

Ravenswing Homes Limited

Ravenswing Manor Residential Care Home

Inspection report

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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

About the service

Ravenswing Manor Residential Care Home, provides personal care and support for up to 24 people. At the time of the inspection, there were 20 people living in the home, most of whom were living with dementia. The service does not provide nursing care.

The care home is an extended, detached older style property with a stair lift access to the first floor.

People's experience of using this service

People were happy about the way the home was managed and were complimentary about the registered manager and staff. The registered manager considered the views of people, their relatives and staff about the quality of care provided. The registered manager used the feedback to make improvements to the service.

People told us they felt safe and staff were kind and caring. The provider had safeguarding adults' procedures and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work in the home. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The registered manager was aware further detail was needed in some assessments to ensure staff had appropriate guidance to manage risks. People were protected from the risks associated with the spread of infection. The home was clean and odour free.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service. The provider had arrangements in place to ensure new staff received induction training. Staff received ongoing training, supervision and support. People enjoyed the meals and were supported to eat a nutritionally balanced diet. People had access to various healthcare professionals, when needed.

Staff treated people with care, kindness, dignity and respect and spoke with people in a friendly manner. Staff knew about people backgrounds and about their routines and preferences. Whilst people received the care they needed and wanted, we found the care plans did not always fully reflect the care given or what staff knew about people's likes and dislikes; the registered manager agreed to review this. People, where possible, had been consulted about their care needs and had been involved in the care planning process.

People told us they enjoyed the activities and records showed a range of activities had been provided. People were aware of how they could raise any complaints or concerns if they needed to and had access to a complaints procedure. The registered manager was aware the complaints information needed to be

reviewed to reflect the correct contact information for local agencies.

Rating at last inspection

At the last inspection, the service was rated Requires Improvement (published 16 April 2018).

Why we inspected

This was a planned inspection based on the previous rating. At our last inspection of February 2018, we found a breach of regulations as the quality assurance processes were not effective in identifying shortfalls. Following the inspection, the provider sent us an action plan advising how the service would be improved. During this inspection, we found sufficient improvements had been made. The registered manager was monitoring all aspects of the service and appropriate action had been taken to address any shortfalls.

Follow up

We will continue to monitor the service to ensure that people receive safe and high-quality care. Further inspections will be planned for future dates.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Ravenswing Manor Residential Care 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Ravenswing Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

The service had a manager registered with 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 was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted health care professionals and the local authority quality monitoring team and asked them for their views about the service. We used all this information to plan our inspection.

During the inspection

During our inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, the registered manager, the provider, four members of care staff, the housekeeper and the maintenance person.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, two staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings, customer survey outcomes and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

After the inspection

Following the inspection visit, the provider and the registered manager sent us additional information in relation to fire risk assessments, training and care documentation; this was promptly provided.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe and were happy with the care and support they received. One person told us, "I feel safe and I am well looked after." A relative commented, "I can leave [family member] here and have peace of mind they will be looked after".
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. There were currently two safeguarding alerts which the local authority was considering.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were being managed. Risk assessments included information for staff about the nature of the risks and how staff should support people to manage them. Prior to the inspection, we received information that people's behaviours were not managed safely. We found that whilst the assessments in relation to responding to difficult behaviours included actions to be taken by staff, the records were not always clear about how staff were managing this.
- Staff managed people's behaviours safely, patiently and appropriately. We observed people using the stair lift independently and not using a lap strap; assessments needed to reflect the regular conversations that had taken place with people regarding their safety. The registered manager agreed to review the assessments.
- Staff kept records in relation to any accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks. They had made appropriate referrals to other agencies. We discussed with the registered manager, how analysing the information could be improved to identify any patterns or trends.
- Staff had received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies. Regular fire alarm checks had been recorded.
- The provider had environmental risk assessments and there were procedures for staff to follow in an emergency. Equipment had been serviced and any follow up actions were recorded. We asked the provider to send us some servicing information following the inspection as we were unable to locate some of the records. This was completed promptly.

Staffing and recruitment

- Enough staff were available to meet people's current needs. Prior to the inspection, we received concerns that staffing levels were insufficient. During the inspection, we observed a good staff presence and staff

promptly responding to people's requests for assistance.

- Staffing rotas supported there were enough staff available to manage and support people's needs. There was one senior carer and two care staff on duty throughout the day with support from kitchen and domestic staff and two staff available at night. People told us there were enough staff to look after them properly. They said, "The staff are alright, there is always someone around".
- The provider followed safe recruitment systems and processes. No new staff had been employed since the last inspection. We looked at two recruitment records and found appropriate checks were carried out prior to employment.

Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been carried out.
- Staff completed medicine records accurately. However, we found some directions to support staff with the application of external creams were insufficient to guide staff. The registered manager was aware of the shortfalls and action was being taken to address this.

Preventing and controlling infection

- People were protected against the risk of infection. All areas of the home were clean and fresh smelling. The provider had systems to help prevent the spread of infection and staff had received training in this area. Designated cleaning staff were available and followed cleaning schedules.
- The service had achieved a food hygiene score of 5 (very good) from the environmental health officer in June 2018.

Learning lessons when things go wrong

- Lessons had been learned from any incidents or concerns. The registered manager described how a change of staff practice had resulted from a recent incident. The provider had arrangements to respond to external safety alerts to ensure people's safety.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were provided with a range of appropriate training to ensure they could carry out their role effectively. Most staff had achieved a recognised qualification in care. The provider monitored staff training to ensure all staff completed their training in a timely manner. The registered manager was aware there were gaps in the provision of training but was addressing this.
- An in-depth induction would be provided to new staff to ensure they were safe and had the skills to meet people's needs effectively.
- Staff were provided with regular support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role. They were complementary about the support they received from the registered manager.

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

- Staff offered people sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed the meals. They said, "Ooh it's lovely", "I can have something else if I don't like something" and "I get enough food and it tastes good". Catering staff were aware of people's food allergies and dietary preferences.
- Staff monitored people if they were at risk of poor nutrition, and involved healthcare professionals where required.
- We observed the lunchtime meal was not rushed and there was a good atmosphere in the dining room. People were offered drinks and condiments with their meals. We discussed with the registered manager, how the mealtime experience could be further improved for people in respect of table settings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. The service participated in the 'red bag' scheme, which helped to provide a better care experience and improved communication between homes and hospitals. In this way, people's needs were known and care was provided consistently when moving between services.
- Staff referred people to healthcare professionals, such as GPs, opticians, dentists and community nursing staff, when there was a health need.

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

- The design and layout of the home was suitable for the people who lived there. There were comfortable and bright communal areas, appropriately adapted bathrooms and access to well-maintained gardens and outside seating areas. We noted personal touches such as birthday cards on the mantelpiece; which made the home feel more homely.
- People had personalised their bedrooms. Where people had chosen to share a bedroom, privacy screens were available.
- Some areas of the home needed refurbishment and redecoration and were not dementia friendly. Plans were underway for redecoration of lounge areas, replacement of damaged windows, lighting and carpets and to make the home more dementia friendly. The registered manager and provider told us they planned to refer to good practice guidance with regards to the changes.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, there were nine authorisations approved by the local authority six further applications had been made to the local authority.
- Staff had received training and demonstrated an understanding of the principles of the MCA. They could tell us how they supported people to make their own decisions and choices. Staff said, "I give people choices to do it themselves and to make their own mind up" and, "We help them if they can't think for themselves. We have picture cards." People said they could follow their own routines and staff were respectful of their choices. One person told us, "The staff always listen to what I want." Throughout the inspection, we observed staff respecting people's choices.
- There was limited information in people's care records about their capacity to make decisions. Where possible, some people had recorded their consent. We discussed with the registered manager, how this could be improved. The registered manager was aware she needed to obtain evidence of any legal decisions

that allowed family members to make important decisions on the person's behalf.

- We noted best interest meetings had been held for some important decisions, such as management of medicines. This ensured people's rights were protected.

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.

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. Staff respected people's equality, diversity and human rights and recorded them as part of the support planning process.
- People were complimentary of the support they received. They commented, "I like living here; it is the next best thing to home" and, "The staff are very kind and caring." We also saw several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. They included, "The care [family member] received has been marvellous."
- Staff interacted with people in a warm, kind, caring and friendly manner and saw people were comfortable in the presence of staff. Staff said, "We care about the people who live here; it's like a family."
- Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people. Staff knew about people's preferences and how best to care and support them.
- Staff supported people to meet their spiritual and religious needs by the provision of regular religious services. Where people had religious beliefs that were not consistent with these services, these could be arranged as required.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences.
- Some people had been consulted about their care needs and had discussed their care plans with staff. Where appropriate, family members had been involved in care plan reviews on their behalf. We discussed with the registered manager, how people's involvement in the support planning process could be recorded clearly.
- Staff encouraged people to express their views as part of daily conversations and customer satisfaction surveys. Information displayed around the home helped keep people informed of proposed events and any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. Staff encouraged and supported people to maintain their independence whenever possible.
- People could spend time alone in their rooms if they wished. Bathrooms, toilets and people's bedrooms

were fitted with appropriate locks and we observed staff knocked on doors and waited to enter. Privacy screens were in place in shared bedrooms. The provider assured us additional screens would be provided around wash basin areas in some of the shared bedrooms.

- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans that described their health, care and support needs and included guidelines for staff on how to best support them. We discussed how the detail could be improved to reflect the care and support being given. For example, improving the information about the actions being taken by staff to manage behaviour that challenged and with regards to skin care and treatment being provided by the community nurses. Staff reviewed people's care plans each month or sooner if a person's needs changed. This made sure people received the correct level of care and support.
- Staff understood people's needs well and they could describe people's care and support needs in detail. We discussed with the registered manager, how information that was known about people's preferences and routines could be recorded more clearly. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way. Staff completed care records, such as food and fluid charts, behaviour and positional change charts, when there was an identified risk.
- Staff supported people to partake in activities that met their needs and interests. Activities included occasional days out, celebration parties, exercise sessions, bingo, musical instruments, board games and visiting entertainers. During the inspection, we observed people involved in Easter themed crafts, watching TV, listening to music, sitting in the garden, folding napkins and chatting to each other and with staff.
- People were satisfied with the available activities. They said, "I enjoy doing different things" and, "They keep us entertained."
- Staff encouraged people to maintain contact with friends and family. Visitors were made to feel welcome.
- Staff understood about the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with others. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They told us they would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. One person commented, "I am happy here. I have no concerns here at all."
- The provider had arrangements in place for investigating and resolving complaints. There had been one complaint since our last inspection. The complaint related to staff availability. The registered manager had considered the concerns at that time and taken appropriate action.
- The complaints policy was included in the service user guide which was given to people on admission. The complaints procedure clearly explained how a complaint could be made and reassured people these would be dealt with. However, the contact information for other organisations such as local commissioners and

the local government ombudsman needed updating. The registered manager told us they would review this.

End of life care and support

- The service had an end of life policy and procedure. They were not currently supporting anyone at the end of their life.
- The registered manager and staff had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. The service had received messages of appreciation, including, "You were all there when we needed you. Thank you for the love, care and support shown to mum in her last days" and, "Huge gratitude for how well you cared and loved [family member] in her last days."
- Staff recorded and communicated people's choices and wishes for end of life care, if known. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available where people did not want to be resuscitated. The DNACPR forms had been completed and signed by people, their relatives, where appropriate, and their GP to ensure people's end of life care wishes would be respected.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 of February 2018, the provider had failed to ensure there were effective quality assurance processes, which had led to a number of identified shortfalls. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found sufficient improvement had been made and the provider was no longer in breach of legal requirements.

- The registered manager and provider monitored all aspects of the service each month. When shortfalls were discovered, improvements were actioned. We discussed with the registered manager, how the systems could be improved further as we found minor environmental issues that had not been recognised by staff audits. The registered manager also worked alongside staff carrying out care duties. This meant she had a good understanding of people's individual needs, staff practice and the pressures placed on staff.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice.
- There was an organisational structure and staff understood their individual responsibilities and contributions to the service delivery. We found staff morale was high and they felt valued and supported. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The registered manager was knowledgeable about their legal responsibilities and demonstrated good knowledge of people's needs and the needs of the staff team.
- Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority. The provider's representative was aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- The registered manager and provider were continually looking at ways they could develop the service. Plans to continue improvements within the service were available. People and staff were kept up to date with any changes that may affect them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider encouraged feedback from people and relatives and acted on it to

continuously improve the service.

- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- People, their relatives, professionals and staff were complimentary about the management of the home. One person commented, "Ravenswing Manor is an excellent home in every way."

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

- Management and staff shared a commitment to provide a person-centred care that respected people's diversity, personal and cultural needs.
- Compliments received by the service highlighted the quality of the care provided in the home. We saw numerous cards during the inspection thanking the registered manager and staff for the care provided for their family members.
- The registered manager understood the requirements of the duty of candour. They engaged with healthcare professionals, people and their relatives when things went wrong.

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

- The registered manager encouraged feedback from people and acted on it to improve the service. People were invited to complete an annual customer satisfaction questionnaire. We looked at the results from the survey of February 2019, and noted people were satisfied with the service.
- The registered manager held monthly meetings for people living in the home. The meetings were poorly attended and other ways were being considered to improve communication with people. For example, a newsletter had been developed.
- The registered manager had good links and good working relationships with a variety of professionals to enable effective coordinated care for people.
- Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was approachable.