

Mrs Linda Paterson

Ravenscroft Care Home

Inspection report

116 Warwick Road
Carlisle
Cumbria
CA1 1LF

Tel: 01228520748

Date of inspection visit:
07 March 2018

Date of publication:
18 April 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 7 March 2018 and was completed by one adult social care inspector. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that people would be in and that the registered manager would be available.

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

There was a registered manager in place who was also the registered owner. 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.

At the last inspection on 07 March 2016 the service was rated Good. At this inspection we found the service remained Good.

We spoke with both people who lived in the home and they indicated to us that they felt safe and "very happy" living there. Family members we spoke with told us their relatives were safe and happy living at Ravenscroft.

We found that people living at Ravenscroft were well supported to have good and regular contact with their families. This was recognised as a matter of great importance to the registered manager and people who lived there. We saw that people were well supported and cared for and were clearly relaxed and comfortable in their home where they lived as valued family members.

Suitable arrangements were in place to protect people from abuse and unsafe care. The registered manager had completed training in adult protection.

The registered manager and her husband provided care, support and guidance for the two people who lived at Ravenscroft. No staff had been recruited for many years.

We looked around the building and found it had been well maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found that medicines were managed well and in line with people's needs and prescriptions.

We observed, during the inspection, visit warm and friendly interactions between the registered manager and people who lived at the home. We saw the registered manager was able to communicate well with the people they supported even though verbal communication was limited.

Health care needs were met by visits from the GP and the district nursing service. Consultant psychiatric advice was accessed when this was necessary.

People's nutritional and dietary needs were met and healthy eating was promoted.

The care and support plans contained appropriate and up to date information to meet the different health and care needs of the people who lived in Ravenscroft. People were involved in planning how they were supported and in deciding their lifestyles and activities.

There was a complaints procedure in place but relatives told us they had no complaints at all about the service provided.

The service was well managed and maintained and up to date records related to the running of the home and all health and safety checks were kept. This ensured a safe, well run environment for the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-Led.

Ravenscroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 7 March 2018. It was completed by one adult social care inspector.

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

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

Ravenscroft is a large, detached Victorian property close to the centre of Carlisle. The service provides care and accommodation for up to three people with a learning disability.

During our visit we spent time with the two people who were living in Ravenscroft on the day of our inspection visit, the registered manager/provider and her husband. We contacted two relatives on the telephone to ask their opinion of the care and support provided. We also observed care practices and how the registered manager interacted with people in their care. This helped us understand the experience of people who could not easily talk with us.

We also contacted health and adult social care professionals who have dealings with the service and the people supported by it.

We looked at care records of the two people who lived in Ravenscroft together with their medication records. We also looked at records relating to the running of the home. No staff had been employed for a number of years and one part time family member sometimes provided support for the registered manager. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Safeguarding procedures were in place at the home. The registered manager had completed safeguarding training and was able to explain how they would raise safeguarding issues if any areas of concern were raised when people were in the community on outreach programmes.

Our observations during the visit evidenced that people with limited or no verbal communication were safe and relaxed when being supported by the registered manager. We were able to speak, briefly, to one person and they were able, whilst in a limited way, communicated that they felt safe living in Ravenscroft.

We contacted relatives of the two people who lived in the home to ask their opinion of the care and support their family member received. Both spoke very positively about the care provided. Comments included, "I don't know what I would do without [registered manager]. I have no worries or concerns about the safety here" and "Certainly my relative is safe living in Ravenscroft. They had a bad experience in an earlier placement but since they moved back to Carlisle they have been as safe as I could wish".

There were no staff employed in the service. However the provider and her husband were available at all times to provide all the necessary care to people. During times when the provider required support with household tasks and non-care duties a family member was available to help in the home. The necessary checks were completed when they first came to assist the provider.

No staff had been recruited for a number of years. However the provider was aware of the procedures and checks required should they wish to recruit staff. We looked around the building and found it was in a very good state of repair. We found equipment in use had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. All fire safety equipment was maintained under an annual service level agreement.

The service had procedures in place to record accidents and incidents. These were recorded clearly within the care planning system. When we undertook this inspection visit there had been no accidents or incidents recorded. The owner told us any accidents would be looked into and appropriate action taken so lessons were learnt.

We checked on medicines kept in the service. These were stored securely and ordering and administration were managed appropriately. The registered manager ensured that they kept medicines under review and we saw records of medicine changes. Suitable monitoring and good communication with the local pharmacy were in place.

Is the service effective?

Our findings

Ravenscroft was run on family lines with the registered manager providing the personal care and support that people needed.

The two people who were living at Ravenscroft at the time of our inspection had lived there for over 15 years. It was clear that they received effective care because they were supported by a registered manager who had an extremely good understanding of their physical and emotional needs. One relative said, "The care provided in this home is effective, relative and just what people need. I know both people who live in Ravenscroft and they could not receive better support anywhere else".

The registered manager kept herself up to date with current practices by reading articles accessed through the internet. Moving and handling training was scheduled for the week following our inspection visit. Arrangements were in place for the training to take place in a registered care home close by with the staff from that home. The registered manager explained that this arrangement for training had been in place for a number of years.

Health care needs were met through the services of the peoples' GP and the district nursing service. Dental care and chiropody were accessed on a regular basis. Annual health checks and appointments with hospital and/or mental health consultants were all recorded in each person's care plan.

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). The registered manager informed us they had an understanding of the processes and procedures of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions. The registered manager confirmed that no applications for DoLS had been made.

We did not see any restrictive practices during our inspection visit. The registered manager made sure that people had, as far as was possible, choice and control of their lives and they were supported in the least restrictive way possible.

The people who lived in Ravenscroft chose what they had for each meal and did go out shopping for food. The registered manager ensured their diet was suitable and nourishing and appropriately served in accordance with their assessed needs and ability.

Is the service caring?

Our findings

During our visit we observed interactions between the registered manager and people who lived at the home. We saw the care and support provided was warm, caring, attentive and respectful. Although verbal communication was very limited one person was able to tell us they felt well cared for. The people who lived in Ravenscroft had lived there for over 15 years and the registered manager knew them very well.

Following the inspection visit we contacted two relatives by telephone ask them for their comments with regards to the care provided. They were both happy to speak with us and say how happy they were with the care. Comments included, "I could not be happier with the care. The registered manager cares for my [relative] just as if they were their own family. Nothing is too much trouble and I know they go out in the car on most days of the week. Both the people who live in Ravenscroft are treated with the utmost live and respect" and "I am more than happy with the care given to my relative. If they hadn't have moved in to Ravenscroft he would not be here now. The registered manager is more like a friend and I visit whenever I want to. We often all go out together".

We looked at the care records for the two people who lived in the home. At the time of their admittance they were able to have input into their plan of care with help from their relatives. Since that time, verbal communication had become more difficult but the registered manager did consult both people about their care and worked with relatives to ensure the best quality of care and support was provided at all times.

We observed the interaction between the registered manager and the people they supported. It was clear that they were happy and relaxed in their surroundings. We saw actions and assistance that were kind and caring. Tone of voice ensured people understood what was said and we saw people were treated as a much loved family member.

Although there was a local advocacy service the registered manager could use it was not necessary as family members were available to speak on behalf of their relatives.

Is the service responsive?

Our findings

We looked at the care records of the two people who lived at Ravenscroft. When they were first admitted to the home care plans were drawn up following a full assessment of their social, care and emotional needs. Little had changed over the years but we saw that care plans had been updated to ensure any changes in peoples' needs could be met. People had always been encouraged to express their views about how their care and support was provided and this was still the case within the confines of their limited vocabulary.

Both relatives told us they were constantly consulted about what on-going care and support was required to ensure the support was in accordance with all the assessed needs. They were asked for their input in their relative's care needs to ensure the service had as much information as possible in order to provide the best possible care and support.

One of the people who lived in Ravenscroft went out in to the community with a support worker for 2 days each week. On the other days both of the people went out with the registered manager in the family car which was adapted for people who may have limited mobility. Community clubs and social evenings were attended by both people with the registered manager and they had made many friends over the years.

There had been no complaints received. However a system was in place should the registered manager need to investigate any concerns or issues people may have. We spoke with two relatives about complaints. They told us they knew the process to follow should they wish to complain. One relative said, "I could never see myself complaining about anything at Ravenscroft. I know if I had any concerns I would just speak to [registered manager] and it would be sorted immediately".

People's end of life wishes were known and the registered manager was aware of these. People would be supported to remain in the home where possible whilst receiving end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by people who knew to them.

Is the service well-led?

Our findings

The registered provider, who was also the registered manager, had cared for the two people who lived in her home for over 15 years. They were supported as part of the family unit. Relatives told us, "Ravenscroft is my relative's home and has been since they moved in. It has been a life-saver for me knowing he is so well looked-after". The registered manager told us that her aim has always been to give people an independent lifestyle as possible with support there when required. They said "It was lovely when people were physically stronger. We took them abroad and even went as far as Canada but we just go local now".

As this home was run on family lines there was an open and inclusive culture. Both of the people living in the home had links with the local community and the registered manager encouraged this.

The service maintained accurate and up to date records related to the running of the home and all health and safety checks. This helped to maintain a safe environment for the people who lived there. Risk assessments were in place and covered times when people were in the home or out in the community. The home was pleasant and comfortable for the people who lived there.

We found equipment testing and maintenance records were up to date and advice was taken from the fire officer and external contractors when required. The home kept appropriate records of activity and environmental risk assessments.

Care and support plans had been reviewed just prior to our inspection and clearly showed any changes that were required to meet the re-assessed needs.

Monitoring of the service was done on an informal basis by the registered manager. She constantly looked for ways to make any improvements to the care and support provided. This was done by ensuring all records and care and support plans were reviewed and kept up to date.

The service had no web site but the ratings following the last report were on display in the hall.