Health and Home (Essex) Limited

Ravensmere Rest Home

Inspection report

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Essex
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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

The Inspection took place on the 24 August 2016.

Ravensmere Rest Home provides accommodation and personal care without nursing for up to 22 persons some of whom may be living with dementia. At the time of our inspection 22 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had made appropriate DoLS referrals.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, community psychiatric nurse and dementia nurse specialist.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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 was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people well and what their preferred routines were. People were actively involved in making decisions about their care. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Ravensmere Rest Home

Detailed findings

Background to this inspection

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

We inspected Ravensmere on the 24 August 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, one relative, three members of care staff, the registered manager and provider. We reviewed four people's care files, four staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel safe, the staff are always around and at night if I want to I can lock my door." Another person said, "Everything is going okay, I feel safe here alright." A relative wrote in a survey response, "I feel (relative name) is in very safe hands."

Staff knew how to keep people safe and protect them from potential harm. Staff were able to identify how people may be vulnerable and what they could do to protect them. Staff told us, "If I had any concerns I would raise them with the registered manager, if it was not dealt with I would go higher." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff said, "We have had training on safeguarding and we know if we are concerned about anything and it is not dealt with that we keep going higher, such as to the owner or the CQC and council."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, use of pressure mats, nutrition and weight assessments. Should there be a medical emergency, staff knew to call a doctor or paramedic if required. People also had assessments in place to assess their risk in such an event as a fire and what assistance they may need to evacuate the building.

People were cared for in a safe environment. The registered manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The provider arranged for the on-going refurbishment of the service and they were currently arranging for new flooring to be fitted. For general repairs at the service the manager completed a job sheet which went to head office for them to arrange for what was required to be completed by the provider's maintenance staff. The registered manager did need to develop a better system of checking when repairs had been completed as we noted some maintenance requested remained incomplete for several months. Staff had emergency on-call numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people's needs. Staff told us that they had time to spend with people and were never rushed. One member of staff said, "We have enough staff and we are able to sit and talk with people; that is what they really like." We observed throughout the inspection that staff were always available and were engaging with people. The manager told us that they had a full establishment of permanent staff and shifts were covered by them for things such as staff sickness or for leave. A member of staff said, "We usually swap or cover each other's shifts when we need to." This meant people were supported consistently by staff who knew them well.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided

proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I heard about the job from a friend so rang up and then bought in my C.V. I had an interview, once all my checks were completed I started work."

People received their medications as prescribed. One person told us, "The staff give me my medication, I have it three times a day." Senior carers, who had received training in medication administration and management, dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief. There were written protocols for staff to follow when administering as required medication. We saw that medication had been correctly recorded on the medication administration cards.

The registered manager told us that they had recently changed to a new pharmacy provider and that they found the system they used was much safer for their staff to follow. The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person said, "[staff name] is very good they are very efficient at their job."

Staff had completed nationally recognised qualifications and were being supported to advance with these to higher levels. Staff told us that they had recently received training over the last three months on safeguarding, Mental Capacity Act, mental health issues and dementia awareness. The manager said that they used a mixture of face to face training and work books as well as sourcing additional training from the local council when they are providing relevant courses. The registered manager told us that they were also supported by the provider to advance their learning and were currently completing a level 5 certificate in management.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Care certificate. This enabled staff who were new to care to gain the knowledge and skills they needed to support them within their role. A new staff member said, "When I first started I was shown around the service and went through different policies and I was shown how to do things. Then I worked with a supervisor." Staff said they were supported with regular supervision and had a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (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. We saw in care records that best interest assessments had been completed. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people like to get up in the mornings and where they liked to spend their time during the day. One person told us, "I prefer to get up between 6 and 7 staff will give me a call." People at the service mostly had the capacity to make their own decisions; care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. This meant that the provider had acted in accordance with legal requirements.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. People that were assessed to lack capacity were supported by advocates who visited them at least monthly. An advocate is a person who is independent from the service and can act on the person's behalf to ensure they are getting the correct support.

People said they had enough food and choice about what they liked to eat. We saw throughout the day staff were very attentive and ensured people had drinks as it was a very hot day. We also saw people enjoying snacks of their choice. People were complimentary of the food one person said, "The food is very good, you get enough of it, and you never go to bed hungry." Another person said, "The chicken curry is my favourite." We saw from minutes of meetings that staff discussed the menu with people and any changes or adjustments they wanted to the menu. The menu was provided on a four week cycle and then reviewed. We saw that people also discussed drinks and snacks that were available and that in response to requests there were a wide selection available, including fizzy drinks and crisps.

We observed a lunch time meal; this was a very relaxed and social occasion. We noted that staff were very efficient at serving meals so that when people were sitting together at a table their meals arrived at the same time. We saw that staff catered for people's individual preferences for example, some people liked to have vegetables whilst others chose not to. Also if people did not want what was on the main menu the chef provided an alternative meal of their choice. Where people needed support with eating staff sat with them, whilst providing support at the person's own pace. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. If required, people were provided with special diets such as for diabetes or if they needed soft and pureed food. If there was a concern about people's weight their food was fortified to ensure they were getting additional calories to maintain their weight.

People were supported to access healthcare as required. The registered manager was keen to maintain good links with other healthcare professionals, such as community psychiatric nurse, dementia nurse, optician, chiropodist, dentist and GPs. We saw from records that people were supported to attend health appointments and had yearly reviews with their GP. One person said, "We see the doctor if we need to and every year we have a flu jab." Another person said, "When I had a painful knee, I saw the GP and staff took me for an X-ray." This told us people's healthcare needs were being well supported.

Good

Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person said, "The staff are very good here, we all get along, they treat you nicely."

The service had a very calm, friendly and relaxed environment. People's needs were attended to in a timely manner by staff and staff treated people with dignity and respect. Staff were observant and attentive to people's needs, for example one person said, "I was sitting outside in the sun and staff came and put sun cream on my arms to stop me burning. They [staff] are very good." Staff had positive relationships with people. They showed kindness and compassion when speaking with people. Staff took their time to talk with people and showed them that they were important. We saw many occasions throughout the inspection when staff sat with people and had a conversation with them or showed interest in what they were doing. We noted that staff had very good strategies in place to support one person with complex needs who frequently became distressed; this included using distraction by talking to the person or by engaging in activities with them.

Staff knew people well including their preferences for care and their personal histories. The service had life story books in people's notes which told the story of their life and described what is important to them and how they liked to be supported. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Staff knew how to support people when distressed for example they knew what one person liked to sing and dance when distressed to distract them. People told us that they had a care plan and that they had a key worker to support them. One person said, "I have a care plan and [staff name] goes through it with me." A member of staff said, "I key work three people, this means I make sure they have everything they need and that I look after their room to make sure it is clean and personalised the way they want it." When reviewing the service's annual survey we saw one relative had written, "I cannot fault the calm, attentive care offered, the staff are very kind."

People's diverse needs were respected. People also had access to individual religious support should they require this. One person said, "I am going to church on Sunday." They then pointed to a member of staff who was going to take them. The manager said that people were supported to attend church if they wished and also some people received holy communion weekly at the service.

People were supported and encouraged to maintain relationships with their friends and family. The manager said that they had an open visiting policy for relatives to come at any time.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. The registered manager told us that usually the provider carried out the initial assessment; they then had a discussion to see if the person's needs could be met at the service. Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans were very detailed and person centred. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The registered manager was responsive to people's changing needs and ensured that people had access to specialist healthcare as required. For example the manager referred people to the falls team and to physiotherapy when they became at risk of falling. The registered manager explained how one person particularly liked to walk around. To ensure the person could do this safely without being restricted they were assessed by the falls team who suggested the person wore hip protectors so that if they were to fall the risk of breaking a hip bone was lessened. In addition the manager and staff made sure the environment is safe and the person was observed by staff. This showed that the service was responsive to people's changing needs.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Staff were very engaging with people throughout the day doing different activities. Some people liked to have a daily newspaper, one person said, "I like to read the paper every day." Throughout the day we saw staff engaging in different activities; these included games, jigsaw puzzles, art and sitting talking with people. One person told us, "I like watching old films on the television." The service planned activities throughout the week and also had external visitors coming into the service. One person told us, "We have a lady who does chair exercises, and we have groups and singers come in." We noted that the service had a large patio area off the main lounge which people enjoyed having access to freely throughout the day. We saw from care plans that if people wanted to go out into the community that this had been risk assessed and where appropriate people were supported by a member of staff. One member of staff said, "Sometimes people like to go to the shop or for a walk to the seafront for an ice cream."

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw where complaints had been received the registered manager had followed this procedure to resolve them. The registered manager also reviewed the complaints to see if there were any themes or links that needed addressing.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the registered manager or person in charge, to address the issue. People we spoke with said if they had any concerns they would speak to the registered manager or provider but were clear that they did not have any complaints to make. One person said, "I would speak to [registered manager's name] or I could tell [provider's name] but I don't have any complaints; the staff are all helpful."

Good

Is the service well-led?

Our findings

The service had a registered manager and who was very visible within the service. The registered manager had a very good knowledge of all the people living there and their relatives.

People, their relatives and staff were very complimentary of the management. One person said, "The manager is very good, they are brilliant." Staff told us that they enjoyed working at the service and that they found the registered manager and provider very supportive. One member of staff said, "The manager is always here, they are very supportive to us."

Staff shared the manager's vision and values at the service; one member of staff told us, "We aim to give quality care." Another member of staff said, "We aim to make people feel at home, we are all like a family and we see everyone as our grandparents; we want them to be happy and well looked after."

People benefited from a staff team that worked well together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together and communicate well." Staff had regular supervision, appraisals and meetings with the registered manager to discuss people's care and the running of the service. One member of staff said, "We have regular staff meetings, we discuss everything to do with the running of the service and about residents' care, we share any ideas we have." Staff felt the registered manager was very supportive of their roles and listened to their opinions. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used personal notebooks to record important information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service not only through meetings, but on a daily basis through their interactions with people. The registered manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. We saw from feedback given in this year survey the provider is taking steps to continue with renovations of the environment, which includes fitting new flooring. We also saw that the provider had responded to a request for more garden furniture and this had been provided. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits, this included people's care plans, medication management and the environment. The registered manager was very keen to continually improve practice and the experience of people living at the service.