

Yorkshire Friends Housing Society Limited

Ravensworth Lodge

Inspection report

3 Belgrave Crecent
Scarborough
North Yorkshire
YO11 1UB

Tel: 01723362361

Website: www.ravensworth.org.uk

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service: Ravensworth Lodge provides support for up to 24 older people in a large adapted building spread over four floors. Twenty-four people were receiving support at the time of this inspection.

People's experience of using this service: Staff were kind, caring and attentive to people's needs. People consistently told us they felt safe and praised the care staff provided. Staff treated people with dignity and respect.

The environment was homely and welcoming; there was a positive atmosphere and community amongst the staff and people who used the service. Regular meaningful activities were on offer for people to join in.

Improvements were needed to make sure medicines were managed safely, and to ensure risks were consistently assessed and managed.

We have made a recommendation about developing more robust systems to record and analyse accidents and incidents.

People were kept safe by staff who were trained to recognise and respond to safeguarding concerns. Enough staff were on duty to safely meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager agreed to develop the policies and systems in the service to support good practice in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

A varied choice of meals and snacks were available. Staff monitored people's weights and provided help when needed to make sure people ate and drank enough.

Staff received regular training, supervisions and an annual appraisal of their performance. Staff provided effective care; they were confident in their knowledge and skills, and knew how best to support people. They worked closely with other professionals and sought their advice to make sure people's needs were met. Staff provided compassionate care to people reaching the end of their life.

The registered manager and provider completed audits. We have made a recommendation about developing these to reflect changes and improvements identified as needed during this inspection.

The registered manager was approachable, supportive and responsive to feedback.

People routinely made choices about all aspects of their care. They felt able to speak with staff or the registered manager if they were unhappy about anything or wanted to complain. The registered manager

listened and learned from people's feedback and was committed to providing person-centred and high-quality care.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: At the last inspection service was rated Good (report published 21 July 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 dropped to Requires Improvement.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Ravensworth Lodge

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: The inspection was carried out by two inspectors.

Service and service type: This service 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.

The service had a manager registered with the 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: The first day of our inspection was unannounced. We told the provider we would be visiting on the second day.

What we did: Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share.

The provider completed the required Provider Information Return. This is information providers must send us to give us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people who used the service, two visitors who were their relatives or friends, and three healthcare professionals. We spoke with the registered manager, deputy manager, a representative of the provider and five staff including senior care workers, care workers, the cook and

activities coordinator.

We reviewed documents and records related to the management of the service. This included five people's care plans, risk assessments, daily notes and medication administration records. We reviewed three staff's recruitment records, as well as induction, training and supervision records for the staff team. We looked at meeting minutes, quality assurance audits and a selection of other records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed to make sure medicines were consistently managed safely. For example, records of medicines in stock were not always accurate. Protocols were not in place to guide staff on when to administer medicines prescribed to be taken only 'when needed'.
- Although people told us they received their medicines as prescribed, these recording issues increased the risk of an error occurring. The registered manager agreed to address our concerns.

Assessing risk, safety monitoring and management

- People were at increased risk of harm as some risks had not been properly assessed or managed. For example, people were at risk of burning themselves, because the use of portable electric heaters had not been risk assessed. The registered manager acted to remove these and agreed to risk assess their use in future.
- Some areas of the service were cold. Room temperatures were not actively monitored. The registered manager agreed to address this.
- People consistently told us they felt safe; they were confident and outgoing around staff and responded positively to them.
- Systems were in place to minimise risks associated with a fire.

Learning lessons when things go wrong

- Accident and incident recording did not help management to monitor what had happened, how staff responded and to identify any patterns or trends.

We recommend the provider develops more robust systems to record and analyse accidents and incidents.

Staffing and recruitment

- Staff continued to be recruited safely.
- Staffing levels were safe; people's needs were met in a patient and unrushed way by the attentive staff team.
- We spoke with the registered manager about how tools to assess people's dependency could help monitor the number of staff needed across a 24-hour period.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and report safeguarding concerns.
- The registered manager kept people safe by referring incidents to the local authority and working with them to investigate concerns.

- The provider's safeguarding policy and some staff training did not cover changes introduced by the Care Act 2014. The registered manager agreed to address this.

Preventing and controlling infection

- The service was clean and free from malodour.
- Staff used personal protective equipment, such as gloves and aprons, to minimise the risk of spreading germs.

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.

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 MCA 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.

- People consented to the support that staff provided
- Staff effectively supported people to make decisions. A member of staff explained. "We ask people, for example, about what they might want to wear – some can tell us, others we need to get some choices out and show them to help them to choose."
- The provider did not have a policy and procedure or paperwork to support good practice, if the need arose, in relation to the MCA or DoLS.

We recommend the provider develops the systems in place to guide staff and support good practice in relation to MCA and DoLS.

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

- The home environment was bright, welcoming and homely.
- The registered manager considered the needs of people living with dementia during recent redecoration work. They agreed to continue exploring how dementia friendly design choices could help people whose needs might change in future.

Staff support: induction, training, skills and experience

- Staff provided skilled and effective care to meet people's needs. A professional said, "The staff are very confident in their skills and when supporting people. I think that is from having the support of the manager and all the training they provide."
- New staff were supported to develop their knowledge and confidence through an induction, training and

shadowing of more experienced members of the team.

- Staff were supported to continually learn and develop through regular supervisions and annual appraisals of their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff provided effective care; they regularly assessed and reviewed people's needs to make sure these were met.
- Staff worked closely with healthcare professionals; they proactively sought and acted on advice to meet people's needs. A member of staff explained, "We have good links with the local doctors and they will always come out to see people if we are worried – we only have to ring them." A professional told us, "The staff are doing a good job. They will ring us if we need to come in."

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

- Staff supported people when needed to make sure they ate and drank enough; they were very kind and attentive helping people at mealtimes.
- Food looked and smelt appetising. Staff encouraged people to eat more and provided drinks and snacks throughout the day. A person told us, "It's very nice food, you get a good choice at dinnertime, and they're always coming around with cups of tea and biscuits during the day."
- Staff monitored people's weights and sought advice from healthcare professionals when needed.

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; equality and diversity

- Staff treated people with kindness and were very caring. People told us, "It's lovely here, the staff could not do anymore for us" and "It has got pleasant family orientated atmosphere. The staff are all so pleasant, kind and caring; nothing is a problem." A visitor said, "I really enjoy coming, the atmosphere is very warm and friendly. It immediately feels like a home not an institute."
- People shared positive and caring relationships with the staff who supported them. For example, when a person became anxious, staff were attentive and showed genuine concern for their wellbeing and how to make to them feel better.

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

- People felt empowered to express their wishes and views; staff listened and responded positively to anything that was asked of them. This encouraged open conversations and helped people feel in control of the support provided.
- Care plans guided staff on how best to communicate with people and share information in an accessible way.
- Staff met people's individual and diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staff provided dignified care and support. They respected people's privacy and personal space. A member of staff explained, "When we give personal care we always shut the door and curtains. It is important we knock and wait to be invited into people's rooms."
- Staff spoke with people in a very respectful and person-centred way. This helped maintain people's privacy and dignity.
- Equipment and adaptations were in place to help people maintain their independence; staff encouraged people to go out and access the wider community.

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

- Staff understood people's needs and what was important to them; care plans contained detailed, person-centred information to guide staff on how people's needs should be met.
- There was a weekly schedule of events and activities.
- During the inspection people enjoyed a well organised and very engaging quiz, which stimulated conversation and was thoroughly enjoyed. A person said, "We're not just sat, they come in to give us quizzes and exercise. We are always talking" and "We get a list every week of the activities, they come around with their list to let us know. We get singers, people who give us talks and they play bingo. They have a social evening and coffee morning too."
- People clearly enjoyed each other's company; they shared jokes and there were lots of friendly conversations. Staff encouraged and supported people to develop friendships which contributed to this strong sense of community.

Improving care quality in response to complaints or concerns

- People felt able to raise any issues or concerns. One person said, "I take the issues up with management and they react straight away."
- The provider had a complaints procedure to make sure complaints were investigated.

End of life care and support

- Staff provided very skilled, compassionate and person-centred care to people at the end of their life.
- Staff worked closely with other professionals to make sure people received coordinated, effective and dignified care. A professional told us, "They have introduced their own end of life care plans so all the information is there for professionals to see when they visit. Their knowledge is very good, because they are interested. They love the residents and want what's best for them."

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.

Continuous learning and improving care

- The registered manager worked closely with professionals to understand and implement good practice guidance. For example, relating to end of life care.
- Staff had been appointed 'champions' and were supported to develop and improve practice in particular areas.
- The registered manager was very responsive to feedback, and was committed to making ongoing improvements and providing high-quality care.
- Audits were used to monitor aspects of the service; these had not been fully effective in ensuring all areas of safety were reviewed.

We recommend the provider develops audits to reflect changes and improvements needed to maintain the safety of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager promoted a person-centred culture.
- Management were approachable and supportive of the staff; staff gave positive feedback about the positive leadership of the service. A member of staff said, "They are organised and on top of everything. You can go to any of them with any problems. [Registered manager's name] is really kind, helpful and supportive. I feel I can go to them if I need anything."
- The registered manager reported safeguarding concerns, notified the CQC of events when required, and investigated and responded to any complaints people had about the service.

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

- There was effective communication between staff and management; staff were clear about their roles and responsibilities. Handover meetings were used to share information and coordinate work to make sure people's needs were met.
- Meetings were used to share information and coordinate running of the service.

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

- 'Resident's meetings' provided an opportunity to discuss the service and for people to make suggestions. One person who used the service was a 'residents champion'. They represented people's views and

advocated where changes or improvements could be made.

- People, relatives and visitors completed a quality assurance survey in July 2018. The registered manager used these to gather feedback about how they could improve the service.
- Staff worked closely with a range of professionals where there were particular risks or people had specific needs.