Health and Home (Essex) Limited

Ravensmere Rest Home

Inspection report

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Westcliff On Sea
Essex
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Tel: 01702330347

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Ravensmere Rest Home is registered to provide accommodation and personal care for up to a maximum of 24 people who have a diagnosed mental health condition or who may be living with dementia. Ravensmere does not provide nursing care. The service is set over three floors and has a small courtyard garden for people to access.

At our last inspection on 17 December 2018 the service was rated as inadequate and placed in special measures. This was a comprehensive inspection to see if improvements had been made.

People's experience of using the service: One person said, "I don't know what I'd do without them here, I can look after myself, but I feel safer being here rather than at home."

Fire safety and infection control practices had improved. Overall the environment still needed updating and refurbishment. The director told us they had plans to build on the work they had already started with regards to further improvement of the environment for people.

New systems were being implemented for the monitoring of the service and to give the provider better oversight. The director was in the process of Implementing new governance systems to allow for closer monitoring at the service.

There were limited activities at the service. We recommend the registered manager reviews activities on offer and matches these with the needs of the people living at the service, while considering some people would benefit from one to one activity.

Staff understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure the safe management of medicines. Staff had the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

People were supported by caring and compassionate staff who supported people with patience. People's right to privacy was up held and their independence was promoted.

The manager responded to complaints received in a timely manner. Support was given to people at the end of their life.

Rating at last inspection: Inadequate (7 February 2019)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Ravensmere Rest Home

Detailed findings

Background to this inspection

The 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.

Inspection Team: The inspection was carried out by two inspectors and an assistant inspector.

Service and service type: Ravensmere Rest Home provides care and support for up to 24 people. The service had a manager who was registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection took place on 3 June 2019 and was unannounced.

What we did: We reviewed the providers action plan they had updated since the last inspection. We reviewed reports from the fire service and infection control leads, we also looked at earlier reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people and two relatives, we also observed interactions with staff. We spoke with the director, registered manager, chef, and three care workers. We reviewed seven care files, one recruitment file and records held in relation to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

● At our last inspection we raised serious concerns about fire safety at the service. This was in relation to fire doors being poorly maintained, some doors being propped open and others not closing properly.

● Following our inspection, we liaised with the fire service who also attended the service and provided a report to the provider of actions that needed to be taken to maintain people's safety. The provider also arranged their own independent assessment.

● At this inspection we saw work had been undertaken to make the fire doors fit for purpose. No doors were left propped open. The director told us they were awaiting, one more door to be replaced and that this was due within the next few days. Following the inspection, the director confirmed this door had been replaced.

● Staff confirmed they had received training in fire evacuation procedures one member of staff said, "I would raise the alarm, identify where the fire was so I could lead people away from it to the fire evacuation meeting point outside."

● We noted some care plans lacked detail explaining how to support people when using slings and hoists. We raised this with the registered manager who said they would be adding more detail to the care plans.

● We observed some poor moving and handling techniques being used to support people to stand or sit up in their chairs. We discussed this with the registered manager who confirmed all staff were up to date with their moving and handling training. They reassured us they would be discussing correct moving and handling techniques with staff to refresh their knowledge and provide further guidance.

Preventing and controlling infection

● At our last inspection we had concerns about infection control and the poor state of repair of some areas of the service, which could impact on the environment remaining clean and free from infection for people.

● We passed our concerns on to the clinical commissioning group (CCG) who had their infection control lead complete an inspection and provided a report to the provider with recommendations for actions.

● We found at this inspection the provider had taken some remedial action but further work on the environment was still needed. The director told us further work was planned over the next six months.

●The registered manager had spent time with staff discussing infection control issues and promoting best practice for them to follow when supporting people with personal care. For example, when to use personal protective equipment (PPE) such as gloves and when to change these or when not to use these.

● We saw appropriate storage of clinical waste and waste disposal bins were being used.

● The laundry room remained cluttered and poorly organised. We noted there was clean linen placed on top of washing machines with dirty linen in baskets waiting to be loaded and washed. Clean linen should be stored away from dirty linen to prevent the risk of cross contamination. We noted this issue had been discussed at staff meetings by the registered manager.

● The registered manager was completing infection control audits however we found they did not always pick up on the issues we identified. We discussed this with the provider who showed us they would be implementing an improved system for auditing which should help identify all issues.

Systems and processes to safeguard people from the risk of abuse

● Staff told us they would be confident in reporting any concerns and that they would be acted on. One member of staff said, "Firstly I would speak to manager if they don't take action, speak to director and if they don't act go to CQC or police."

● There was a whistle blowing policy in place. The provider had also developed paperwork for staff to use to raise and escalate any concerns.

● The registered manager had worked openly and transparently with the local safeguarding team to investigate any safeguarding concerns.

● A relative told us, "I know (person's name) is safe here and I am happy with the staff and care."

Staffing and recruitment

● People were supported by a staff group that knew them well. The registered manager told us that they did not use agency staff and were fully recruited.

●The service had a recruitment process in place to ensure staff were safe to work with people living at the service.

● We saw staff were attentive to people's needs and supported people promptly.

● We noted staff were available in the main areas were people mostly spent their time.

● There were call bells in people's rooms these were mostly fixed to the wall. The registered manager told us people were risk assessed to see if they could use these. If people were unable there were regular room checks in place and if required pressure mats were in use. Pressure mats set of an alert for example if a person gets up and are at risk of falling.

Using medicines safely

● Staff received training in how to manage and dispense medicines safely. The registered manager also completed observations of staff practice and showed us staff had renewed their medication training. They told us there was one member of staff left to renew their training.

● Medicines were stored safely, and we saw staff support people to take their medication safely.

● We reviewed medication administration records (MAR) and saw these contained all the information staff needed to safely administer medication, and that they were in good order.

Learning lessons when things go wrong

● The registered manager investigated accident and incidents and produced a report of the findings. They shared learning with staff during staff meetings and handover meetings with staff.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet

●The service employed a chef who knew people well with regards to their likes dislikes and preferences for food. The chef was also able to explain which people had special dietary needs such as fortified diets or soft diets and how they provided these meals. We saw the chef talking with people about their food choices.

●There was no information held in the kitchen about people's likes dislikes and dietary requirements. We discussed this with the registered manager to ensure information was available to all staff when the chef was not on duty.

● One person told us, "The food is out of this world, something different every day."

● Staff supported people with drinks and snacks throughout the day. However, we saw drinks being given in paper cups which some people found difficult to hold and manage.

● Staff were aware of people's specific support needs with eating and drinking such as if they were at risk of choking and knew how best to support them when eating.

● Staff monitored people's weight and any concerns were raised with the GP.

Adapting service, design, decoration to meet people's needs

● At our last inspection we raised concerns about the environment at the service.

● As previously mentioned the provider had acted to improve fire safety. They had also completed some remedial work around infection control.

●There had been some redecoration and signage added to toilet and bathroom doors.

●There were still several areas which needed addressing. Carpets and flooring were poorly fitting and stained in places. There were rooms with paint peeling and areas which looked in need of redecoration. Some pipe work was still exposed, and radiators uncovered. The work that had been completed so far was not of a high standard, for example missing enamel on baths had been painted over and rust on hoist equipment had been painted over. Furniture so far had not been replaced.

● We discussed this with the director who told us that they were aware of the issues with the environment and it was their intention to address these over the next six months. They intended to replace flooring in the next couple of months and were going to refurbish all bedrooms and replace furniture and bedding by the end of September.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●People's needs were assessed and regularly reviewed. The director had actively been researching best practice guidelines to implement at the service.

● People's protected characteristics under the Equality Act 2010 were assessed ad protected. One member

of staff said, "We respect people's religion, sexuality and likes and dislikes."

Staff support: induction, training, skills and experience
● Staff told us they felt support at the service. One member of staff said, "We have regular supervision and meetings. We discuss what improvements are needed and training needs."
● Staff were supported to complete nationally recognised qualifications. One member of staff told us, "I have completed my NVQ level two and will be doing the NVQ level three next." Another member of staff told us they were being supported to improve their English.
● The registered manager told us that they observed staff practice and assessed their competency and skills. New staff were supported to complete the Care Certificate. Some training had been accessed through the local council and national health service clinical commissioning groups. For example, staff had received training in diabetes management, nutrition and hydration and catheter care.
● One person told us, "Staff have been trained well, they are put in testing situations and they stay calm all the time."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare when required. The registered manager worked closely with district nurses, mental health team, practices nurses and GPs to ensure people received timely care.
● One person told us, "I have been to the dentist today." We saw the registered manager checking to see if they needed pain relief on return.
● Another person said, "They are very good at getting me a GP appointment if I need one and will come with me to hospital appointments."
● A visiting health professional told us, "I speak very highly of the home and staff here. Communication is excellent they will always call if people need anything from me. The manager is very approachable, and I think they provide a great service."

Ensuring consent to care and treatment in line with law and guidance
● People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
● Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. One member of staff said, "Lots of people here lack capacity, which means we have to explain what we do, dementia means we have to be clear about what we're doing and act on behalf of them in the best way."
● The service took the required action to protect people's rights and ensure people received the care and support they needed. Where appropriate the registered manager had made referrals for people to be assessed under the act.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
- At our last inspection caring had been rated as requires improvement, however at this inspection we saw some improvements had been made with the environment and systems for care had improved.
- People were now afforded more privacy as viewing panels in bedroom doors had now been covered over.
- Toilet areas were no longer cluttered with clinical waste or used as storage.
- We saw staff were very attentive to people's needs to maintain their dignity when they needed support with personal care.
- One person said, "I am pretty independent, but staff are there for support."
- The director told us they were planning on putting together memory boxes for people to use which would be positioned by their room to help them orientate themselves to their rooms.

Ensuring people are well treated and supported; respecting equality and diversity
- People and relatives were complimentary of staff, one person said, "I don't know what I would do without them (staff) here." Another person said, "I get on with all the staff you can have a chat with them." A relative told us, "We feel like family here, we get a cuddle when we come in."
- Staff had good relationships with people. We saw staff knew people well and were responsive to their needs.
- Staff respected people as individuals and supported their diverse needs and equality rights.
- People were supported to follow their faith. The registered manager told us they had visitors from the church come and see people if they wished.

Supporting people to express their views and be involved in making decisions about their care
- People had care plans that described their needs, some were more detailed than others. The provider was implementing a new care planning system which would include monthly reviews and feedback from people.
- Relatives told us that staff were good at communicating with them and included them in discussions about how best to support people.
- We saw peoples views were gathered at regular meetings where they discussed such things as, planned activities and if they felt staff treated them with dignity and respect.
- Where people did not have relatives to act on their behalf people were supported to have advocates. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● At our last inspection we were concerned that not enough consideration had been given to the Accessible Information Standard 2016 for people. At this inspection the registered manager was able to show us how people's day to day communication needs were considered and supported by staff.
● We also saw in new care plan documentation this was clearly outlined demonstrating if people had communication needs, such as poor sight or hearing difficulties.
● Staff told us they supported people with activities however these seemed very limited. We observed one member of staff giving people colouring to do, however they did not appear very engaged with the activity.
●There were activities planned everyday such as bingo, skittles or singing. The registered manager told us people particularly enjoyed having a sing-a-long.
● One person told us, "No-one wants to do anything or join in. A lady comes once a month to do chair exercises."

We recommend the registered manager reviews activities on offer and matches these with the needs of the people living at the service, while considering some people would benefit from one to one activity.

Improving care quality in response to complaints or concerns
●There were systems in place to respond to complaints however we found the registered manager did not always record all complaints. One person told us about a complaint they made to the registered manager, this was not recorded in the complaints register. However, the complaint had been addressed with the person and resolved.
● The service also received compliments verbally and written from relatives, one relative told us, "I could not be happier with (person name) care.

End of life care and support
● The registered manager told us they knew how to get support for people at the end of their life and would involve other healthcare professionals with their care.
● People were consulted on their end of life wishes and arrangements for after their death. Where appropriate some people had do not resuscitate (DNAR) recorded in their care files.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we raised concerns about the overview of the service and quality management. At this inspection we saw the director was acting to improve oversight at the service.
- They have taken steps to review staff job roles to make it clear what the expectations are of staff and what their roles and responsibilities are at the service.
- The director was also developing a new audit system for all their services to use to give them a better oversight of what is happening at their services, through increased monitoring.
- The director told us staff will be given training on how to complete audits and highlight issues that need addressing.
- Until these new audits are implemented the registered manager was continuing to complete their current monthly audits. These audits remain ineffective for example not identifying stained carpets in people's rooms or continued mixing of clean and dirty laundry in the laundry room.
- We saw the infection control audit for March 2019 highlighted several issues, but these did not have an action plan of when they would be addressed. We discussed audits with the director who told us they would be implementing their new systems by July 2019 which will address these issues.

The above demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- We asked the registered manager about their continuous learning and they told us they would be undertaking a nationally recognised training certificate this year. In the interim they kept themselves up to date with health journals and accessed information from the local council.
- The registered manager understood regulatory requirements and was working towards meeting these.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The director was implementing a new care planning system at the service. The registered manager showed us one care plan that had been completed. We saw the care plans were person centred and involved people and relatives in their care planning with the addition of monthly reviews by people and family with staff.
- The registered manager and director understood their responsibility under duty of candour and worked with people and other authorities such as the council safeguarding team when needed.

● The registered manager sent statutory notifications as required for specific incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Staff and people, we spoke with were complimentary of the registered manager. One person told us, "I can go to (managers name and directors name) in the office and they help me, they are very good." A relative told us, "I can't fault (managers name)

●Staff were very complimentary of the registered manager and told us they felt very supported by them. Staff said they had regular meetings and discussions with the manager.

● The manager held regular meetings with people to get their feedback on their treatment and how the service was being run.

● The director showed us surveys that had been sent out to people and relatives about the running of the service. We saw feedback received was complimentary of the staff however all the responses highlighted issues with the environment needing updating or redecoration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes in place were ineffective.