spoke with told us they knew who the registered manager was with one relative confirming, “The management team are good at communicating with the family so that’s good too.”

We saw people and their relatives were provided with opportunities of sharing their views about the quality of the service they received. For example, we saw meetings were held with people and their relatives. The minutes from these meetings were displayed in the home for people to read as they wished. We saw people had commented on different aspects of the services they received, such as, the quality of food and drink in the home.

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. We saw the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. One staff member told us, “Monitoring the call bells has improved. The morale has gone up. We are having more time to sit with people. Think things are better.” Another staff member said, “We work as a team and all help each other.”

Staff were positive about the support they received from the management team and told us they were confident to question and report poor practice. Staff were aware of the whistle blower procedures and told us they would be encouraged to speak up about poor staff performance which could impact upon the quality of care people received.

The registered manager understood their responsibilities and supported staff to provide high quality care. We discussed the areas they had worked to improve upon and saw there had been changes following our last inspection

and based on feedback from people who lived at the home. This included the registered manager seeking different ways of recruiting permanent nurses so that people had continuity of care from staff who were familiar with them. Also staff would be managed on a day to day basis by permanent nurses who understood the services at the home.

The registered manager of the home showed good knowledge of all aspects of the service including the people living there, the staff team and their responsibilities as registered manager. The registered manager was fully supported by the deputy manager and senior managers in the organisation. They had all worked together to make on-going improvements to aspects of the services people received. For example, the recruitment of two members of staff to improve and enhance people’s wellbeing by supporting people with things which they found fun and interesting. We also saw contractors were doing some work at the home to make sure water temperatures were consistent in providing hot water supplies for people and staff.

We saw evidence that regular checks were completed of care plans, infection prevention procedures and other areas of the services people received. The registered manager showed us these checks were used to inform staff of areas for improvement. For example, staff were not consistently responding to people when they used their call bells when they required assistance. The registered manager had taken action to address this which included senior care staff were to respond to people’s call bells if staff did not do this in a timely way to make sure people received assistance when they needed it. We also saw staff were now keeping people’s monitoring records up to date so that they provided an accurate picture of the care people received. The registered manager told us they worked on an on-going improvement plan to continually make improvements to the quality of the service people received and were responsive to the areas which required further improvement as discussed at this inspection. They said, “My hope for Ravenstone is that it never goes backward. Our residents are very well cared for. Still have some tweaks to do but we have come a long way.”