PJP Care Limited

Ravelston Grange Care Home

Inspection report

10 Denton Road
Eastbourne
East Sussex
BN20 7SU

Tel: 01323728528
Website: www.pjpcare.co.uk

Date of inspection visit:
04 January 2017

Date of publication:
01 February 2017

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

This inspection took place on 4 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Ravelston Grange Care Home provides care and accommodation for up to 24 elderly people with residential care needs. On the day of our inspection there were 12 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Ravelston Grange Care Home was last inspected by CQC on 3 January 2014 and was compliant with the regulations in force at that time.

Accidents and incidents were recorded on individual report forms and a 'Falls register' was maintained by the registered manager to record any falls and action taken to prevent them.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out. However, some monthly checks were not up to date.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were supported in their role via an annual appraisal, supervisions and completion of mandatory training. We identified some gaps in training records however the registered manager confirmed this training was planned.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff supported people at mealtimes. Care records

contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Ravelston Grange Care Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had links with the local community.

People who used the service and family members were aware of how to make a complaint however there had been no formal complaints recorded at the service.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and accommodating.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Checks had been carried out to ensure people lived in a safe environment however some monthly checks were not up to date.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff received an annual appraisal and supervisions with the registered manager.

Most of the staff training was up to date however we identified some gaps in training records. The registered manager confirmed this training was planned.

People had access to food and drink throughout the day and were supported by staff at mealtimes.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

People had been involved in planning their end of life care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the local community.

Ravelston Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with three people who used the service and one family member. We also spoke with the registered manager, deputy manager and two care staff members.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People who used the service and family members we spoke with told us they thought Ravelston Grange Care Home was a safe place to live. They told us, "Yes, it is safe", "Oh yes" and "They are always checking on you. Very safe".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and marriage certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staffing levels were calculated based on the number of people using the service and their individual needs. The service operated an on call system in case of emergencies. The registered manager told us staff absences were generally covered by their own permanent staff however they did occasionally use agency staff. They told us they always asked for a staff profile from the agency for the person who would be covering the shift. This provided the registered manager with information about the agency staff nurse's experience and qualifications so they could ensure they were competent to carry out their role. Staff, people who used the service and family members did not raise any concerns about staffing levels at the home. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home is a detached, three storey building in its own grounds. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. We saw a copy of the provider's maintenance plan, which had identified and recorded maintenance issues within the home. We saw recent refurbishment had taken place of the dining room and a bathroom.

The registered provider completed an annual infection control report, which recorded any outbreaks of infection, outcomes of infection control audits, risk assessments, training, and reviews of policies and procedures. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. We saw copies of kitchen daily cleaning rotas and daily/weekly cleaning rotas. The cleaning rotas included details on all the cleaning required in the home and a copy of the cleaning guidelines staff were to follow. All the records we saw were up to date. This meant people were protected from the risk of acquired infections.

We discussed safeguarding and protecting vulnerable people with the registered manager. We found the registered manager understood their responsibilities with regard to protecting vulnerable people and records showed that all staff had been trained in safeguarding vulnerable adults.

Accidents and incidents were recorded on individual report forms and a falls register was maintained by the registered manager to record any falls and action taken to prevent further falls. We looked at records for the previous four months and saw no serious injuries had occurred as a result of falls and appropriate action had been taken where required.

Risk assessments were in place for people who used the service and described the activity to be carried out, what risks were involved and to whom, existing controls to reduce the risk, the level of risk, and further action required to reduce the risk. People who used the service were assessed whether they were at risk of falls. Manual handling risk assessments were in place and if the person was identified to be at risk of falls, an additional falls action plan was put in place. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Equipment was in place to meet people's needs including hoists, pressure mattresses and cushions, and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Health and safety equipment checks were carried out by the deputy manager. The most recent record we saw was from September 2016. We discussed this with the registered manager who confirmed these checks should be done monthly and told us they would immediately take responsibility for counter-signing to confirm these checks had been carried out on a monthly basis.

Water temperature checks were up to date and within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Window restrictors were in place in the rooms we looked in. However, we found that some wardrobes were not secured to walls and presented a risk of falling onto people. We informed the registered manager who instructed the maintenance staff to secure all the wardrobes by 6 January 2017. The registered manager confirmed to us following the inspection that these had been completed.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place, fire drills and fire safety checks were carried out regularly, emergency fire action plans were in place for each floor of the building, and emergency evacuation plans were in place and up to date for each person who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at the management of medicines and saw the registered provider had a medication management policy and procedure in place. This included the procedures to follow for people who managed their own medicines, medicines managed and administered by staff at the home and staff training requirements.

Medicines were stored in a locked trolley that was secured to the wall. A separate controlled drugs cabinet was on the wall and locked. Controlled drugs are drugs that are at risk of misuse. Medicines were stored in blister packs and medication administration records (MAR) were in place for each person. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we saw were up to date and no gaps were identified.

Medication administration assessments were carried out for all staff who administered medication. These were carried out on at least an annual basis and included checks of the medication trolley, preparation, administration, and record keeping. Any required follow up or corrective action was recorded. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "They [staff] are fine", "They [staff] bother", "They are very accommodating" and "It's not home but it's very good".

New staff completed an induction to the service. This included a general introduction to the home, client care, and policies and procedures.

The registered provider's training matrix included a list of mandatory training all staff were required to attend. Mandatory training is training that the registered provider thinks is necessary to support people safely. We saw staff received mandatory training that included fire safety, first aid, safeguarding, food hygiene, moving and handling, handling medication, infection control, and health and safety. Staff had individual training plans, which recorded when training was due and when it had been booked. The majority of training we saw was up to date however two members of staff were overdue their first aid training. The registered manager confirmed this training had been booked for 11 January 2017.

We saw one member of staff was not included on the training matrix but had an individual training plan in place. The individual training plan stated the staff member would complete their training in December 2016 and early 2017. The registered manager told us this training was not yet complete but it would be completed by 20 January 2017, apart from moving and handling training which had been booked for a date in February 2017. The registered manager told us this member of staff had been added to the training matrix and sent us an up to date training matrix on the day after the inspection that confirmed this.

Staff received supervisions with the registered manager and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The most recent supervisions had taken place in October 2016 and records we saw included discussions regarding the administration of medication, the policy for reporting absences, philosophy of care and career development.

None of the people we saw had specific dietary needs however malnutrition universal screening tools (MUST) were in place for people. These were used to identify people at risk of malnutrition and recorded people's height, weight, body mass index and level of risk.

The home provided a four week menu and we observed lunch in the dining room. We saw people were supported to sit at the tables. We saw one person being taken to the dining room in a wheelchair and the member of staff told the person what they were doing and provided reassurance. A choice of drinks was provided and staff were on hand while people were eating, making sure everyone was comfortable and managing to eat and drink independently. People we spoke with told us the food was, "Good" and "Wonderful", although one person told us the food was, "Not as good as it was". This meant people's nutritional and hydration needs were being met.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No DoLS applications had been made for people who used the service however the registered manager was aware of their responsibilities with regard to DoLS.

Mental capacity assessments had been completed for people and staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This meant the registered provider was working within the principles of the MCA.

We observed that the service had sought consent from people for the care and support they were provided with and for their photographs to be taken.

Care records included copies of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. This meant if a person's heart or breathing stopped as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, district nurses, opticians and chiropodists.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Ravelston Grange Care Home. They told us, "They [staff] care. They care a lot", "The staff all seem very friendly", "All the girls seem very caring" and "[Deputy manager] has a caring personality".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Care records provided evidence that people had been consulted and their wishes taken into consideration. For example, people's preferred name by which they wished to be called was clearly recorded. People's wishes and preferences regarding their care were recorded. For example, "[Name] likes to go to bed early after supper", "[Name]'s favourite is fish and chips" and "[Name] enjoys the garden. Was a keen gardener".

People's privacy and dignity was respected. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "They are very good. They think about that [privacy and dignity]" and "They do [respect privacy and dignity]". This meant that staff treated people with dignity and respect.

People's independence was promoted and staff encouraged people to do things for themselves if they were able. For example, staff were on hand to support people at mealtimes but people were encouraged to eat and drink independently. Care records described what people could do independently and what people needed support from staff with. For example, "Independence to be promoted however [Name] is assisted to the lift and down to the lounge since having a fall" and "Needs encouragement and supervision with her personal care in the morning and evening". People we spoke with told us they were supported to be independent. One person told us, "It is promoted by staff. I am encouraged to be independent." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw photographs of relatives and social occasions in people's bedrooms. People we spoke with told us visitors were welcome at the home and family members we spoke with told us they were always made welcome.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. One person who used the service had an independent advocate.

People who used the service had 'Wishes and preferences for my future care' care plans in place. These recorded the person's preferred place for end of life care, any specific end of life wishes, spiritual care needs, whether the person had an advance decision in place to refuse treatment, next of kin and lasting power of

attorney details, and arrangements after death. This meant people had been involved in planning their end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were person centred and regularly reviewed and evaluated.

People's needs were assessed before they started using the service. This ensured staff knew about people's care needs before they moved into Ravelston Grange Care Home.

Care records included an information sheet, which provided important information about the person such as next of kin and GP details, reason for admission, and the person's medical history. Information on people's life history was also included in the care records, which gave staff an understanding of the person's background, family history, favourite places, and their hobbies and interests.

Care plans included meal times, bedtime routines, daily routines and interests, likes, dislikes and allergies, medication, personal hygiene, social needs and relationships, activities and general health. Care plans described people's individual care needs and the support required from care staff. For example, one person needed support with their personal care due to decreased mobility. The person was also supported by visiting nurses and their care was managed on a day to day basis by the home's staff. A risk assessment was in place, which covered areas such as risk of infection and skin pressure damage. Staff were instructed to be vigilant and were directed to call the nursing team or the GP if the person had any deterioration or suspected infection. To reduce the risks, the person had skin pressure relieving equipment in place and staff completed monitoring charts.

All of the people who used the service had 'Waterlow' assessments in place. Waterlow is a pressure ulcer risk assessment and prevention tool, which assists staff in identifying people who are at risk of developing pressure ulcers. We saw some people who used the service were identified as being at risk of developing pressure ulcers and saw risk assessments were in place to manage the risk. All the records we saw were regularly reviewed and up to date. This meant that the care people received was appropriate to their needs.

We saw two external groups visited the home regularly to carry out activity sessions with the people who lived there. These activities included motor skills, social interaction, mental engagement and stimulation, and relaxation and music therapy. The activities notice board included details of forthcoming activities such as singers and entertainers, bingo, and exercises, as well as details of the recent Christmas activities at the home. We observed staff carrying out word games and quizzes with people in the main lounge. The registered manager told us people went out in the Summer but not so much in the Winter, and we saw one person liked to go out walking with their partner. We found the registered provider protected people from social isolation.

The registered provider had a complaints policy and procedure in place, which provided information on the procedure to be followed when a complaint was received. The policy was on display in the entrance to the building and the service user guide included a copy of the complaints procedure. The registered manager informed us that no formal complaints had been received however people we spoke with were aware of

how to make a complaint.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service, and their family members, told us there was an open door policy and the registered manager was, "Lovely" and "Very accommodating". A family member told us, "If I wasn't happy, I'd move [Name]."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns.

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings, the most recent had taken place in October 2016. This included discussions on plans for the home, staff rotas, activities, training, medicines and any other business.

The service had links with the local community and included a local church group, who held festivals and fairs, and the local college.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered provider carried out quality assurance visits to the home. The most recent recorded visit covered the period October to November 2016 and the registered manager told us these visits took place approximately every six weeks. We looked at the most recent record and saw the visit included interviews with people who used the service and staff, a check of the premises and a review of any maintenance issues, a review of complaints and a review of records. An action plan was put in place for any identified issues. For example, a review of records had identified that some front sheets in the care records required signatures and hot water temperature checks had been missed in October. Records we saw confirmed these actions had been completed.

Residents' meetings took place every three months. We looked at the minutes for the most recent meeting on 9 November 2016 and saw subjects discussed included activities, Christmas, food, housekeeping, care and any other business. People who used the service told us they attended these meetings and could, "Bring anything up."

We saw a resident satisfaction survey had been carried out in November 2016, which asked people who used the service to comment on the quality of the care provided at Ravelston Grange Care Home, the

cleanliness of the building, safety, food and drink, activities and outings, dignity and respect, laundry, choices and whether people were well informed.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.