

Together for Mental Wellbeing

Ravenhill Way

Inspection report

240-242 Ravenhill Way
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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: Ravenhill Way is a care home which provides accommodation, personal care and support for up to 10 people with mental health care needs. Ravenhill Way were supporting 9 people at the time of the inspection.

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

People's experience of using this service:

People told us they felt safe and thought that staff were nice.

A relative told us, "I feel that we are listened to and believed at Ravenhill...all the staff are really good and know how to help [my relative]. [My relative] is getting all the help that they need and whatever the staff are doing is working as it has made a massive difference, [my relative] is so much better than they were."

The registered manager had systems and processes in place ensuring risks were well managed and care was personalised and reviewed.

Staffing levels, skills and experience were suitable to meet the needs of people and varied according to activities.

The provider implemented safe systems for the management of medicines which included staff training and assessments of staff competency. Staff supported some people to manage their own medicine and this had been risk assessed.

Staff had a good understanding of preventing the spread of infection and used one use personal protective equipment, colour coded equipment and they encouraged good hand hygiene.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way.

Staff supported people to have the greatest 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.

Staff supported people to choose menus and be involved with cooking meals and drinks, encouraging healthy diets and lifestyles.

People had access to specialised healthcare when needed.

People decorated their rooms in ways that they preferred and which met individual tastes. The environment was clean and odour free but the décor needed refreshing in places. The registered manager was aware of

this and planning to make improvements.

The registered manager used systems such as training, policies and care plans to ensure that staff had the skills and knowledge to fulfil their roles. End of life support was not currently needed but training and support could be accessed should it be necessary.

Staff supported people to plan and access a variety of activities but motivation of people to attend was low. Some people said they experienced boredom due to this. The registered manager and staff team were trying different ideas to help motivate people to participate and take up the opportunities offered.

The registered manager showed ways that they were working with other agencies and providers to share ideas and improve services.

The service met the characteristics of good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Good (14/04/2019). Overall, since the last inspection, the service rating has remained the same.

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

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 ●

Ravenhill Way

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and one inspection manager carried out this inspection. The inspection manager was conducting an observed practice of the inspector which the inspector explained to the registered manager and staff on-site.

Service and service type:

Ravenhill Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ravenhill Way accommodated nine people in one adapted building. The building has two entrances offering individual bedrooms and shared communal rooms and garden on both sides of the building for people to access as they wished.

The service had a manager registered with the Care Quality Commission. 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:

We did not give any notice as this was an unannounced inspection.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and is called a Provider Information Return (PIR). The provider had completed and returned their PIR to us by the stated deadline. We were able

to use this information to plan our inspection.

Before the inspection we:

- Reviewed information we received from the provider on the provider information return (PIR).
- Researched feedback received about the provider to CQC as well as online.
- Looked at notifications we have received since the last inspection. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to help with planning the inspection.
- Considered any complaints and compliments received since the last inspection.
- Checked the providers own website.

During the inspection we:

- Spoke with three people using the service
- Spoke with three care staff members.
- Spoke with the domestic staff.
- Spoke with the registered manager.
- Gathered information from two care files which included all aspects of care and risk.
- Looked at two staff files including all aspects of recruitment, supervisions, and training records.
- Health and safety records.
- Records of accidents, incidents and complaints.
- Audits and surveys.
- Complaints and compliments.

After the inspection, we:

- Reviewed further evidence sent to us by the provider.
- Spoke with three relatives of people who were receiving care
- Spoke with two health professionals and social workers involved with the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.

One relative told us, "There is no bullying or anything going on there, the staff are good people."

- Staff were aware of how to keep people safe and report any concerns. One staff member said, "I would approach senior staff and the manager. If I had concerns about the manager I would go to the Operational manager and the local safeguarding team."
- The staff received training on safeguarding adults and were able to describe how this impacted their role.
- The staff team logged and monitored all incidents and accidents electronically. This enabled senior managers to also access the records to check and review them.
- The registered manager reported and recorded incidents and accidents accurately and risks were re-assessed.

Assessing risk, safety monitoring and management

- The registered manager wrote, reviewed and updated people's risk management plans. These plans were very detailed and covered all aspects of how to support people's physical, medical, environmental and personal needs. Staff also recorded people's preferences.
- Staff confirmed the registered manager gave them time to read and understand risk assessments and care plans before working with people.
- Staff told us they tested fire systems weekly and drills occurred monthly. Staff said that people can evacuate the building but chose not to as they it was a drill.
- As a result, the registered manager had arranged for a drill to take place for a full evacuation of the service with the involvement of all people and staff making it as real as possible.
- This was part of an agreed emergency contingency plan with the local church who allowed the service use of its premises for people to wait safely with staff if needed.
- All required maintenance and servicing of health and safety equipment and systems had taken place.

Staffing and recruitment

- The registered manager had recruitment policies and processes in place to ensure that staff were suitable for the role.
- Staff confirmed staffing levels were based on people's assessed needs and were safe. Staff told us they were short staffed but utilised agency staff so there was no impact to people.
- The service currently used agency staff but restricted this to a limited number of regular people and worked alongside permanent staff to ensure consistency.

- Part of the induction for agency and permanent staff included shadowing staff on at least three shifts and an observation of medication administration if needed.

Using medicines safely

- People told us, "I get my meds. Sometimes the nurses come in to give me injections."
- One health professional told us, "With medication, they used some initiative. When the person first moved in, they held the medicines securely and administered them. Then, they dropped me an email after about a month to discuss starting to support the person to self-medicate as they were doing so well. The staff team were quite proactive instead of waiting for a six-month review. I liked that they checked my opinion before doing things."
- Risk assessments were in place for people who self-medicated so staff could ensure they were safe.
- Staff were aware of people's rights with medication. One staff member told us, "If someone refused their medication I explain why it is important and the risks and consequences of not taking it. If they still refuse, they have that right so I leave it. If it continues I would contact the care coordinators and GP."
- The provider had detailed systems in place for monitoring and auditing safe management of medicines. This included weekly checks of stock and monthly audits conducted by the registered manager or an allocated senior staff member.
- The registered manager trained and assessed staff in medicine administration, theory and practice to ensure competence.
- We checked some medicines stocks and records and found they were correct.

Preventing and controlling infection

- Staff told us, "We put up lots of signs about good hand washing and try to encourage people to use anti-bacterial wipes and hand sanitiser."
- Systems were in place to minimise the spread of infection such as monthly cleaning schedules and the use of personal protective equipment.
- The service employed a domestic staff three times a week to ensure the environment was clean. Staff supported people to develop these skills on the other days..
- We saw staff used different gloves between different tasks such as personal care and food preparation.
- We saw staff using different coloured chopping boards for preparing different types of foods which helped to reduce the risk of cross contamination.

Learning lessons when things go wrong

- The registered manager gave an example of where audits had found errors in medicines. As a result, they had organised retraining for staff and increased monitoring and audits which had improved practice.
- The registered manager had a good understanding of processes for learning from when things went wrong and shared this information with the staff.

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

- A relative who was very happy with the level of involvement told us, "When [my relative] first moved in we met and discussed bits and pieces, now they give me the opportunity to come over but I mostly call them a lot on the telephone and they call me. I speak to them a lot and they keep me as involved as possible."
- The registered manager had very thorough systems in place for conducting initial assessments of people's needs.
- People's assessments covered all aspects of their choice, preference, beliefs, health and wellbeing.

Staff support: induction, training, skills and experience

- The registered manager said they and the staff team felt valued and a part of the organisation after training.
- This was specifically in relation to clinical and forensic psychology training to help them better understand people's mental health needs.
- Staff told us they completed a level 2 qualification in mental health care.
- One staff member told us, "I don't have a mental health background but my manager knows this and so has given me support and encouraged me including sending me on further training."
- The provider used an induction program for inexperienced staff which included shadowing a more experienced staff member for one week and competency checks of skills every three months.
- Senior staff held supervision every six weeks and annual appraisals. Staff confirmed supervision was helpful and used to discuss areas of development and support of their well-being.

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

- People told us on the day of the visit they had enjoyed their lunch.
- People's dietary preferences written in their care plans explained individual need to better enable staff to meet people's needs.
- People took part in weekly menu meetings to decide what they wanted to eat. Staff then supported people to plan, shop and cook their own meals.
- One person preferred to have their own menu entirely instead of sharing and staff supported them to do so.
- For people who had dietary requirements due to their culture or religion the service had put a second fridge in place to store Halal meat.

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

- The environment was very clean and people's rooms were personalised. Decoration in some areas would

benefit from refreshing as this was 'tired' in places. We spoke to the registered manager about this who was aware and was adding this to the maintenance plan.

- There were lots of noticeboards displaying useful information around healthy living, advocacy and local groups. Some information displayed however, was now out of date and needed updating. The registered manager confirmed they were aware of this and would address it.
- The environment and the use of spaces enabled people to choose types of activities and levels of noise they preferred.

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

- A relative told us, "The staff support [name of relative] to access doctors and health professionals by making the appointments for them as they can't do this themselves."
- When speaking to health professional about the service, one health professional said, "Staff support the person to come to appointments and they had recently joined a gym so staff support and encourage to them to get involved."
- Another health professional said, "If I were to rate the care out of 5 I would give it 5 out of 5 because they look after people well and ensure they get their treatment."
- Staff encouraged healthy eating plans and exercise routines to support good health.
- One example was to ensure more filling healthy main meals to avoid the need to snack which had helped some people reduce weight gained over Christmas.
- Information was available for people about how to manage their conditions, quit smoking and drink less alcohol.

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

- Staff told us, "We always ask permission about consent and sharing people's information." Another staff said, "It is about giving people choice, supporting them to make their own decisions."
- 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.
- Related assessments and decisions had been properly taken and the provider had followed the requirements in the DoLS.
- The MCA and DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Applications under the DoLS had been authorised.
- The provider has properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

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

- A health professional said, "The person I work with was really unwell before moving into Ravenhill, the staff have done remarkably well supporting the person. A previous residential home did everything for the person, in this home with staff help they all take turns with tasks like cooking in a really supportive way, rooms to keep tidy, the plan is to get people to be able to move to their own flat and be more independent."
- Staff told us that they communicated in ways that met people's individual needs. For example, one staff member said, "For people who cannot read or write we use pictures and point at objects, we explain verbally and gain confirmation they are happy."
- Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice.
- The registered manager gave us examples of how they supported people with specific equality and diversity needs such as sexuality and relationships. People were now starting to open up about these topics and seek proper support to understand them.
- People said staff encouraged them to be as independent as possible.

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

- People told us, "Staff are all right here, you can talk to them."
- People confirmed they were involved at all stages of care planning and made their own decisions about their care.
- Documents looked at, showed evidence of people's involvement in initial assessments and reviews.
- Staff supported people to access advocates when they wanted them. The registered manager had worked with people to understand the role of an advocate.

Respecting and promoting people's privacy, dignity and independence

- One health professional told us, "The person I work with had no sense of how to get along with people or do things for themselves. They are now able to come to meetings by themselves and have even managed to save up some money."
- One staff member told us, "The best thing is that I make a difference in people's lives...give knowledge and support and promote their independence."
- People told us that staff upheld their privacy and dignity.
- Staff received training on confidentiality and information governance.
- The registered manager securely stored all paper and electronic records To maintain confidentiality.

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

- One relative told us about how personalised care had helped their loved one. They said, "Where my relative is now they are getting some really good help...they are speaking to everyone and getting involved as they can seclude themselves and staff have helped [my relative] with that."
- Staff told us how they are supporting some people who already had voluntary jobs in areas of cleaning and gardening and they were supporting other people to seek paid employment.
- People told us that staff were supporting to them to meet their individual needs in relation to health, cultural and social needs but one person told us they sometimes felt bored. Staff were trying to help them become more engaged.
- Care plans and care records showed people's preferences and wishes were at the core of the planning process.
- The registered manager used information about people's history to enable staff to have a better understanding of people, their interests and preferences.
- Care records updated daily by staff documented relevant information. The staff stored the records securely electronically along with all information related to that person.
- This meant the staff team and senior managers accessed, updated and reviewed the information daily.
- Staff all confirmed they supported people to plan activities but people often chose not to take part on the day. Staff are trying to find new ways to approach and motivate people in relation to activities and engagement.
- Staff also offered indoor activities such as board games, cooking and gardening but often not utilised.
- The registered manager and staff team discussed other techniques they were looking at to try and manage people's anxiety about activities and help motivate them. This involved looking at timing of plans and how staff approached people about what they would like to do.

Improving care quality in response to complaints or concerns

- One person mentioned in the annual survey not feeling that they had progressed towards goals and wanting more days out.
- The registered manager had responded and arranged more days out and activities as well as keyworkers who supported the person with goals.
- Relatives and health professionals confirmed they were happy to call if they had any concerns but they were happy with everything at the moment. For example, one relative said, "All staff are really approachable if I had concerns. I call quite often and they call me ring me if my relative needs my help and has a concern."
- Staff told us how they had responded to a complaint about people lending each other money as one person was doing it but charging interest which was causing conflict and anxiety.
- The staff had spoken with everyone and agreed together there would be a 'no borrowing or lending policy'

moving forward. This had resolved the concerns and conflict.

- The registered manager showed an open and honest approach to managing complaints when they occurred.
- The registered manager showed us examples of how they had discussed complaints including offering people and families more formal processes for smaller concerns and queries. Staff recorded smaller complaints in people's daily note records.

End of life care and support

- The service was not currently supporting people with end of life care but had good systems in place to support people if needed, such as training, policies and care plans.

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.

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

- A healthcare professional told us, "Staff are responsive, they pick up the phone, including the manager. The other day the manager got back to me in half an hour via email. Communication feels very open."
- The management team and care staff were all very passionate about ensuring they gave quality, person-centred care.
- The staff team and registered manager had a good understanding of their responsibilities.
- The provider showed an open and honest approach to care provision.
- The registered manager described how the provider supported a 'buddy system' for new managers which ensured effective induction, support and knowledge of company and legislative requirements.
- A senior manager conducted an audit of the service monthly to review quality and progress from previously agreed actions. This enabled support for the registered manager and clear oversight of the standards of care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were all able to define their roles and how to put these into practice.
- The registered manager and staff team all understood the impact of good care on the people they were supporting.
- The registered manager showed a good understanding of legislation. This included the requirements of the Health and Social Care Act and their responsibilities within their management role.
- The provider told us about a peer review process in place where other managers had conducted quarterly audits of the service to enable sharing of new ideas and systems. This has led to an improved care plan which was easier to read and held clearer information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives confirmed that the registered manager and staff team ask for feedback. For example, one relative told us, "One lady (registered manager) called me twice and asked me some questions and see was alright."
- Feedback from surveys showed one person saying, 'Ravenhill Together is the best I have ever been in.'
- Staff told us the registered manager was approachable.
- People and staff gave positive feedback about the registered manager and care staff.

- Information was in formats suited to the individuals' communication needs such as written, pictorial formats and staff use audio too.
- The registered manager had implemented a health and safety checklist using pictures of the actual areas such as sinks, chairs, plugs for people to take ownership of being a part of auditing systems.
- People took part in monthly meetings to discuss and plan what they would like to see in the service. This included planning activities and trips, specialised exercise to support people with mental health needs and peer support workers.
- The service developed a service user 'champions role' who acted as the representative for people's voice within the organisation. The champion took forward the views of their peers.
- People in the service were awaiting training for this role.

Continuous learning and improving care

- Staff told us, "We have meetings every second Tuesday, we get to contribute to the agenda and the manager always follows through with actions."
- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.
- Staff attended fortnightly meetings and had taken part in discussions and shared ideas. The registered manager held pop quizzes at the meetings to test staff knowledge. This identified knowledge of the mental capacity act as an area of development which had now improved.

Working in partnership with others

- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people.
- The registered manager liaised with other teams to share ideas and find ways to improve the care they provided.