

# Healey Care Limited Ravenswood

## Inspection report

Market Street, Whitworth, Rochdale OL12 8SJ  
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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 

### Overall summary

We carried out an unannounced inspection of Ravenswood on 15 December 2014. Ravenswood is registered to provide accommodation and personal support to three people with a learning disability. The service does not provide nursing care. At the time of the inspection there were three people accommodated in the home.

Ravenswood is a detached property set in its own grounds. It is situated off the main road and is close to the centres of Whitworth and Rochdale.

At the previous inspection on 14 August 2013 we found the service was meeting all standards assessed.

There was a registered manager in day to day charge of the home. 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.

People living in the home told us they felt safe there and did not have any concerns about the way they were supported. One person said, "I like it here; I have improved so much because of this place." A relative said, "He is safe and well looked after." People living in the home were given easy read guidance about how to report

# Summary of findings

abuse and had received information and advice about keeping safe in the local community. Staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Proper checks had been completed before new staff started working in the home. People who lived in the home were able to meet and greet applicants or participate in the interview to help make sure any new staff recruited were capable of supporting them. All staff were given the training and support they needed to help them support people properly.

People who lived at the home told us they were happy with the service they received and with the staff that supported them. Comments included, "All the staff are very good" and "The staff are lovely; I get on with all of them". Relatives' comments included, "Staff are fabulous" and "They have a close connection with the people in the home." The atmosphere in the home was relaxed and we observed staff interacting with people in a kind, good humoured and friendly manner. During our visit we heard friendly 'banter' and laughter between staff and people living in the home and various conversations about movies and TV programmes and plans for the Christmas period.

People's medicines were looked after properly. Staff had been given appropriate training and regular checks were done to make sure they were competent and safe to practice.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack capacity to make safe decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need. Staff had received training about the MCA and DoLS and had a good understanding of the procedures to follow.

People told us they were involved in the planning of weekly menus and would go shopping for groceries with

staff. Where appropriate, people were given support by staff to prepare the meals. During the lunch time meal we found the atmosphere was relaxed with good interaction between staff and people living in the home.

People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Each person had a Health Action Plan which recorded discussions and decisions about their health and lifestyles. The service had good links with other health care professionals and specialists to make sure people received prompt, co-ordinated and effective care.

There were opportunities for involvement in a range of activities. Activities were flexible and people told us they were supported to make their own plans. This helped make sure activities were tailored to each individual. People were also involved in household chores and supported with employment in the local community.

People described how staff helped and encouraged them to keep in contact with families and friends. People told us they were able to meet with family and friends and with people from the local community at the social centre:- 'The Chill Mill'.

There had been no complaints made about this service since the last inspection. The complaints procedure was displayed around the home and was available in an easy read format that could be understood by everyone. People were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. One person said, "I can say straight away if things are not right, but I am happy with everything here." A relative said, "I have no complaints but if I had any problems they would get it sorted."

There were effective systems in place to regularly assess and monitor the quality of the service and to obtain people's views about the service. A 'Compass Group' enabled people using the service to meet and discuss improvements that were important to them. In addition people using the service, their friends and family and people from the local community were able to attend training sessions, meetings and social events at 'The Chill Mill' (day centre).

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe. Management, staff and people using the service had a good understanding of what constituted abuse and the action needed if they witnessed or suspected any abusive or neglectful practice.

The home had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

People's medicines were managed safely by trained and competent staff.

Good



### Is the service effective?

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were involved in discussions and decisions about their health and lifestyles and were supported to reach any goals that they set for themselves.

Good



### Is the service caring?

The service was caring. People were happy with the staff team. Staff were kind and friendly and were respectful of people's choices and opinions. Staff had a good knowledge of the people they supported.

People were able to make choices and were involved in making decisions.

Good



### Is the service responsive?

The service was responsive. People received care and support which was personalised and responsive to their needs.

People were involved in suitable activities both inside and outside the home. Activities were tailored to each person.

The complaints procedure was available in an easy read format that could be understood by everyone who lived in the home. People had no complaints about the service but knew who to speak to if they were unhappy.

Good



### Is the service well-led?

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was monitored to ensure improvements were on-going.

There were systems in place to seek people's views and opinions about the service provided.

Good



# Ravenswood

## 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.

The inspection of Ravenswood took place on 15 December 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. We contacted the community team for learning disabilities and mental health for some feedback about the service. We also looked at the most recent report from the local authority commissioning and contracts team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people living in the home, two members of staff and the registered manager. We also spoke with two relatives.

We observed care and support being delivered. We looked at a sample of records including one person's support plan and other associated documentation, recruitment and staff records, minutes from meetings, complaints and compliments records, medication records and audits.

# Is the service safe?

## Our findings

We spoke with the three people living in the home and with two relatives. People living in the home told us they felt safe and did not have any concerns about the way they were supported. One person said, "I like it here; I have improved so much because of this place." A relative said, "He is safe and well looked after." During the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety.

We discussed safeguarding procedures with two members of staff and with the registered manager. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The overall training plan showed all staff received regular training on safeguarding vulnerable adults.

Clear guidance and information about safeguarding vulnerable adults was displayed in the entrance hall for staff, visitors and people living in the home. People living in the home also attended safeguarding training. One person living in the home told us they had been able to meet with local police officers and had received information about keeping safe in the community. This meant there were measures in place to help protect people from abuse and promote their rights.

We looked at how the service managed risk. We found individual risks had been assessed, discussed with each person and recorded in their care plan. Staff were provided with guidance on how to safely manage risks and also ensure people's independence, rights and choices were respected. The risk assessments we looked at had been reviewed and updated on a regular basis. This meant staff had clear and current guidance on providing safe care and support.

There were individual assessments and strategies in place to help identify any situations that may cause people to behave in a way that would challenge others. Staff told us they received training and support to respond to behaviour that challenged others. The registered manager told us

they would only use restraint when it was safe and appropriate to do so. Any incidents or use of physical interventions would be recorded and reviewed to ensure people were safe.

From looking at records we also saw equipment was safe and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely and keep people safe.

From our discussions and observations and from looking at the rota we found there were sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which helped to ensure people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. People told us they were happy with the staff team and there were enough staff to support them when they needed. Our observations confirmed people received care from staff in a timely and unhurried manner.

We looked at the records of two members of staff and spoke with one member of staff about their recruitment and induction. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, criminal records check and references from previous employers. People living in the home were encouraged to 'meet and greet' new applicants which helped make sure any new staff were capable of supporting them.

We looked at how the service managed people's medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Staff told us they had received training to help them to safely administer medication and regular checks on their practice were undertaken to ensure they were competent. Records confirmed this. We found safe systems were in place for the ordering, receipt, storage, administration and disposal of medicines. People's medicines were checked and audited on a daily and monthly basis which helped ensure people's

## Is the service safe?

medicines were managed safely and any shortfalls addressed immediately. A relative told us the staff had kept them informed about any changes to their family member's medication.

# Is the service effective?

## Our findings

We looked at how the staff were trained and supported by the provider. From our discussions with staff and from looking at records, we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire safety, first aid, health and safety, food safety and infection control. Staff were also trained in specialist subjects such as autism, epilepsy, positive response training, managing behaviour that challenges, nutrition, respect and dignity. In addition, all staff had achieved a recognised qualification in care. People living in the home told us they had attended training sessions such as moving and handling, safeguarding and fire training. This meant they were involved and made aware of the practices staff were expected to adhere to.

From a review of records and from our discussions with staff we found there was an effective induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role and shadowing more experienced staff to allow them to develop their knowledge and skills.

We found staff were supported and supervised and had an annual appraisal of their work performance. This helped highlight any shortfalls in staff practice and identify the need for any additional training and support.

Staff handover meetings were held at the start and end of every shift and a communication diary and communication records helped keep them up to date about people's changing needs and any support needed. Records showed key information about people living in the home was effectively shared between staff. Staff spoken with had a good understanding of people's needs and preferences. This meant people received effective care from well supported and well informed staff.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to

be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions and from looking at records we found most staff had received training about the MCA and DoLS and the registered manager expressed a good understanding of the related processes. There was evidence appropriate action had been taken to apply for DoLS authorisation where this had been needed. We saw the registered provider was complying with the conditions applied to the authorisation in accordance with the MCA code of practice.

Staff were aware of people's capacity to make safe decisions and the information in the care plans supported this. This helped make sure people received the help and support they needed.

We looked at how people were protected from the risk of poor nutrition. People living in the home told us they were involved in the planning of weekly menus and would go shopping with staff to local shops and supermarkets. Where appropriate, people were given support by staff to prepare meals. We noted the lunch time atmosphere was relaxed with good interaction between staff and people living in the home.

One person told us they enjoyed the meals and also enjoyed weekly take aways. Another person told us they could have alternatives to the menu if they wished. They said, "I can pick something different but there is a list of foods that I like." People were consulted about the meals provided which helped ensure their dietary preferences and needs were considered. Care records included information about people's nutritional needs and people's weight was checked at regular intervals. Appropriate professional advice and support had been sought when needed. We saw healthy eating had been discussed with people and considered as part of the menu planning and preparation of meals.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Each person had a Health Action Plan which recorded discussions and decisions about health and lifestyles. From looking at records we found the staff team had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.



# Is the service caring?

## Our findings

People who lived at the home told us they were happy with the approach of the staff that supported them. Comments included, “All the staff are very good” and “The staff are lovely; I get on with all of them”. Relatives’ comments included, “Staff are fabulous”, “They understand what people need”, “The staff team is stable which means a lot”, and “They have a close connection with the people in the home.”

During our visit we observed staff interacting with people in a kind, good humoured and friendly manner. We noted staff were respectful of people’s choices and opinions and there was a relaxed atmosphere in the home. We heard friendly ‘banter’ between staff and people living in the home and various conversations about movies and TV programmes and plans for the Christmas period.

Relatives spoken with were complimentary about the service. A relative told us, “Everything is fine; I am kept up to date”, “The accommodation is second to none” and “I am happy with everything; I can’t fault anything.”

We looked at one person’s support plan and found they, or their relatives had been involved in ongoing decisions about care and support and their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed. It was clear from our discussions, observations and from looking at records people were able to make choices and were

involved in decisions about their day. This included decisions and choices about how they spent their day, the recruitment of new staff, the meals they ate, room décor, clothing choices and involvement in household chores.

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found people had been encouraged to express their views and opinions of the service during meetings both inside and outside the home, through participation in satisfaction surveys and care reviews and during day to day discussions with staff and management.

People’s privacy, dignity and independence were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. Each person had a single, ground floor room with en-suite shower or bath facilities. Rooms were fitted with an appropriate lock and people could have a key to their room if they wished. People said they had been consulted about the décor of their bedroom, which was individual to them. On the first floor there was a comfortable lounge, kitchen, utility room and dining area. Toilets were located on both floors, were fitted with appropriate locks and suitably equipped for the people living in the home. There was a staff ‘sleep in’ room which was also used if friends or family wished to stay.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members.



# Is the service responsive?

## Our findings

Records showed a suitably qualified member of staff carried out a detailed assessment of people's needs before they moved into the home. This included information from a variety of sources such as social workers, health professionals, family and also from the individual. People were encouraged to visit the home and spend time with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make an informed choice about whether they wished to live in the home. It also ensured appropriate decisions were made about whether the service would be able to meet and respond to the persons' needs.

Each person had a personal support plan. The care plans were easy to follow and contained information about people's routines and preferences as well as their care and support needs. There was information about how people communicated, assessments of risks to their well-being and their ability to make safe decisions. We saw the support plans had been updated on a regular basis or more frequently, in response to any changing needs. However we saw updates were not always clearly dated which made it difficult to determine when a person's needs changed; the registered manager told us this would be addressed and discussed with staff.

From our discussions with people who used the service, it was clear there were opportunities for involvement in a range of activities. Activities were flexible and suggested by people living in the home. People told us they were

supported to make their own plans which helped make sure activities were tailored to each individual. People were also involved in household chores and supported with employment in the local community.

People told us they were helped and encouraged to keep in contact with families and friends. One person explained how they enjoyed regular visits to stay with their family. People told us about 'The Chill Mill' which is a social group (day centre) run by people using the service with some support from staff. People told us they were able to meet at 'The Chill Mill' with family and friends and with people from the local community.

The complaints procedure was given to people when they moved in and was displayed in the entrance hall. The procedure was available in an easy read format that could be understood by everyone who lived at the home. People who used the service and their relatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. One person said, "I can say straight away if things are not right, but I am happy with everything here". A relative said, "I have no complaints but if I had any problems they would get it sorted". Records showed there had been no complaints raised about this service since the last inspection. However, whilst people's minor concerns would be recorded in their plan or in the meeting minutes, there were no clear records to determine whether appropriate action had been taken, whether there were recurring problems or whether the information had been monitored and used to improve the service. The registered manager advised us this was currently under review. There were a number of compliments made about this service.

# Is the service well-led?

## Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by the provider and regularly met with managers from other services in the group. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

From our discussions and observations we found the registered manager had a good knowledge of the people who used the service and of the staff team. We saw people were relaxed with the registered manager. One person said, "The manager is great, easy to get on with." The registered manager was committed to ongoing improvement of the service and was able to describe the key challenges for the future. They were aware of reporting any notifiable incidents in the home in line with the current regulations.

Staff members spoken with told us communication was 'good' and they felt supported to raise any concerns or discuss people's care at any time. One member of staff said, "The manager is very good; you can speak up about anything and they listen." Staff told us they had a good team. One member of staff said, "It's a great job; I love it." Another said, "We have a good team; it's a good place to work." All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through the

supervision and appraisal systems. This meant the registered manager demonstrated good leadership and promoted an open and inclusive culture among the people living at Ravenswood and the staff team.

There were systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, support plans, money, staff training, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

There were systems in place to seek people's views and opinions about the service provided. There were regular meetings held for people living in the home. A 'Compass Group' had been set up this year where people using the service were able to meet and discuss the improvements and developments that were important to them. Currently they were developing easy read procedures for people who use the service. People using the service, their friends and family and people from the local community were able to attend training sessions, meetings and social events at 'The Chill Mill' (day centre).

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The award was due to be reviewed again in January 2015. These measures helped demonstrate the registered manager and provider were working to monitor and deliver high quality care.