Old Raven Limited

Old Raven House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15, 16 and 18 October 2018 and was unannounced.

Old Raven House 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.

Old Raven House accommodates up to 36 older people in one adapted building. There were 35 people at the service at the time of inspection, some of whom were living with dementia.

The service had a registered manager in place 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.

This inspection was prompted by the notification of concerns raised by health and social care professionals, regarding the management of pressure ulcers. This meant that people's care, treatment and support had not always been provided in a safe way. At our inspection we found the registered manager and staff had implemented training and guidance from professionals to make the required improvements. People were now receiving appropriate care to ensure pressure ulcers were prevented or managed safely. However, more time was required to demonstrate that these improvements had become embedded across the service and were sustainable.

Prior to our inspection healthcare professionals had also raised concerns regarding techniques used by staff to support one person to move safely. Since these concerns were raised, healthcare professionals had provided staff with relevant training and guidance, tailored to support this person's individual needs. Staff were now supporting the person to move safely in accordance with their care plan. However, the provider required more time to demonstrate improvements had become embedded and sustained.

At our last inspection we rated the service good, though found that that the provider was not always working within the principles of the Mental Capacity Act (2005). At this inspection we found that the required improvements had been made. The registered manager had established an effective process for making decisions in people's best interests, when they did not have the capacity to do so for themselves. . Staff supported people to make as many decisions as possible and protected their human rights. The registered manager had a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance, which they followed.

Previously, governance and oversight of processes for monitoring and improving the quality and safety of the service had not always been reliable and effective, for example, the provider had not identified the

concerns raised by healthcare professionals regarding pressure ulcers. At this inspection professionals consistently made positive comments regarding the registered manager's determination to put things right and improve this aspect of the service. Professionals praised the registered manager and the team leaders' openness, for listening to and following their advice and guidance. However, the provider needed more time to demonstrate new governance processes had become embedded, were sustained and effective.

People were protected from avoidable harm, neglect, and discrimination by staff who understood their responsibilities to safeguard people from abuse. When required the registered manager completed thorough investigations in partnership with local safeguarding bodies.

Staff were aware of people who were at risk of choking or falling and how to support them safely to mitigate these risks. Staff underwent appropriate training to support people to manage their medicines safely and had their competency to do so regularly assessed.

The provider applied thorough recruitment procedures to ensure staff were suitable to support people living with dementia. The registered manager completed rotas which ensured that enough suitably qualified staff, with the right skills, were deployed to provide care and support to meet people's needs safely.

The premises were kept clean and hygienic by staff who understood their role in relation to infection control and hygiene. Staff followed current national guidance to ensure people were protected from the risk of infections.

The provider had enabled staff to develop and maintain the necessary skills and knowledge to meet people's needs effectively. People were supported to eat and drink enough to meet their nutritional needs.

Staff supported people to maintain their health and ensured they were referred promptly to their GP whenever their needs changed.

The maintenance manager had developed a strategy to adapt lighting, signage and decoration to meet the needs of people using the service.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff respected people's human rights by treating them with dignity, valuing their privacy and individuality. People experienced good continuity of care from staff who were kind and compassionate. People were relaxed in the presence of staff who invested time to develop meaningful relationships with them.

People were supported to participate in stimulating activities of their choice, which had a positive impact on their well-being. People were supported by staff to maintain special relationships with friends and relatives to protect them from the risks associated with social isolation.

Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive improvement.

People were effectively supported at the end of their life to experience a comfortable, dignified and pain-free death.

The management team had created a transparent culture within the home, where staff ideas and views were discussed and taken seriously, which made them feel their contributions were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's care had not always been provided in a safe way.

The action taken by the provider to improve pressure ulcer care required time to become embedded and sustained.

The provider had taken action to improve staff practice in the moving and positioning of people, which required time to become embedded and sustained.

The registered manager completed robust pre-employment checks and a staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were supported to manage their medicines safely, by staff who had completed relevant training and had their competency assessed regularly.

Is the service effective?

Good

The service was effective.

The registered manager had established and implemented an effective process for making decisions in people's best interests, when they did not have the capacity to do so for themselves.

Consent to people's care and treatment was sought in line with legislation and guidance.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant professionals.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People experienced caring relationships with staff who treated them with kindness, respect and compassion.

Staff consistently treated people with dignity and respect.

People were supported to express their views and be actively involved in making as many decisions as possible about their care and support.

Is the service responsive?

Good

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were supported at the end of their life to experience a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Governance and oversight of processes for monitoring and improving the quality and safety of the service had not always been reliable and effective.

The registered manager passionately advocated for people's human rights and encouraged a philosophy within the service based on person centred care.

The registered manager had created a transparent culture within the home, where staff ideas and views were discussed and taken seriously, which made them feel their contributions were valued.

The management team had developed good links to local community resources that reflected the needs and preferences of the people who lived at the home.

Old Raven House

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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced, comprehensive inspection of Old Raven House on 15, 16 and 18 October 2018 was prompted by concerns raised by supporting health and social care professionals. These concerns related to pressure area management and moving and positioning techniques used by staff.

Before the inspection, we reviewed all the information we held about the service including reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. As we were responding to concerns raised, we had not requested a Provider Information Return. This is information we require providers to send us annually, to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We obtained this information during our inspection. We also reviewed information from the provider's website.

During our inspection we spoke with eight people living at the home, some of whom had limited verbal communication, six visiting relatives and friends, and eight visiting health and social care professionals. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the registered manager and eighteen staff.

We reviewed seven people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at ten staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering September and October 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how the views of people, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of six people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

The service was last inspected on 2 August 2017, when it was found to be good overall, though required improvement in relation to ensuring it always worked within the principles of the Mental Capacity Act (2005).

Requires Improvement

Is the service safe?

Our findings

This inspection was prompted by the notification of concerns raised by health and social care professionals, regarding the management of people's skin integrity, which had led to the development of pressure ulcers. Pressure ulcers, also known as pressure sores or bedsores, are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. People's care, treatment and support had not always been delivered in line with best practice, based on recognised national guidance.

Following the notification of these concerns the registered manager and staff had received education, training and guidance from relevant healthcare professionals, with expertise in tissue viability and the management of pressure ulcers.

At the time of our inspection we found that the required improvements had been made. Nursing professionals told us that the registered manager and staff had implemented their guidance, which we observed in practice. Staff knew which people were at increased risk of developing pressure ulcers and the action required to mitigate these. The registered manager had established an early warning system, where staff could see at a glance which people had any areas of redness or other symptoms, which may require escalation to relevant professionals. Staff now had a clear understanding of their responsibility to identify concerns and escalate them quickly.

Care plans developed by community nurses had been incorporated into people's care plans within the home. These care plans provided clear direction, specifying how people's skin care needs should be met, including how frequently people should be repositioned to alleviate pressure. People's care charts demonstrated they were being repositioned in accordance with their care plans, which we observed in practice. The clarity of the care plans and following guidance from relevant professionals, had enabled staff to provide effective care to prevent and manage pressure ulcers safely.

Prior to the intervention by the community nurses, staff were not using a pressure risk prediction system effectively. At the time of our inspection staff were consistently using a recognised scoring system for predicting risks to people of developing pressure ulcers. Staff demonstrated a clear understanding about how to offload pressure safely to reduce risks.

At the time of our inspection the registered manager and their staff were still being supported by the community nursing team to meet some people's skin care needs. Whilst we found improvements had been made to ensure pressure ulcers were managed safely, more time was needed to embed and sustain these improvements. The provider also needed to evaluate the effectiveness of actions taken and to demonstrate the sustainability of improvements made, particularly when the current level of support from other agencies has decreased.

Prior to our inspection, healthcare professionals had also raised concerns regarding techniques used by staff to support people with complex needs to move and reposition, although no one living in the home had experienced harm resulting from this practice. Healthcare professionals with relevant expertise, including a

physiotherapist and occupational therapist, had provided staff with training and guidance, tailored to support people's individual needs. We observed staff consistently supporting people to move safely in accordance with their care plans. However, the provider required more time to demonstrate that these improvements had become embedded and sustained.

At the time of inspection, people experienced care that met their needs and made them feel safe. One person told us, "The carers [staff] are always so gentle and take time to make sure I am not hurt when they are helping me to move." Another person told us, "Carers always come quickly when I call them." A relative told us, "The carers are excellent at reassuring [loved one] whenever they are worried and always take time to make sure she is happy before leaving her."

People were protected from avoidable harm, neglect, and discrimination by staff who had completed the required training and understood their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations in partnership with local safeguarding bodies. Staff had developed meaningful and trusting relationships with people, who told us they felt safe and protected from harm and abuse. One person told, "The girls [staff] are like my family, and really care for me."

Since concerns had been raised, people's needs and risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. People and relatives were involved in managing their own risks. Risk assessments respected people's human rights, and promoted their independence and personal safety. For example, one person had a fire safety risk assessment, which enabled them to smoke safely, whilst ensuring other people and staff were protected from the risk of fire.

Staff understood people's risk assessments and the action required to keep people safe. We observed staff deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs. Staff were aware of people at particular risk of choking or falling and knew how to support them safely, to prevent and mitigate these risks. Staff shared information about risks during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.

Each person had an individual dependency assessment. These assessments specified the ratio of staff required to support each person at different times and during specific activities, to keep them safe. Overall rotas demonstrated that the identified level of staffing required to ensure people were safe was usually deployed. However, prior to the inspection, health and social care professionals had raised concerns about whether the provider's current staffing levels could meet the increased needs of people. Staff told us that the number of people needing support with more complex needs meant they were always stretched to the limit and had reduced the quality time they could spend with people. People and families told us that staff responded quickly to their needs but had observed they had been under more pressure recently. The registered manager told us there had been an increase in the dependency of five people, who required more support with pressure area management and end of life care. As a result the registered manager had increased staffing levels to meet these needs. At the time of inspection, the provider was completing a further needs analysis to identify where and when further staff were required to maintain the quality of care people experienced.

Staff had undergone relevant pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references to evidence the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use

care and support services. Prospective staff underwent a practical role related interview before being appointed.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans was readily accessible. Each person had a personal emergency evacuation plan. Accidents and incidents were logged and reviewed by the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately.

During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

The provider had processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were trained to administer medicines safely and had their competency to do so checked every six months. There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way.

The premises were kept clean and hygienic by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. We observed staff followed current national guidance to ensure people were protected from the risk of infections.

All staff had completed food hygiene training and we observed staff and people followed correct procedures wherever food was prepared or stored.

Good

Is the service effective?

Our findings

At our last inspection we rated the service good, though found that that the provider was not always working within the principles of the Mental Capacity Act, 2005 (MCA). At this inspection we found that the required improvements had been made. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had established an effective process for making decisions in people's best interests, when they did not have the capacity to do so for themselves. Staff supported people to make as many decisions as possible and protected their human rights. The registered manager had a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance, which they followed.

Staff had consulted with relatives and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated. The registered manager effectively operated a process of mental capacity assessment and best interest decisions, which protected their human rights.

We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make decisions about their life as much as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements.

Some people had appointed family members as their Power of Attorney (POA) which empowered them to act on their behalf. At our last inspection, senior staff were not clear about the extent of these powers. The registered manager had reviewed all of the POAs relating to people and had ensured records accurately reflected who should be consulted in relation to specific decisions. This ensured people's legal and human rights were upheld.

People praised the skill of the staff who understood their needs and knew how they wished to be supported. One person told us, "They [staff] are lovely and always making a fuss of me to make sure I'm happy and got everything I need." Another person said, "The carers [staff] know me and how I like things done and they

always take time to listen".

Staff told us they had received a thorough induction that provided them with the skills and confidence to carry out their role effectively. The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them before they were authorised to work unsupervised.

Staff told us the provider's required training was refreshed regularly, which records confirmed. This meant the provider had enabled staff to develop, retain and update the skills and knowledge required to support people effectively. The registered manager had enabled further staff training to meet the specific needs of the people they supported. The registered manager had set up a Champions framework to motivate and develop staff, with roles which were not limited to senior staff. A healthcare professional told us that Old Raven House Champions were regularly at the forefront of north Hampshire care home 'link groups', sharing and developing best practice. The maintenance manager had completed dementia awareness training and had developed a strategy to adapt lighting, signage and decoration to meet the needs of people living with dementia, in line with national guidance.

Staff consistently told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff told us that they were well supported by the management team and were encouraged to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. The registered manager had identified some staff supervisions which were overdue and had scheduled these for completion by designated team leaders within the next two months.

People and relatives told us they enjoyed food that was nutritious and appetising. For example, on the day of inspection people praised the homemade chicken pie. People frequently told us the cook always made their favourite food, which evoked happy memories. People were protected from the risk of poor nutrition, dehydration and choking because staff followed guidance from relevant professionals. Mealtimes were unhurried and arranged to suit individual needs and preferences.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The registered manager consistently applied processes for referring people to external services such as GPs, dieticians, opticians and dentists, which maintained their health. The registered manager had developed effective partnerships with relevant professionals. For example, the Community Nurse for Care Homes visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice.

Good

Is the service caring?

Our findings

People experienced caring relationships with staff who treated them with kindness, respect and compassion. The staff team were well established at the home, which meant people experienced good continuity and consistency of care. Staff knew about their people's life histories and used this information to engage people in conversation or reminisce about the past. When people were disorientated, we observed staff spoke caringly about their loved ones and important events from their lives to reassure them.

People, relatives and staff spoke fondly about the family atmosphere they experienced living and working at Old Raven House. One relative told us, "The is a special home because the manager and staff really care and put their heart and soul into making sure people are happy." Relatives consistently praised the registered manager and staff for creating such a homely environment for people to live in. One relative told us, "I will be forever thankful that we found Old Raven House. It is head and shoulders above all of the other places we looked at because it is a real home, where staff work tirelessly to make everyone feel they belong."

Staff were highly motivated and demonstrated a commitment to support people living in the home. Relatives told us that staff consistently cared for their loved ones in a way that exceeded their expectations, especially in relation to their protected characteristics. Staff spoke about people with pride, passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals.

Relatives praised the caring nature of the registered manager and staff, which had enriched the quality of their loved one's life. One relative told us, "They [staff] are so kind and caring and know exactly what to do when she [loved one] is feeling lost or anxious." Relatives consistently reported that staff interaction with their loved ones had a positive impact on their well-being and happiness. One relative told us, "The staff here really care for [loved one] as if she was their own mother." Another relative had written, "This is a place where I know my [close relative] feels at home and I can see she can be herself. I can also see she that she is celebrated for her humour and occasional interesting choice of language. Since living at Old Raven, [loved one] looks healthier than she has in years, mainly because she now has great food and people who genuinely care about her."

We observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported, staff engaged in day-to-day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them. When supporting people to move, staff were patient and unhurried, encouraging people to take their time and not to rush. When people required to be supported to move in communal areas using safety equipment, staff maintained and promoted people's dignity. For example; when people were transferred using a hoist staff strategically placed screens to promote their privacy and respect their dignity.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their

personal care, for example; by ensuring doors were closed and curtains were drawn. We observed staff promoted people's choices and independence, by supporting and encouraging them to do things themselves, rather than doing things for them.

People told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Staff knew how to comfort different people in a way they preferred, they preferred, for example, by holding their hands or putting an arm around their shoulder. Relatives consistently told us that the calm interactions of caring staff had reduced their loved one's levels of anxiety. This had led them to feel able to explore new opportunities and experiences to enrich their lives.

People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights.

Good

Is the service responsive?

Our findings

People told us they experienced care that was flexible and responsive to their individual needs and preferences. Care plans were person centred and fully reflected people's physical, emotional and social needs. Staff told us care plans contained detailed guidance that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs and wishes.

People received care in a personalised way according to their individual needs. Staff knew which people needed support to be re-positioned regularly and those who needed encouragement to eat. Professionals reported that people received person centred care, for example; one professional told us, "The staff here provide support to meet the needs of the person and give them the best quality of life. The manager's approach is totally person-centred care, based on respecting people's choices and preferences."

People's changing care needs were identified and referred to relevant professionals when required, for example; when people had developed infections. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs.

People, and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

People were supported to follow their interests and hobbies, for example; gardening, and various arts and crafts. Some people who were members of the home's gardening club told us how there was always a "buzz of excitement", when the cook was preparing vegetables they had grown. One person told us, "Our cook is wonderful but his meals taste even better when he's using our home-grown veg."

Where people chose not to participate in group activities the staff ensured they received individual one to one sessions to ensure they did not become socially isolated. Staff provided one to one support to people doing arts and crafts, for example; creating flower pictures using buttons.

Staff provided individualised care which had a significant impact on people's quality of life. For example, one person who had limited verbal communication, was observed smiling when a staff member sang to them in their native language. The registered manager had supported a staff member to introduce a 'Namaste' programme. The purpose of Namaste Care is to give comfort and pleasure to people living with advanced dementia, through sensory stimulation, especially the use of touch. One relative told us the gentle hand massages experience by their loved one had significantly reduced their periods of increased anxiety. One person told us, "It makes me feel calm and peaceful."

The provider's quarterly newsletter, 'The Care Chronicle', detailed recent outings, including a trip to the seaside to support a person tick one dream off their bucket list; to 'paddle in the sea again'. The Care

Chronicle also showed photos celebrating the homes' street party to celebrate the recent Royal Wedding and boat trip on the Basingstoke Canal, arranged in conjunction with a voluntary accessible boating organisation.

Staff actively encouraged social contact and companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. This protected them from the risk of social isolation and loneliness. For example; one person was supported to celebrate their diamond wedding (60th) anniversary in the home with family and friends.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings, supervision meetings. and satisfaction surveys. Feedback was consistently positive, with many compliments comments about the support provided, the staff and the overall service.

People and their relatives knew how to complain, although there had been no complaints raised since our last inspection. Where complaints highlighted areas of required learning and improvement, the registered manager had taken positive action. For example; ensuring staff underwent further training when poor practice had been identified.

Relatives and palliative care specialists consistently told us that people were supported at the end of their life to have a comfortable, dignified and pain-free death. Family members consistently told us the end of life care provided by staff was very caring and compassionate. One family told us about the care experienced by a loved one who had passed away at a local hospice. they told us, "The quality of care at the [named hospice] was amazing but the care [loved one] received at Old Raven was just as good because the staff loved her." Relatives praised staff for the support and kindness provided to their family and friends. A specialist in palliative care told us the registered manager had embraced a local initiative to improve the quality of end of life care within the community. Staff were aware of national good practice guidance and professional guidelines for end of life care and consistently provided care in line with this.

Requires Improvement

Is the service well-led?

Our findings

Governance and oversight of processes for, monitoring and improving the quality and safety of the service had not always been reliable and effective, for example risks had not always been managed effectively in relation to pressure ulcers.

The registered manager told us they felt there had been a loss of oversight in relation to the management of clinical issues, such as pressure ulcers. The provider had not replaced a deputy manager who had left the service in 2017 as they had hoped to develop team leaders into the role. Another pivotal member of their management team had been on maternity leave during the summer of 2018.

At the time of inspection governance and management processes had improved to the required standard. The recent support, advice and guidance provided by health and social care professionals since August 2017 had been implemented. However, more time was required to demonstrate these improvements had become embedded and were sustainable in the absence of the registered manager.

Health and social care professionals have made positive comments regarding the registered manager's determination to put things right and improve the service. Professionals praised the registered manager and the team leaders' openness, for listening to and following their advice and guidance.

There was a clear management structure, which consisted of a registered manager and designated team leaders who managed the daily care provision, nominated Champions for specific care competencies, and a maintenance manager responsible for health and safety.

The registered manager was supported by the provider who visited the home regularly and completed a monthly quality assurance visit. However, these visits had not identified the concerns raised by health and social care professionals relating to pressure area management. The registered manager was developing a process to ensure all issues relating to care competencies were subject to monthly review by the provider. Time will be required to demonstrate this new process provides effective governance and is sustainable.

Staff understood their roles and responsibilities and had confidence in the management team, who frequently worked alongside them and provided constructive feedback about their performance. Rotas demonstrated there was always a designated member of the management team available out of hours. Staff received clear and direct leadership.

Staff reported that the management team were quick to recognise and thank them for their good work. For example, a team meeting held during the inspection saw good work by colleagues recognised and applauded by the staff team. One staff member received an award in recognition of driving improvement in relation to falls management, whilst another received recognition for loyalty and good service to people over many years.

People, relatives, staff and professionals consistently told us the home was well managed. One person told

us, "The manager is wonderful, she treats us all like we are part of her family." A relative told us, "She [the registered manager] is exceptional. She really cares and does everything she can to make them [people] feel this is their home." Another relative told us, "She [registered manager] is an inspiration and great role model for her staff, caring always comes first."

Social care professionals told us the registered manager passionately advocated for people's human rights and encouraged a philosophy within the service based on person centred care. The registered manager had experience in relation to supporting people living with dementia. They told us about the importance of key values such as kindness, respect, privacy and dignity in care. Staff told us the registered manager reinforced these values during team meetings and supervisions to ensure they were sustained and embedded. People and relatives told us they experienced care from staff in line with these values, which we observed whilst staff were delivering every day care to people.

People and their relatives trusted the registered manager and their management team and felt confident to express their views and concerns. Families made positive comments about the registered manager and staff's devotion to people living at Old Raven House. One relative told us, "The manager is always there when you need her and wants to know if something is not right so she can sort it out."

Staff told us the management team had created a transparent culture within the home, where their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. One member of staff told us, "We are all one team and [the registered manager] encourages us to think about what we can do to make things better for the residents [people]." Another staff member told us, "The manager always listens to what you say and sets a great example to everyone about how to be kind and compassionate. She always finds time to speak to the residents [people] no matter how busy she is." This sentiment was regularly expressed by people, relatives and staff.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent manner. Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues. Two members of staff told us the compassionate support and encouragement provided by the registered manager had inspired them to maintain the quality of their care and support practice, when they were not feeling at their best.

The registered manager told us that when staff became fully involved delivering person centred care, it was normal for them to develop emotional bonds with people. Staff told us how they had been compassionately supported by the management team when people who had lived at the home passed away.

Equality and diversity were actively promoted and causes of any workforce inequality were considered and action taken to address these. For example, staff whose first language was not English were being supported to improve their ability to complete additional qualifications, relevant to their role. Staff told us they were treated fairly. Where required, the management team supported staff to work with a disability, through effective risk assessments.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The maintenance manager carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. The provider also employed an external contractor and health and safety auditor to complete independent surveys.

Professionals told us they experienced good communication with the management team and staff who were always open and honest. Relatives told us they experienced good communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited.

The provider sought feedback to improve the home from a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the home in residents' meetings. People and their relatives told us they had been impressed with the provider's willingness to listen to their concerns and how quickly they acted upon them.

The service had worked in partnership with key organisations, including the local authority, safeguarding teams, clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care. This was demonstrated in the registered manager's willingness to engage with relevant professionals, when concerns had been raised. The registered manager had cultivated close liaison with respective palliative care and nursing specialists.