The Regard Partnership Limited

Ravenscroft House

Inspection report

158 Portsmouth Road
Lowford
Southampton
Hampshire
SO31 8ER

Tel: 02380407102
Website: www.regard.co.uk

Date of inspection visit:
04 November 2016
10 November 2016

Date of publication:
16 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out by an inspector on 4 & 10 November 2016.

Ravenscroft House is a supported living service. It is an ordinary house on an ordinary street and the service provides personal care for up to seven people who may have a severe learning disability, complex physical needs, sensory impairments and epilepsy. The service has its own vehicle which supports a variety of activities in the local community and also supports holidays and trips away.

The home 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 and associated Regulations about how the service is run.

People were protected from abuse. Staff knew how to identify abuse or potential risks of abuse and understood their responsibilities to report any concerns. Individual and environmental risk assessments had been carried out and measures put in place to mitigate risks to people. There were robust systems in place to effectively manage the ordering, storage and administration of medicines.

The provider had robust recruitment processes in place which ensured only staff who were suitable to work in an adult social care setting were employed. There were sufficient numbers of staff on duty to support people safely and meet their assessed needs.

Staff received an induction before they started work, which included shadowing other staff, and helped to ensure staff were appropriately trained and skilled to deliver safe care.

Staff showed a good understanding of the needs and preferences of the people they supported. People were supported to eat and drink a choice of food and drinks which were sufficient for their needs and that met their dietary requirements.

People and their families were involved in planning and review of their care. Care plans were personalised and support was tailored to their individual needs. There was a strong, visible person centred culture within the home and people were empowered to live their lives in the way that they chose to do.

People's risk assessments and care plans had been reviewed regularly and any changes to people's needs were recorded. Staff were knowledgeable about people's health conditions and any concerns were promptly referred to health care professionals.

Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. Staff supported people to take part in activities both within the home and in the community.

Relatives told us they were very happy with the support their family members received from staff who were very caring. People told us the staff treated them kindly and our observations confirmed they were caring and compassionate, and supported people's emotional wellbeing in creative ways, supporting them to develop confidence and self esteem. Staff went the extra mile to overcome obstacles to help people maintain important relationships and visitors told us they were welcomed at anytime. Staff respected people's privacy and dignity and encouraged their independence, empowering them to take control of their lives. People's end of life wishes were discussed with them by sensitive staff.

Staff understood the requirements of the Mental Capacity Act 2005 and best interest decisions were made, where appropriate, and recorded in line with the Act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). . These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about DoLS.

There were effective quality assurance systems in place to monitor and assess the quality of the service provided. People, staff and relatives were actively involved in the development and improvement of the service.

Incidents and accidents were recorded and analysed, and lessons learnt to reduce the risk of these happening again. Complaints procedures were in place and the service had received one complaint in the past twelve months which had been dealt with appropriately.

The service was well led by a knowledgeable and committed registered manager. There was an open and transparent culture within the home and staff, people and relatives said the registered manager was approachable and supportive. The registered manager understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns.

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. Staff understood how to identify abuse and knew what to do if they had concerns. Risk assessments were carried out and measures were in place to mitigate the risks.

Robust recruitment processes were in place to check staff suitability before they began working in the service. The home deployed sufficient numbers of skilled and competent staff to ensure people's safety.

There were procedures in place to manage and administer medicines to people safely, and to support people who managed their own medicines.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA).

Referrals to health care professionals were made quickly when people became unwell. People were supported with a variety of food and drinks which met their needs.

Staff had received effective induction, training, supervision and on-going development to support them in their role.

Is the service caring?

Outstanding

The service was caring.

Staff were exceptionally kind and caring. They were sensitive to people's wishes and feelings and reassured people with compassion and gentle, appropriate touch when they were anxious or upset.

The service had a person centred culture that promoted choice and independence and empowered people to live their lives in the way that they chose to do. Staff knew people well and understood their family circumstances. They went the extra mile to support people to maintain contact with people who were important to them.

People's rooms were personalised with ornaments, family photos and other personal items People's increased confidence, self esteem and achievements were celebrated by staff and craft items made by people were displayed throughout the house.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain relationships with family and friends who were important to them. People were supported to access community activities, to go on holiday and take part in day trips out.

People and their families were involved in developing support plans and in regular reviews of their support needs.

People and relatives knew how to make a complaint if they needed to. Complaints were responded to appropriately and in a timely way.

Is the service well-led?

Good

The service was well led. □

The culture within the home was open and transparent. The manager was approachable and listened to and acted on feedback.

Staff were well supported and knew what was expected of them in their role.

Quality assurance systems were in place to assess and monitor the quality of the service. People, families and staff and were involved in improvements within the home.

Ravenscroft House

Detailed findings

Background to this inspection

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

This inspection took place on 4 & 10 November 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider completed a 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. We reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, four care staff, two relatives and a healthcare professional. Following the inspection we spoke with another healthcare professional by telephone to gain their views of how the provider supported people.

We pathway tracked the care and support of two people who lived in the home. This is when we follow a person's experience through the service. This enables us to capture information about a sample of people receiving care and support. We looked at four staff training and supervision records and four staff recruitment files, the home's incident records, safeguarding records, internal quality assurance audits and medication records. We also carried out some observations to enable us to see how staff interacted with people they supported.

We last inspected the home on 24 October 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us the service provided safe care and protected people from avoidable harm. One relative said "[My family member] has tempers. [The registered manager] knows how to control things, to calm down. She's on top of it." A healthcare professional confirmed the registered manager and staff were aware of risks to people and sought advice about people's behaviour when it became of concern. For example, they requested positive behaviour support when people's behaviour became challenging to others, and had a good awareness of other people's safety.

People were protected from abuse. Staff knew how to identify abuse or potential risks of abuse and knew who to contact if abuse was suspected, including outside agencies such as CQC and the local authority. There were up to date policies and procedures within the service for staff to refer to, which included the relevant local authority safeguarding adult's policy. Staff had received training in safeguarding people and whistleblowing and said they would not hesitate to use it if they had to. Whistleblowing is when staff can raise concerns about staff practice within the home either internally or externally. People were given information about what to do if they had any worries or concerns. This was a regular item on the 'tenant's meeting' agenda where they were reminded of what to do. People confirmed to us they would speak to a member of staff or the registered manager if they felt unsafe.

There were robust recruitment processes in place to assess the suitability of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. All relevant documentation was in place such as proof of identity and a recent photograph. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

The service had deployed sufficient and suitably skilled staff to meet people's needs. Staffing levels were assessed and reviewed to ensure the service had staff with the correct mix of skills and competency on duty to meet people's individual needs. For example, a driver to take people to their day centre or out for activities in the community. The number of staff on duty was dictated by the care and support needs of people, and shifts were always covered if people called in sick or were on annual leave.

Risks to people had been identified and actions taken to mitigate those risks. Individual risk assessments, for example relating to people's behaviour, had been completed and staff understood the approaches to use to manage situations safely. Risk assessments were reviewed regularly and staff were aware of how to reduce the risks to people.

Arrangements were in place for the safe storage, management and administration of medicines. Each person had a locked cabinet in their own room to store their medicines. Regular checks of medicines were carried out to ensure they were all accounted for. Staff received training before administering medicines and competencies were checked regularly. Staff signed the medicine administration charts to confirm each medicine had been given correctly. Where people wanted to administer their own medicines, a risk

assessment had been completed to ensure they were safely able to manage this.

Procedures were in place to protect people if there was an emergency. Fire drills were carried out regularly and people were reminded of what do during their regular tenant's meetings. Each person had a 'Grab sheet' which provided important information for staff about them in the event of an evacuation from the building. The emergency plans included guidance for staff in what action to take in different emergencies, such as a fire or loss of power. Contact details of senior staff as well as the staff on call, family contacts and utilities companies were included in the plan.

Staff supported people to carry out health and safety, fire equipment and environmental checks and actions were taken to mitigate any risks identified. Maintenance checks and servicing were carried out regularly and any action taken as necessary. External contractors visited when required to carry out scheduled checks and maintenance, for example, on the gas boiler, which ensured it remained safe to use.

Good

Is the service effective?

Our findings

People told us staff supported them and helped them with their health care needs. A relative said "They [staff] really look after [my relative]." A healthcare professional explained how staff had referred one person to them for specialist advice. They said "Staff highlighted a concern and made the initial referral. [The person] is fully involved in their health appointments."

Staff understood people's health care needs and identified any changes to their health in a timely way. Records confirmed people were referred to healthcare services promptly, such as GP's, nurses, chiropodists and consultants when required, for further investigation. Where people were under specialist consultants, staff supported people to attend follow up appointments and implement any recommendations made. A healthcare professional told us "They got back to me quickly and sought advice. They kept the circle of communication going with the day service which maintained a continuity of care." Staff were knowledgeable about people's specific health conditions, how to support them and were aware of any emergency procedures. For example, one person's health records indicated they had a health condition which required immediate medical attention if certain symptoms appeared. Staff were knowledgeable about the person's condition, and explained to us what they needed to look out for, and what action they needed to take in this situation, including the urgency of the action required.

Staff received an effective induction. Each member of staff had undertaken an induction when they started work which provided them with training, skills and knowledge to support people appropriately. This included completing the Care Certificate which sets out common induction standards new staff should demonstrate to work in health and social care. A new member of staff told us they felt well supported during their induction period. They told us "I was shown around, at ease, relaxed, I can ask questions, it's very thorough. I'm getting to know them [people], learning triggers, who you can and can't leave together." They were also awaiting their driving assessment so they could be rostered as a driver to take people to community activities.

Staff received on-going training in a range of topics including first aid, fire safety, food hygiene and infection control. Other specific training was provided to enable staff to better understand and meet people's needs such as autism and mental health. The registered manager reviewed training every month, and maintained a training schedule which highlighted the training staff had completed and which training needed to be updated.

Staff received regular supervision and appraisal which provided opportunities for support, reflection and learning to help staff develop in their role. Staff told us they felt well supported by the registered manager who was always available for advice and guidance when needed.

People were supported to eat and drink and to plan the weekly menus. Each person made a choice about what they would like to eat and this was included in the weekly menu. People could eat when and where they chose to. For example, one person liked to eat at 8pm, after everyone else had finished. We saw one person had returned from a trip out and went to the fridge in the kitchen and helped themselves to a cold

snack and ate this while wandering around the lounge chatting to our inspector.

Staff supported people with the weekly food shop based on the menu choices. Staff had received training in diet and nutrition, and were knowledgeable about people's dietary needs and accurately described people's requirements, including if they needed food to be prepared in a specific way. One person, who had mental capacity to choose what they had to eat, was at risk of choking and staff were aware of how to help them to minimise this risk. For example, by encouraging them to buy and eat foods they could swallow easily and to not eat alone in their room. People were supported to manage their weight appropriately and were given advice and guidance in relation to healthy eating choices.

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager demonstrated a good understanding of mental capacity and best interest decision making.

Staff understood the principles of the MCA in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. Staff sought people's consent before providing any care or support. Staff understood the principles of the MCA 2005 and where required, these principles were applied.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS, however, no one living at Ravenscroft required a DoLS authorisation.

Outstanding ☆

Is the service caring?

Our findings

Relatives and people told us the staff at Ravenscroft were very caring. One relative told us they were always welcomed by staff who were "Always kind and compassionate." They said "Staff are really friendly towards relatives as well as [people]. It's a home from home." They confirmed they were able to visit at any time and always felt welcomed by staff. People told us "They help me a lot. They do my hair. They're kind" and "The staff are lovely here. I love everything that goes on around here" and "The staff are kind and caring." A healthcare professional confirmed the staff were "Positive and respectful. This is [The person's] home" and "They [Staff] make it homely." Satisfaction surveys from professionals involved with Ravenscroft included comments such as "Ravenscroft has a family orientated atmosphere" and "The staff are really friendly and empathetic" and "The clients are treated with dignity and respect."

There was a strong, visible person centred culture within the home with people empowered to make their own day to day choices and decisions. Staff knew people extremely well and were able to tell us about them in detail, including their support needs, birthdays, preferences, life histories and what they liked to do, or not do. Staff were highly motivated, committed and inspired to provide innovative, person centred support. It was clear from our observations that this philosophy was embedded in their day to day work and their interactions with people, who were very much in control of their lives. The registered manager explained how it had taken time to change the culture when the home became a supported living service. They told us "It took a long time to change the culture. They [People] were used to staff doing things for them. It took a few years for them to get used to the choices they could make." These values were shared with new staff during induction which ensured the home continued to strive to develop this approach within their staff team.

People clearly valued their relationships with staff and felt they were listened to and that they mattered. They were supported by staff who were very kind, calm and caring, and who provided reassurance to people through calm voice and gentle touch when they became anxious or upset. We saw a lot of examples of kindness and compassion which helped people to deal with their emotions. For example, one person was re-assured and made to feel better by observant staff who had noted they seemed tearful and subdued. A staff member gave the person a cuddle and softly asked them how they were feeling. They made time for them, listened intently to them and offered advice, suggesting, and making, a "Nice cup of tea" while they gave them time to talk through their worries. People received sensitive and compassionate care from staff who understood situations which could lead to people being upset and disappointed. One staff member explained that a person "Gets upset when [A family member] doesn't call" and said "We give lots of one to one time to make up for it." They told us "We'll give them a little cuddle to show we care."

People maintained important contact with family and friends with the support and encouragement of staff which prevented social isolation and becoming distanced from loved ones. For example, one person had been re-united with a parent through a national charity and they now had regular contact with them. This had been made possible by the pro-active enquiries made by staff, and their caring actions. They overcame obstacles to enable it to happen, including driving the nine hour round trip which enabled the person to visit their relative every six weeks. A healthcare professional confirmed how much it had meant to the person,

saying "They went the extra mile" to help the person maintain their family contact which they would not have been able to do otherwise.

We observed another person speaking with a staff member about wanting to see a friend they had lost touch with but weren't sure if they still lived at the same address. The staff member responded positively and helpfully suggested "I have an idea. Why don't you invite [your friend] to come here for a mince pie and a cup of tea. You could make a little card and put your phone number in it." The person was very excited at the thought of possibly seeing their friend again. The staff member went on to explain that if their friend had moved they might not get a reply but it was worth a try. The person agreed and was eager to write out their card.

People were supported and encouraged to remember loved ones. The registered manager told us it was important for people to be able to remember loved ones who had passed away if they wished to do so. For example, they had asked three people if they would like to plant a rose in memory of their mums. They had supported people to go to the garden centre and choose a flower pot and a rose to put in the garden as a memorial. People clearly valued the opportunity to watch their roses grow and remember their mums. Although one person told us their rose was not growing very much. The registered manager had moved the rose to a different position in the garden to see if that would help, but it was still not growing very well. The registered manager understood how upsetting it was for the person. They discussed this with them and suggested they keep the first rose, and go to the garden centre and choose another rose as well. Hopefully the second one would grow and flower. The person was very happy about the suggestion and said they wanted to do this and had already decided where they would like to put it. They told us "I miss my mum" and said they thought about her when they looked at the rose.

People received support with their personal care from staff that built their confidence and self-esteem. One person was now supported to go to the hairdressers to have their hair coloured every six weeks as their hair had started to go grey. This had helped them feel more confident about themselves and had boosted their self-esteem. This had also improved their confidence in communicating with people which had enriched their social interaction. A care professional, who knew the person well, had come to visit them and said they had seen "Such a difference" in them. Another person had not wanted to engage in maintaining their personal hygiene and appearance when they first moved to Ravenscroft. The registered manager explained to us how they had encouraged and talked with the person who had finally "Agreed to a shower each evening before Emmerdale." They told us "All it takes is for someone to care about somebody and not cop out. She likes to look nice now."

Staff led by example and celebrated people's achievements and encouraged them to display their artwork and crafts throughout the house which led to increased self-confidence, self-esteem and pride. Staff took an interest in people and regularly praised them when they did something well or had achieved something. For example, one person had taken time with some beautiful colouring and staff smiled at them and commented enthusiastically "Well done [The person], that's brilliant!" People were clearly proud of their achievements and showed the inspector things they had made and explained when and where they had made them. Various craft items were on display in the communal areas, such as a brightly decorated pumpkin which had been made by one person for Halloween a few days before and a flower arrangement made at a local flower arranging group. Cards and ornaments made by people were displayed around the home and in the office.

People's dignity was maintained at all times by sensitive staff. The registered manager told us as everyone who lived at Ravenscroft was female, they were only supported by female staff with their personal care. We observed that everyone was clean and well dressed with jewellery and accessories to match their outfits

which they told us they had chosen themselves. A staff member told us about one person who they supported to maintain their personal appearance and said "It's important. They don't get stared at. They're clean and smart. It helps their self-esteem and confidence….they like matching clothes and jewellery." This was confirmed by a relative who told us "[My family member] is always nicely dressed, clean, hair done." Staff respected people's privacy and supported them to maintain their dignity.

Staff all understood that for the people who lived at Ravenscroft, it was their home and they should be able to answer their own front door. We observed one person doing so which staff oversaw unobtrusively. The person called out, as they went to the door, "I'll get it. Who is it?" This was done quite naturally and was clearly something that was accepted and encouraged as a normal part of everyday life at Ravenscroft. Each person had a lock on their bedroom door and their own key so they could keep their room locked for privacy. Staff understood the importance of knocking on doors and waiting for a response before entering people's rooms to assist them.

People were empowered and enabled by staff to do as much for themselves as possible, such as shopping, laying the table and clearing up after meals and cleaning their room. Staff respected people's wishes and rights not to participate. Staff said they would try to encourage them to help them maintain their skills and contribute to running the home. For example, "Even if they just peel a potato or a carrot" to help towards the evening meal, but if they refused this was also accepted as their right to refuse. People were supported and empowered to live their lives in the way they chose to, and this sometimes involved making choices that enabled them to retain their independence but that might be thought by others to be unwise. However, these choices were also respected by staff. People were supported to understand the possible outcomes of the choices they made and had access to advocates, where needed, to support them to be involved in these discussions and make decisions alongside their family members to maximise their independence safely. Where required, staff provided information, letters and other communications to people in pictorial format to assist them in understanding the information needed to help make decisions and engage in the process.

People were relaxed and comfortable with staff and shared banter and good humoured exchanges with them. Staff treated and spoke to people with respect, and also encouraged people to respect each other. For example, a member of staff explained how one person could become jealous of others when they received attention, such as on their birthday. They told us the importance of teaching and re-enforcing boundaries so people could be supported to understand and respect each other's point of view and live together happily and respectfully. We observed staff talking to the person during the inspection about this and saw that it was done sensitively and supportively, without blame or judgement.

The atmosphere at Ravenscroft was very friendly, welcoming and relaxed. It was homely and comfortable with bright, co-ordinated soft furnishings. Fresh, colourful flowers were arranged in vases on windowsills and the dining tables giving it a homely feel. People had personalised bedrooms with things that were important to them, such as soft toys, favourite DVDs, photographs and mementoes. People told us they had chosen the colour schemes and soft furnishings, curtains and duvets for their own rooms, which were all different and decorated to their individual tastes. Staff understood that people had their own preferences about simple day to day items, such as drinking mugs, which could make a difference to their experience and enjoyment. They showed us, for example, a varied range of mugs; thick, thin, tall, short which demonstrated people had a choice of mugs to drink from, as well as having their own mugs in their rooms.

Staff understood the importance of people's specific wishes about how they would like to be supported at the end of life when the time came. This was discussed and planned with people and their relatives where required, so it would be known and recorded in advance. Their wishes were recorded in their support plans and were regularly reviewed which ensured they remained current and relevant. Where people had refused

to discuss their end of life care, this was also recorded. One person's records showed they had become too upset in the past when this had been raised by staff and they had told staff they did not want to discuss it. This was respected and their records had been amended to inform staff not to ask the person about it when completing the monthly reviews of their care plans.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their care and reviewing it regularly to ensure it remained relevant. Where people were able to, they had signed their support plans and reviews to show they had agreed with the content. Relatives told us staff were responsive to people's needs and they were as involved as they wanted to be in people's care planning. Comments included "They're very good" and "The care team are really good here." A relative told us they were fully involved in their relatives care and said "There are quarterly and half yearly reviews. I can't always make it but I try to come to at least one a year." A healthcare professional supported a person at Ravenscroft and confirmed "[The person] is fully involved with the support of staff."

Initial assessments were undertaken before people moved in to Ravenscroft. The assessments recorded people's support needs such as their medication, behaviour and personal care, which ensured the service could meet their needs. Where the registered manager thought they could meet people's need with additional resources, these had been obtained. For example, one person's initial assessment showed they would need extra one to one support than what was originally offered by the funding authority. The registered manager requested, and was provided with, additional funding for a period of transition which enabled the placement to start. The person had now settled, their behaviour had calmed and the funding package reduced.

Support plans were personalised and contained detailed information about people's health and social care needs as well as information about their likes and dislikes, preferences, hobbies and interests. Personal Daily Outcomes documents (PDOs) gave clear guidance to staff on how best to support people. Their daily routines were broken down and were clearly described so staff were able to support people to live their day to day lives in the way that they wanted. Each activity was signed by staff when completed so they could ensure people had received the support they required.

People were able to take part in a range of activities which suited their individual needs. On the days of the inspection all of the people who lived at Ravenscroft were busy taking part in activities both within the house and in the community. People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, one person had been to their voluntary work placement, another had been out to the shops and a third person had attended a flower arranging class at a local church. When at home, people were encouraged to choose from a range of activities, such as colouring or watching TV, or to spend time relaxing quietly if they wished. PDOs showed people had been supported to take part in or attend their chosen activities and staff documented any observations regarding their engagement in activities, and their physical or emotional wellbeing.

The provider had a complaints procedure which provided information on how to make a complaint. A pictorial version of the complaint procedure was available for people who were unable to read. The home had received one complaint in 2016 and this had been addressed promptly and to the satisfaction of the complainant. A relative told us "I would go to [the registered manager] if I had a complaint or concern."

Good

Is the service well-led?

Our findings

Staff and relatives told us the service was well managed. A relative told us "I have been to other homes and have never seen anywhere as good as this. There's nothing they could do better." A health care professional told us "They're very easy to work with. [The registered manager] is very receptive and open."

Staff told us the culture in the house was open and transparent. One staff member said "I can go to [the registered manager] with any concerns. Another staff member said "The manager is very open and approachable." The registered manager had a good understanding of their responsibilities and was committed to making Ravenscroft a happy and empowering place for people to live. They supported their staff and also worked alongside staff leading by example. This was confirmed by staff who told us "She is part of the team; she works in the house as well. We all pitch in, we all do everything." The registered manager knew their staff well and understood the strengths and needs of their staff team. This enabled staff to be given responsibilities in line with their skills, knowledge, abilities and competencies. The registered manager had recently been nominated for a regional and national manager's award and although they had not won, they had received a certificate to say they had reached the final five places.

Staff understood the vision and values of the home and the person centred environment and culture the registered manager had created. Our observations showed this was put into practice by staff during the course of the day to day support people received. Staff felt supported and valued and said there was a good team ethos. Staff were actively involved in improving the service and were clear about their responsibilities. One staff member said: "We all have a job description but we go above that. We're such a good team. Everything gets done, we're very close." They told us there were regular staff meetings and there was an open agenda where staff could discuss issues that were important to them. Minutes of the last meeting in September 2016 showed that staff discussed issues such as training, night checks, people's health conditions and safety equipment. All staff were required to sign to say they had read the minutes of meetings.

People were involved in the running and improvement of the service. 'Tenants meetings' were held regularly and demonstrated people had opportunities to add anything they wanted to discuss to the agenda. They were encouraged to say what they thought of the support they received and if they wanted anything to be done differently in the house. For example, at the most recent meeting in August 2016, people were asked if there was anything they were unhappy with. People said they were happy and discussed activities they would like to do, and day trips and holidays they wanted support to have. It was also noted when people did not want to discuss anything.

Quality assurance systems were in place to gain feedback from a range of professionals who were involved with the service. The most recent surveys carried out in April 2106 received responses from five professionals. All were very positive. Comments included "Ravenscroft has a family orientated atmosphere" and "The staff are really friendly and empathetic. The clients [people] are treated with dignity and respect."

There were robust systems in place to record and analyse accidents and incidents which were recorded,

investigated and learnt from. All incidents were recorded by staff in detail, stating the nature of the accident or incident, who it was reported to and when, with any further action taken. The records included 'prompt' questions for staff which ensured they followed the process through. There was evidence that the registered manager was contacted for advice out of hours when required and this was recorded. Incidents were analysed for learning and people's support plans and risk assessments were updated to reflect any learning and changes to people's support needs.

As part of the provider's drive to continuously improve standards, regular audits were conducted by the registered manager and delegated staff. Audits included checking the management of medicines, safeguarding, complaints, training and health and safety and any actions were recorded and followed through. For example, it was noted in one audit that a person had refused to discuss their end of life wishes and this was documented, stating that they would not be asked at each audit as it upsets them.

The registered manager understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns.