

Ravenswing Homes Limited

Ravenswing Manor Residential Care Home

Inspection report

3 St Francis Road
Blackburn
BB2 2TZ
Tel: 01254 207088
Website: www.ravenswinghomes.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection which took place on 10 September 2015. We had previously inspected this service in April 2015 when we identified eight breaches of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us serving three warning notices and making five requirement actions. As a result of our inspection findings the service was placed into 'Special measures'.

Following the inspection in April 2015 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. This inspection was undertaken to check the required improvements had been made.

We found the service had made significant improvements since our last inspection and all regulations we inspected were being met. As a result the service has been removed from 'Special measures'.

Summary of findings

Ravenswing Manor Residential Care Home is registered to provide accommodation for up to 24 older people who require support with personal care needs. At the time of our inspection there were 20 people using the service.

There was no registered manager in place at Ravenswing Manor. The manager who was responsible for the day to day running of the service was in the process of completing the necessary training to register as manager for the service. 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 we spoke with told us they felt safe in Ravenswing Manor. Staff had received training in safeguarding adults and were able to tell us of the correct action to take if they witnessed or suspected abuse.

Staff were safely recruited. Although we observed there were enough staff on duty on the day of the inspection, some people told us they considered staffing levels needed to be increased at times.

People spoke positively about the caring nature of staff. During the inspection we noted positive interactions between staff and people who used the service. All the staff we spoke with demonstrated a commitment to providing person-centred care.

Staff had received the induction, training and supervision required to ensure they had the skills and knowledge needed to carry out their role effectively. Staff told us they enjoyed working in the service and received good support from senior staff. They told us the atmosphere in the service had improved since our last inspection.

Although improvements had been made in the way medicines were managed in the service, we noted cream charts were not always fully completed. This meant we could not be certain people had always received their creams as prescribed.

All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

However, recent fire checks had noted that some fire doors were not closing properly and we could not find any evidence to confirm that required remedial action had been carried out. This meant some people might not be fully protected in the event of a fire.

People's care records contained good information to guide staff on the care and support required. People told us they always received the care they needed. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found the meals provided in Ravenswing Manor were varied and nutritionally balanced. Systems were in place to help ensure people's health and nutritional needs were met. People told us they enjoyed the food provided in the service.

People were supported to access health care services when necessary. Improvements had been made to recording systems in the service to help ensure any advice given by health care professionals was always documented and acted upon.

A programme of activities had been introduced at Ravenswing Manor to help improve the well-being of people who used the service. We noted plans were in place to organise events in the home and to support people to attend local community resources.

Records we reviewed showed people who used the service and their relatives had opportunities to comment on the care provided in Ravenswing Manor. We saw evidence that suggestions made had been acted upon. Systems were also in place to investigate and respond to any complaints people might make. People told us they would feel confident to raise any concerns they had with care staff or the manager.

Significant improvements had been made to the quality assurance processes in place in the service. The manager had introduced a series of weekly and monthly checks

Summary of findings

and was motivated to continue to drive forward improvements in the service. All the people we spoke with made positive comments about the leadership displayed by the manager and the improvements they had made since the last inspection.

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?

Some aspects of the service were not safe.

People told us they felt safe in Ravenswing Manor. Staff had received training in safeguarding adults and were aware of the action to take should they witness or suspect abuse.

Recruitment processes were sufficiently robust to protect people from the risk of unsuitable staff. Although we noted there were enough staff on duty to meet people's needs, some people considered staffing levels should be increased at times.

Improvements had been made to the way medicines were managed in the service but records relating to the administration of prescribed creams were not always fully completed.

Requires improvement



Is the service effective?

The service was effective.

People told us staff would ask them for their consent before any care or support was provided.

The manager had taken steps to ensure that any restrictions in place for people who used the service were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Staff had received the induction, training and supervision to help ensure they were able to deliver safe and effective care.

Good



Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff.

Staff showed they had a good understanding of the care and support that people required.

Good



Is the service responsive?

The service was responsive.

People told us they received the care they needed. Care records contained good information about people's wishes and preferences about how they wished to be supported.

Systems were in place to investigate and respond to any complaints people might make.

Good



Summary of findings

A programme of activities had been introduced to Ravenswing Manor to help improve the well-being of people who used the service.

Is the service well-led?

The service was well-led.

The manager was in the process of completing management training. They were due to submit an application to register as manager with CQC.

Quality assurance systems in the service had improved and the manager completed regular checks to help drive forward improvements.

Staff told us they enjoyed working in the service and considered the manager was approachable and supportive.

Good



Ravenswing Manor Residential 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 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 10 September 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor 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 had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service,

what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service. None of the organisations we contacted expressed any concerns about the service provided in Ravenswing Manor.

During the inspection we spoke with 12 people who used the service and three visiting relatives. We also spoke with the manager, three members of care staff, the chef and the domestic.

We carried out observations in the public areas of the service. We looked at the care records for five people and the medication records for all people who used the service. We also looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our last inspection in April 2015 we found the service was not safe. This was because the recruitment systems in place did not adequately protect people from the risk of unsuitable staff. Staffing levels at night were insufficient to ensure people always received safe and appropriate care. People were not adequately protected by the systems in place to manage medicines and staff were not aware of the procedures to follow to protect people from the risk of abuse. We issued warning notices in relation to recruitment procedures and safeguarding people from abuse and improper treatment to ensure the provider made the necessary improvements. During this inspection we found the requirements of these warning notices had been met.

All the people who used the service told us they felt safe in Ravenswing Manor. Comments people made to us included, "I feel safe. I get my medicines when I should" and "I have been here for some time now and I do feel safe here." A relative also told us, "[My relative] is safe and very well cared for here."

We noted that since our last inspection staff had been provided with safeguarding training. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. All the staff we spoke with were aware of the action to take should they suspect or witness abuse. Staff also told us they would be confident to report any poor practice in the service and considered they would be listened to and taken seriously should they do so.

We saw that required improvements had been made to the recruitment processes in the service. The five personnel files we looked at were well organised and contained a checklist to help ensure all the required documents were in place. All personnel files contained proof of identity, application forms that documented a full employment history, a job description and at least two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helps to protect people from being cared for by unsuitable staff.

We received mixed views about staffing levels in the service. Three people we spoke with told us there were always enough staff on to meet their needs, although two people were less sure that this was always the case. Another person commented, "I don't think they have enough staff though because if something goes wrong then they can struggle." One visiting relative expressed concern about the number of falls their family member had experienced and told us they did not always feel there were enough care staff on duty. However during the day of our inspection we observed staff responded promptly to people's request for assistance and there were sufficient numbers of staff available to meet people's needs.

At our last inspection in April 2015 we were concerned at the numbers of staff available to meet people's needs at night. This was because there was only one waking night staff with another member of staff asleep on the premises to provide additional support if needed. During this inspection we checked the rota and saw there were two staff members on waking duty awake to provide care and support to people. We noted staff were now required to sign to indicate the checks they had undertaken during the night. We also saw records which demonstrated both the provider and manager were undertaking regular 'spot checks' including at night to confirm staff were carrying out their required roles.

At our last inspection we found medicines were not managed safely in the service. During this inspection we found significant improvements had been made.

We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. We looked at the records relating to the administration of medicines for all people who used the service. We found all the medication administration record (MAR) charts included photographs to help staff identify people any allergies were documented. All the records were fully completed to confirm people had received their medicines as required. However, we noted cream charts had not always been fully completed; this related particularly to when creams were prescribed to be administered more than once each day. This meant we could not be certain people had always received their cream medicines as prescribed.

We noted there were no protocols in place to help staff decide when to offer people medicines which were prescribed on an 'as required' basis. The medicines policy

Is the service safe?

advised staff that, where people were unable to request pain relief, they should regularly monitor people's well-being and condition to determine if pain relief medicines were required. We noted there was no tool in place to enable staff to record any such observations. However, from our review of MAR charts we saw that staff were regularly recording that 'as required' pain relief had been given to people when necessary. All of the people we spoke with told us they received their medicines when they needed them.

At our last inspection we found there were insufficient numbers of night staff who had been trained to administer medicines should people require pain relief, or other 'as required' medicines at night. We saw evidence that the manager had arranged for all night staff to receive this training. This meant people should be able to receive their prescribed medicines without delay.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. However, one person we spoke with told us they preferred to use the stairs rather than the stair lift. They told us they had their own way of getting down which they were aware worried staff but they felt safer doing so. We checked this person's care record but could not find any assessment in place to record their preference and associated risks.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. When we checked the handwashing facilities we noted there was no

liquid soap in one of the bathrooms and no paper towels in an upstairs toilet. The manager told us these facilities were checked regularly but would ensure the items were replaced as soon as possible.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. We saw that a system of health and safety checks had been introduced by the manager to include water temperatures, wheelchairs and the cleanliness of the environment. This should help to ensure the safety and well-being of everybody living, working and visiting the service.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the 'grab bag' in the staff office to ensure they were easily accessible in the event of an emergency. This bag also contained an up to date business continuity plan; this included information for staff about the action to take should an emergency arise which affected the running of the service.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. However from the records we reviewed we saw that the last six checks on the fire doors had noted three doors had not been closing properly. The provider was unable to tell us of any action taken to resolve these issues. This meant there was a risk some people would not be fully protected in the event of a fire in the service.

Is the service effective?

Our findings

At our last inspection in April 2015 we found the service was not meeting people's needs effectively. This was because staff had not received the induction, training or supervision required to enable them to carry out their roles effectively and safely. Recording systems were not sufficiently accurate and up to date to ensure people always received the care they required. On this inspection we found the required improvements had been made.

Since our last inspection we noted the manager had arranged for most staff to undertake training in safeguarding adults, infection control, first aid and Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS). A plan was also in place to ensure staff were booked on to required refresher training in order to keep their skills and knowledge up to date. However, we noted one member of staff had started work at the service without having completed refresher training in moving and handling. When we discussed this with the manager they told us the member of staff concerned was very experienced in working in residential care and was booked on the next available training course. We also noted the registered manager had completed an observation of the member of staff whilst they were supporting a person to transfer using a hoist; this confirmed the staff member had demonstrated safe practice.

The manager told us that they had introduced a system of regular supervision with all staff. Records we looked at and our discussions with staff confirmed this. We saw that supervision sessions were used as an opportunity for staff to raise any safeguarding concerns as well as to review training and development needs.

We looked at the induction records relating to two staff members who had recently been recruited to work in the service. We saw that they were required to complete a health and safety induction and to be observed by a more experienced member of staff before they were allowed to work independently. All the staff we spoke with told us they had received the training they required to carry out their roles effectively and safely.

All the people we spoke with made positive comments about the skills and attributes of staff. Comments people made to us included, "I am looked after by some very kind staff who do treat me with respect and I think they know

what they are doing" and "I know [my relative] is safe and I am sure the staff are well trained in caring but I am not sure whether they are up to speed with Parkinsons. I have never needed to raise any concerns and can't really fault them."

People who used the service told us staff would always ask for their consent before any care was provided. They told us they had opportunities to discuss with staff how they wished to be supported. 11 of the 12 people we spoke with told us staff would always respect their choices but one person told us they thought there were occasions when their choices were not respected, although they could not give us specific examples of when this had occurred. Throughout the inspection we heard many instances of staff gaining consent from people who used the service such as "Can I take you to the lounge now?" and "Is it ok for me to move you from the table?" The service had a policy and procedure in place outlining the expectations of staff for gaining consent prior to carrying out any care/treatment.

Care records we reviewed contained information about individual's capacity to make particular decisions. We noted multi-disciplinary meetings had taken place, where necessary to help ensure any care provided was in a person's best interests.

Since our last inspection we noted the manager had submitted applications to the local authority to ensure that, where any restrictions were in place for people who used the service, these were legally authorised.

During our last inspection we found care records were not always accurately completed which meant people were at risk of receiving care which did not meet their needs. On this inspection we found all the records we reviewed were fully completed and provided evidence that people's care needs had been regularly reviewed and records updated where necessary.

People told us the quality and variety of food provided in the service was good. Comments people made to us included, "The food is excellent and I can always get drinks or a snack if I want one" and "They [staff] are all good with me and the food is good too."

We spoke with the chef who showed us evidence that they had completed food hygiene refresher training since our inspection. They had also displayed information about

Is the service effective?

allergens in the dining room. This information encouraged people to speak to the chef if they had any concerns or questions about the ingredients in any of the meals provided.

The care records we looked at showed most people were weighed regularly, had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. However we noted one person who was assessed as being at risk of malnutrition had not been weighed since November 2014 as they were cared for in bed. Staff told us this person could often be resistive to interventions. We spoke with the person concerned who told us "I eat what I want." We noted the district nurses were involved with this person's care and had not raised any concerns about their weight.

People who used the service told us they were supported to access healthcare services should they need them. Visitors we spoke with told us they were aware that staff would contact health professionals when necessary. They told us they had always been contacted by the service should any changes to their relative's care need to be discussed.

We saw the manager had introduced a system where staff were expected to record any requests for health professionals to visit and to record any advice given. This should help to ensure people received effective care.

Is the service caring?

Our findings

All the people who used the service told us staff were kind, caring and treated them with respect. Comments people made to us included, “It was definitely for the best with me coming in here. Everything about it suits me and I am happy knowing that my husband does not now have the strain of caring for me at home. They are able to do it so much better here and as he is so local he is able to call in every day. I can’t criticise them at all as I think they are all doing an excellent job as the food is lovely” and “The staff are kind and caring. They do respect my privacy and dignity and I think this is a good place.”

Visitors we spoke with told us they were always made welcome and that there were no restrictions in place as to when they could visit. One relative told us that they were pleased that staff had visited their family member on three occasions when they were admitted to hospital.

During the inspection we observed staff to be kind and caring in their approach to people who used the service. Staff clearly knew people who used the service well and used this knowledge in a person centred way. For example one person loved music and played keyboards. We saw staff ask the person if they would like to use the keyboard in one of the lounges.

Care records we looked at included ‘My Life’ and ‘My Life at Ravenswing Manor’ documents which had been completed with people who used the service. This included information about people’s life histories, family, interests and daily routines. This information should help staff form meaningful and caring relationships with people who used the service. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Staff we spoke with told us they understood the importance of person-centred care and promoting people’s independence. One staff member told us they only provided assistance to people if they needed it and always encouraged people to do as much as they could for themselves.

We noted there was a system in place for staff to discuss end of life wishes with people who used the service. Care records we looked at contained good information about the care and support people wanted to receive at the end of their lives.

We looked at the comments people had made regarding the service their family member had received in Ravenswing Manor and saw these were all very positive. One person had written, “I think you are wonderful carers; that is the most important thing.”

Is the service responsive?

Our findings

People who used the service told us staff always responded promptly to their needs and provided the care and support they wanted. One person told us, "I can talk to the staff and the manager and mostly they tend to act on what I say. I am not sure what activities they do that I might be interested in and I have not been to any meetings but I don't need to as I get the support I do need when I want it."

We asked the manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

We looked at the care records for five people who used the service. We noted these records contained detailed information about people's social and personal care needs. People's likes, dislikes, preferences and routines were also included in their care plans.

We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw that where one person's mobility needs had changed their care plan had been updated to accurately reflect the support staff should provide to ensure the person received safe and effective care. We noted other care plans which could have been affected by the person's changing mobility needs had not been updated although there was no evidence that the person had not received the care they required. We discussed this with the manager who told us they would ensure that full consideration was given to the impact of changes in one area of a person's care to all other support needs.

We saw evidence in the care records to show family members had been involved in reviewing the care their relative received. Visitors we spoke with told us they frequently had the opportunity to comment on the care their relatives received and that, where they had suggested changes, they were always listened to.

Only two of the people we spoke with were confident they had seen their care plan. The manager told us they would regularly sit with people who used the service to discuss whether the care they received met their needs. However we did not find evidence of this logged in the care records we reviewed. The manager told they would ensure these conversations were fully documented in the care records.

We asked the manager about the activities available for people who used the service. They told us a member of care staff had the responsibility for ensuring a range of activities were provided. We looked at the timetable on display and saw this included card making, chair exercises, bingo and sing along activities. We were told there were plans to hold a coffee morning to support the Macmillan charity. Trips to local attractions had also been arranged. We saw that a photo album was on display in the reception area of the service to record people's participation in events.

We noted a copy of the complaints procedure was on display in each of the bedrooms. This informed people of the response they should expect if they raised any concerns. All the people we spoke with who used the service told us they had no concerns about making their views known but would mostly do this through the staff. We noted a family communication book had also been put in place by the manager to help ensure important information was shared between relatives and staff.

Is the service well-led?

Our findings

The service did not have a registered manager in place at the time of the inspection. However, the manager was in the process of completing management training. They told us they were due to submit an application to register as manager with CQC.

At our last inspection we found there was a lack of quality assurance systems in place in the service. During this inspection we found the required improvements had been made. The manager had introduced a number of monthly checks and audits to help monitor the quality of the service provided; these included health and safety checks, care plan audits and medication audits. The manager had also introduced a system of observing staff in practice, including when they were administering medicines or supporting people to mobilise and transfer around the service. This helped to ensure staff were working in a safe and effective manner.

We asked the manager about the key achievements of the service since our last inspection. They told us they considered the care provided in Ravenswing Manor was now more personalised and care plans included much more detail about how people wished their care to be provided. The manager told us they had received positive feedback from families regarding the more detailed care plans. The manager told us, "I want this to be a nice home where everyone is happy. I feel we've achieved that but we need to maintain it."

We saw that the manager had introduced a system for ensuring staff were familiar with policies and procedures in place in the service. All staff were expected to sign to say they had understood the relevant policies. The manager told us they would also discuss policies such as safeguarding adults in supervision sessions with staff to help ensure they understood their responsibilities.

During our conversations with staff they told us they considered the atmosphere in the service had improved since the last inspection. Staff told us regular staff meetings took place at which they were able to discuss any concerns or make suggestions to improve the service. All the staff we spoke with told us they felt the manager was responsive and approachable. One staff member commented, "She's very caring. She tries her best for residents." During the inspection we noted the manager was calm and professional in their approach; this engendered a good atmosphere within the home and allowed staff to relax into their role.

We saw that meetings had taken place with people who used the service and their relatives to discuss the care provided in Ravenswing Manor. The manager had also sent a questionnaire to people who used the service about their experience of living in the home. We saw people had made suggestions regarding changes to the menu and also activities which could be provided in the service, including gardening. We asked the manager whether any of these suggestions had been acted upon. They told us they had identified a member of staff who would be supporting people to develop a herb garden. They also told us the number of activities on offer had increased.

One visitor told us they had attended meetings where they had discussed menus and planned activities as a result of which activity boards had now been in use for more than a month. This demonstrated that the manager was acting on the views of people about how the service could be improved.

The visitors we spoke with told us they were happy to speak with the manager and staff about their relative's care. One visitor told us, "They keep me informed and like the other visitor you spoke to I have attended meetings to discuss the running of the Home. Manager and staff are all approachable and I am sure they listen to me."