

Associated Care Solutions Limited

Ravenswood House

Inspection report

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Tel: 01242514264

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Ravenswood House is a residential care home providing care, support and accommodation for up to ten adults with learning disabilities. At the time of our inspection there were nine people living there.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood their responsibilities to keep people safe from harm. Risk assessments had been carried out and support plans provided clear guidance for staff. Safe recruitment processes were followed and there were enough staff on duty to meet people's needs. Medicines were managed safely. Incidents and accidents were reported and reviewed to prevent a recurrence and identify any trends.

Staff had been trained to carry out their roles and had regular opportunities for one to one support from a line manager. People were supported to have enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Advocacy services were available for people to access.

People appeared relaxed around staff; they were smiling and laughing. Positive interactions between people and staff were seen. People were regularly asked for their feedback.

Care plans were person centred and included details of people's preferences and choices. The accessible information standard had been met.

At the last inspection we recommended the provider sought guidance on implementing governance systems. At this inspection, we saw improvements had been made and formal quality assurance systems were now in place. Staff spoke highly of the registered manager. The provider's values were embedded in

the day to day support of people. There were strong links with the local community.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Ravenswood 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 was planned to check 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 was a comprehensive inspection. The inspection took place on 10 December and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

Many people living at the service were unable to speak with us due to communication difficulties, but we were able to observe how people interacted and responded to staff. During the inspection we spoke briefly with two people using the service. We also spoke with three members of staff and the registered manager. We sought feedback from two relatives of people and from three health and social care professionals. We reviewed three people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

The service remained safe.

People's relatives told us they felt their loved ones were safe. One person's relative said, "I'm really confident [they] are safe there. [Person's name] was very unsettled at their previous home; but they're more relaxed here." Another person's relative said, "I have no concerns whatsoever. I know [person's name] is safe."

Staff were trained to keep people safe from avoidable abuse and knew how to report any concerns. One member of staff said, "We've all been trained. We know we need to report abuse, tell [registered manager], document it on an incident form and possibly take photos and body maps." Staff were also familiar with the term whistleblowing. One staff member said, "If I was worried standards were slipping, I'd speak to [registered manager] or go higher. I know I can report to Care Quality Commission too."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. The risk assessments covered areas such as kitchen safety, managing finances and keeping safe outside. For example, we looked at the plan for one person who smoked and it was documented that although the person knew to only smoke outside, that staff should check cigarettes had been completely extinguished. Risk assessments for accessing the local community included guidance for staff such as planning routes with people, checking lighting and using reputable taxi firms.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks, the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults. The registered manager said they included people who used the service in the interview process. They said, "I normally get one service user to sit in [the interview]. I can tell by [their] face if [they] like people. Another one will pop in and out. I like to see how interviewees respond to people who live here."

There were enough staff on duty to meet people's needs. There was a small staff team in place to support people and the registered manager told us staffing levels were based on people's plans for the day. All the staff we spoke with felt there was enough of them on duty. The registered manager said, "Staff turnover is pretty good. I also do shifts and I do nights quite often. It's good continuity for the people who live here, and I really like the opportunity to sit and chat with people." One person's relative said, "There's always enough staff on duty whenever I visit."

Medicines were managed safely. Although nobody was self-administering their medicines, people had been assessed for their ability to do so. Some people had been prescribed additional medicines on an as required (PRN) basis, and in these instances, there were PRN protocols in place. The protocols informed staff when and why people might require them. Regular stock checks were carried out and medicines that were no

longer required were disposed of safely. The service worked with other health professionals to stop overmedication of people with learning disabilities in line with NHS England guidance (STOMP). People had regular medicine reviews.

The environment was clean. People were supported by staff to keep their bedrooms clean and some people were supported to do their own laundry. In one person's plan staff had documented, "I clean my room every Sunday. I enjoy vacuuming and taking the rubbish out." Another person needed staff support to keep their room clean. Regular environment audits were carried out and there was an action plan in place for improvements.

Incidents and accidents were reported. These were reviewed with the staff team to prevent recurrence. One member of staff said, "When incidents happen, we discuss it and work out ways of preventing it happening again."

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Is the service effective?

Our findings

The service remained effective.

Staff were trained to carry out their roles. New staff completed a twelve-week induction period during which they completed the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Records showed the registered manager monitored which training staff had completed and when refresher training was due. One member of staff said, "I feel trained to do my job." Another member of staff said, "The company has been massively supportive to me with my training."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "I have a supervision roughly every few months with [registered manager]. I can be completely honest with [registered manager] and [they] will be honest with me. I feel massively supported."

People were supported to have enough to eat and drink. People were involved in menu planning and their preferences for what they liked to eat and drink had been documented. We saw the menu which showed people had a choice of meals each day. People were encouraged to participate in meal preparation. One member of staff said, "Sometimes people help us with meals, like peeling the vegetables, but staff do the cooking. People choose what they want; we have a weekly menu, but that can change. I can end up cooking three or four different meals if people want different things." Another member of staff said, "I make cakes with some people. They'll mix it and help weigh the ingredients." Some people could prepare simple drinks and meals themselves. One member of staff said, "One person now helps themselves in the kitchen, which they wouldn't do two years ago." The registered manager said, "We're going on a cooking course with people next year." We heard staff regularly offer people drinks throughout the day and staff brought one person a cup of tea when they were speaking with us.

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place for those people that agreed to have them. These are documents that state what is needed for a person to remain healthy, including the support which a person may require if they need to go to hospital. When needed, staff supported people to make appointments such as going to see the GP, or dentist. In one person's plan staff had documented, "Walks everywhere to stay fit. Can refuse meds, although does know the impact on health. Needs staff to manage health appointments, and to prompt to attend. Has chosen not to have a health action plan but does have hospital passport." Information about attending dentist appointments was available for people in easy read format. One person showed us their new teeth which had recently been fitted by the dentist. They said, "Staff help me put them in when I need help."

Records showed people had been reviewed by the GP, the mental health team, the community learning disabilities team and the community psychiatric nurse. One person's relative said, "When [person's name] was unwell, staff responded very quickly. And they stayed with my [relative] in hospital overnight." One

health professional told us, "Staff communicate well with me, my manager and our service. Three staff attended a professionals meeting arranged two weeks ago."

Staff remained knowledgeable about the principles of the Mental Capacity Act. People were informed of who we were on arrival and were asked if they wanted to speak with us or show us their bedroom. One member of staff said, "One person nearly always asks for a bacon sandwich for breakfast, but I still make sure to offer [them] choices every day." Another member of staff said, "One person is able to choose what clothes to buy, but going to the shop itself would be too much stimulation for them. So, I show them clothes on-line. That way, they still get to make the decision themselves." People had access to advocacy services.

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 Safeguarding (DoLS). The provider was meeting the requirements.

The environment was light, bright and clean. People had decorated their bedrooms with staff support so that they were personalised. One person showed us their wallpaper with monkeys on, which they said was their favourite animal. Communal areas were welcoming and there was a pleasant garden with a summer house. One person said, "I helped to decorate the Christmas trees."

Is the service caring?

Our findings

The service remained caring.

Several people living at the service were unable to communicate with us; however, we were able to observe how people interacted with staff. People appeared relaxed; they were smiling and laughing with staff. They appeared comfortable around staff. One person's relative said, "The staff are really lovely." Another person's relative said, "The staff are brilliant, so caring. It's more than a house, it's a real home."

On one occasion when we were speaking with one member of staff, a person came and stood next to them and the staff member began to gently rub the person's back. The person responded by smiling.

Staff were attentive to people's moods. When one person began shouting, staff immediately intervened, encouraging the person to go with them to make a cup of tea. One health professional said, "The staff are very caring towards my client." One person's relative said, "[Registered manager] is so intuitive. [They] know when my [relative] wants to call me, just from sounds and body language."

The atmosphere was relaxed and friendly. People's privacy and dignity was respected by staff. Some people chose to have a key to their bedroom and or the front door, and others not to. During the inspection, some people chose to sit in one room with us and others preferred to sit elsewhere. Some people stayed in their bedrooms and some had gone out for the day. At all times, people's choices about where they wanted to be was respected by staff. When we had finished speaking with one member of staff, one person came into the room. The staff member asked them, "Would you like to stay here with the inspector, or would you like to come with me?"

Staff spoke positively about their roles and the satisfaction they had with their jobs. One member of staff said, "Every day is different. I enjoy helping people in the house, and going into the community and doing activities with them. I like doing new things with them, things they've never done before." Another member of staff said, "I come to work with a smile and I leave with a smile." One member of staff said, "I enjoy supporting people to be as independent as possible and to do the things they enjoy. One day I mentioned to [person's name] that I was going to see to my horses after work with my dog. He said he loved animals, so he came with me."

The registered manager said, "I believe we do a really good job here. It's about making a difference and it's so rewarding when you see another side of people come out. The team take people out who haven't been out for years. We had one person hadn't been swimming for 30 years, and we took him. It was great." One staff member said, "When [person's name] moved here, they didn't know the area. So, I took them round, showed them where the shops were and helped them find a shop they felt happy to go to on their own. It's about building trust with people."

Regular feedback was sought from people. 'Resident meetings' took place regularly and included people's thoughts on the menu, shopping, chores, good things that had happened and any concerns people had.

We looked at some of the compliments that had been received. Examples of these included, "[Person's name] moved to Ravenswood, which was the best thing [they] could have done. The care [they] received was second to none and from the day [they] walked in, the staff immediately became family. [Person] was extremely happy and thought the place was fantastic. [They] felt safe and cared for and the family will be forever grateful for the love and care [they] received." And, "We wanted to say thank you for everything you did for [person's name] in [their] last few weeks. It was such sad circumstances but you were all so kind."

Is the service responsive?

Our findings

The service remained responsive.

Care plans were person centred and included details of people's likes and dislikes as well as their future goals. Where able to, and if people wanted to, we saw that people had been actively involved in developing their plans and had monthly meetings with staff to review how things were going. We saw that people were asked what had worked well and what had not worked as well. One member of staff said, "We promote people's independence. So, [person's name] might need me to encourage them with personal hygiene, something small like that. But, if [person's name] told me they wanted to bungee jump, I'd help them to achieve it." One person's relative said, "When [person's name] first moved there, the staff spent time asking me about [person's] history, their likes and dislikes."

Communication plans were detailed and informed staff how to ensure people could communicate their needs. This was important because some people were able to verbally communicate and others were not. For example, in one person's plan it was written, "Please show you're listening, by looking at me. I respond better when people are straight and honest with me. If I swear at staff, staff should respond by asking me not to talk to them like that." One person used Makaton and one member of staff said, "[Person's name] has taught staff to use [Makaton]. [Person] has their own phrases so it's been great that they can teach us." Staff also used picture cards to communicate with some people.

Care plans detailed triggers that might cause people to feel anxious or upset. This meant that these episodes could be reduced. Additionally, the guidance for staff on how to support people during episodes of anxiety was clear. Plans detailed the steps staff should take to reduce people's anxiety and these were personalised to reflect individual needs. Some people experienced episodes of aggression and staff understood how to de-escalate situations.

People's preferences for how they liked to spend their time were included within their care plans. People had a wide range of activities they chose to take part in. One person told us they enjoyed snooker, a garden scheme in warmer weather, discos, and art group. They said, "I'm making a Christmas card for my girlfriend at art club." One member of staff said, "There's not much happening locally for people with learning disabilities. We're going to start a disco or social event locally. People that live here will be part of it, welcoming people etc." They told us they hoped this would build one person's confidence as a step towards volunteering. Another person returned from their volunteer position during the inspection. They said, "I've just been working at the garden centre." One member of staff said, "I took a couple of people to [sporting event] at an arena twice this year. Their reactions were great; one person was jumping up and down all night. Two people loved it so we took them again; one didn't enjoy it, so they didn't go the second time."

The registered manager told us one person sometimes expressed a desire to attend church. They said that when staff then offered to take the person, the person had so far declined, but that if this changed they would support them to do so. A health professional told us, "Staff are continually supporting my client to live independently and looking with [client] at activities to increase [client's] pleasure and wellbeing."

Staff demonstrated a good understanding of people and their needs. One member of staff described to us how they knew when one person was becoming upset by the tone of their voice. A health professional said, "I mainly deal with the four members of staff who have a special interest in my client. They have gone above and beyond to support [person] and find out about [their] condition, medication, family and interests. They also make every effort to support [person's] needs." One person's relative said, "Staff at Ravenswood have got to know [person's name] very well; they know [person] better than any other place [they've] lived at." Another person's relative said, "In my experience, staff look past how people look and get right to the heart of their personalities. It's wonderful to see."

There was a complaints procedure in place. This was available in easy read format. No complaints had been received. Other easy read information for people was also available such as explaining people's rights, "to make your own choices, have your say, be listened to, feel safe, be treated like an adult and be responsible." Information about CQC and why we inspect was also in place. One person's relative said, "I've never had to complain, but if I had a problem, I would go straight to [registered manager]."

There were advanced plans in place. People had been asked if they wanted to contribute to these or not. The registered manager told us one person had passed away earlier in the year. They told us, "[Person's name] had lived here for 20 years. I stayed with [them] for four days and we made sure they had a dignified death. Four of the people here had lived with this person for years; they'd been on holidays together. [Person's name] used to like Guinness, so we bought some and the guys all sat and drank the Guinness, chatted about [them] and shared memories. It was lovely. Everyone went to the funeral. We have a memories book for people and staff to look through so that people can still talk about it."

Is the service well-led?

Our findings

The service remained well-led.

There was a registered manager working at the service. 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 2008 and associated Regulations about how the service is run.

At the previous inspection we recommended the provider and registered manager sought guidance on implementing governance systems. At this inspection, we saw improvements had been made. Quality assurance processes included regular medication audits, care plan audits and environmental audits and these were formally documented. When required, action plans were in place. The service had been 'quality checked' earlier in the year by a local charity for people with disabilities and or mental ill-health.

The registered manager told us they felt well supported by the provider. They said, "[Provider] is on speed dial. I get lots of support. [Provider] has arranged a Christmas meal for us all; staff and people living here out of [their] money. [They] really supported staff after an emotional and stressful emergency." One member of staff said, "It's a great company to work for."

Staff spoke highly of the support provided by the registered manager. Comments from staff included, "[Registered manager] is easy to get along with, easy to talk to, approachable. I feel very supported" and, "[Registered manager] listens, is relaxed, laid back and open to discussion." Regular staff meetings took place. One member of staff said, "We have official meetings regularly, but we all talk regularly too. We're encouraged to speak up."

People's relatives gave positive feedback about the registered manager. One person's relative said, "[Registered manager] is lovely, a great person and manager. My relative is quite taken with the manager. They have a good relationship." Another person's relative said, "[Registered manager] is just extraordinary. So passionate about the service and treats everyone there like extended family."

Staff surveys had not been carried out during 2017; however, the registered manager told us they were due to be undertaken soon. They told us, "We do two surveys; one for staff on how well they think the service is doing and one for employee satisfaction. But we have regular supervisions so issues are brought up anyway."

Staff spoke of the "family" feel at the service. The registered manager said, "We're very family oriented; some of us bring our children here at weekends, we have big barbeques in the summer for example. It's much more relaxed that way."

The service had good links with the local community. The registered manager told us, "The local MP was here recently. They've arranged for a tour of parliament later this week. Three people and some staff are

going." They also told us they encouraged people to participate in community events such as Tewkesbury big weekend. They told us people had made their own costumes for a medieval weekend and had been to the Mayday weekend in Cheltenham. There were links with a local volunteer group who visited people at the service or took them out for coffee and cake.