Visram Limited

Ranvilles Nursing & Residential Care Home

Inspection report

5 - 7 Ranvilles Lane
Titchfield
Fareham
Hampshire
PO14 3DS

Tel: 01329842627
Website: www.brookvalehealthcare.co.uk

Date of inspection visit:
26 April 2022

Date of publication:
06 June 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Inspected but not rated
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ranvilles Nursing and Residential Care Home is a residential care home providing personal and nursing care to up to 53 people. The service provides support to older people who may be living with dementia or a mental health condition. At the time of our inspection there were 43 people using the service. The home accommodated people in one adapted building.

People's experience of using this service and what we found
We were assured people were protected against risks associated with infectious disease.

The care people received was based on the relevant national standards and legal requirements. The home had been adapted appropriately to meet people's changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support met their needs, including communication needs, and reflected their preferences. There was a wide range of appropriate leisure activities available to people.

The service was well-led. There had been further improvements since our last inspection, and improvements we saw at that time had been sustained and embedded.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update
The last rating for this service was requires improvement (published 27 November 2019).

At our last inspection we found one breach of the regulations in relation to people receiving care which reflected their needs and preferences. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve. The provider kept us informed of progress by sending us a monthly report, and by participating in quality monitoring meetings organised by the local NHS organisation during the COVID-19 pandemic.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 October 2019. A breach of legal requirements was found in relation to care and treatment.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions effective, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ranvilles Nursing and Residential Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Ranvilles Nursing & Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand if the service was ready to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team
One inspector carried out this focused inspection.

Service and service type
Ranvilles Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed all the information we had received from and about the provider since our last inspection. This included the minutes and reports written for regular quality monitoring meetings with the local NHS organisation. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
Inspection activity, including our visit to the service location, took place on 26 April 2022.

We spoke with four people who used the service. There were two visiting relatives during our inspection. We offered to speak with them, but they declined saying everything was fine. We spoke with seven members of staff including the provider, the registered manager, nursing and care staff.

We observed the care people received in the shared areas of the home.

We reviewed a range of records. This included samples of six people's online care records. We reviewed reports of internal and external audits, and records and analyses of incidents and accidents. We looked at files including fire safety, safeguarding, infection control, quality assurance, and a sample of processes and policies.

Inspected but not rated

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. We have not changed the rating as we have not looked at all of the safe key question at this inspection. The purpose of this inspection was to check if the provider was ready to prevent or manage infection outbreaks. We will assess the whole key question at the next comprehensive inspection of the service.

Preventing and controlling infection including the cleanliness of premises

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's arrangements for family visits were in line with the government guidance at the time.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we found the provider had not always made appropriate adaptation to the layout and decoration of the home to support people's needs. The provider had now made appropriate adaptations, particularly to support people during the COVID-19 pandemic. They had provided facilities inside the home and in the garden to support safe visiting, and had built a temporary building in the garden where visitors could take a lateral flow test before entering the home. The provider had responded positively to people's changing needs during the pandemic by making suitable adaptations to the home.
- People had access to a variety of shared areas. There was an enclosed garden, and shared lounges, where people could socialise with others and take part in shared activities. Smaller lounges allowed people to have privacy and quiet if they wished. People who chose to smoke could do so in a ventilated smoking room.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with current standards and legislation. The provider took advice from NHS and local authority professionals. Guidance was available to staff from the government, CQC, and other bodies such as the National Institute for Health and Care Excellence.
- Staff applied their learning effectively which led to good outcomes for people. One person had been admitted to the home with alcohol dependency and limited mobility following an injury. Staff had worked with a physiotherapist to improve their mobility. With support to manage their alcohol addiction, the person had been able to leave the home and live near their family.

Staff support, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. There was a range of training available to staff. Training had been online during the COVID-19 pandemic, but the provider had started to re-introduce face to face learning, with fire safety and behaviour management training.
- New staff had an induction based on The Care Certificate. This is an agreed set of standards which define the knowledge, skills and behaviours expected of staff working the health and social care sector. It is made up of 15 minimum standards which form the basis of a robust and effective induction.

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

- People had choice about their meals, both from the menu and where they chose to eat. Staff supported people discretely to eat in the shared areas of the home. Staff checked people had finished before clearing away their plates, and offered alternatives if they thought people did not like their first choice. People were

supported to eat and drink enough and maintain a healthy diet.
● The provider took into account people's individual needs and any dietary requirements. These included people living with diabetes, and people with food needs arising from their religious or cultural background.

Staff working with other agencies to provide consistent, effective, timely care
● The provider had worked closely with local NHS organisations during the COVID-19 pandemic to accommodate people with complex needs who were ready to be discharged from hospital but needed further assessment or continuing support. There was close cooperation to meet people's needs, for instance if there was a requirement for dedicated, full time support. The provider accommodated people in a dedicated suite of rooms, which reduced the risk to people already living in the home. This meant people could leave hospital and continue to receive effective care, while increasing the availability of hospital beds.

Supporting people to live healthier lives, access healthcare services and support
● People had access to other healthcare services, such as GP, optician, and dentist. There were regular reviews of people's medicines to make sure their prescriptions continued to meet their needs. People's care and support reflected their day to day health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● The provider applied for and renewed authorisations under the Deprivation of Liberty Safeguards in a timely manner. Where there were conditions relating to authorisations, these were met.
● Staff made sure people's human rights were respected by involving them in decisions about their care. Records showed staff sought people's consent where they had capacity to do so. This included consenting to have information about them posted on social media.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found the provider had not done enough to make sure people's care and support met their needs and reflected their preferences. This was a continuing breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Planning personalised care

- At our last inspection the provider had not done enough to make sure people's care plans reflected their needs, individual preferences, aspirations, interests and personal history. Since that inspection the provider had installed a computer-based care planning system. Staff found this easier to use, and it meant the latest information about people's care was readily available to them. Daily records were entered promptly and could be checked by registered nurses and senior staff more effectively. The provider used technology to support people to receive timely care and support.
- All the care plans we looked at were detailed, thorough, and reflected people's individual needs and preferences. They contained individual risk assessments, such as falls, choking, mental health, and oral health. The provider used standard tools to assess risks around skin care and nutrition. People had personal emergency evacuation plans which showed the support they would need in an emergency. Risk assessments informed people's day to day care plans. For instance if a person was at risk of poor oral health, there was detailed information in their care plan how to reduce and manage that risk.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included people's communication needs and steps staff should take to meet them. We saw staff making sure people could understand them by following the guidance in their care plans. Staff were patient and sympathetic where people had communication needs arising from a disability or sensory impairment. Individual communication care plans provided the information staff needed to make sure they supported people appropriately with their communication needs.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The provider supported people to maintain family relationships and feel less isolated. During the COVID-19 lockdown periods, the provider had sought to provide alternatives to inside visits such as garden visits

and video calls. The provider had introduced activities to encourage people to join in and develop contact between people, such as games, quizzes, film afternoons and Scrabble afternoons.
● The provider supported people to follow interests and take part in culturally relevant activities. Staff linked activities in the home to events in the wider community such as Grandparents' Day, Poppy Day, and St George's Day. They also linked with events such as Pizza Day, and Mocktail Day. This meant people could maintain links and awareness of what was happening outside the home. Staff supported people to pursue individual leisure activities, such as knitting, or supporting their favourite football team.

Improving care quality in response to complaints or concerns
● The provider had a suitable process and policy for dealing with complaints, which were available for people and visitors to read. There had been no formal complaints since our last inspection.

End of life care and support
● Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. Staff had training in how to care for people in their final days. Where people had care plans in anticipation of this period, they contained information about people's preferences and support for people's families. Nobody was receiving end of life care at the time of our visit.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Improvements we saw at our last inspection had been sustained and embedded. The provider and registered manager had continued to work closely together to manage improvements and support people during the pandemic. The registered manager had oversight of a range of regular quality audits, which included subjects such as behaviour charts, oral care and skin care. The registered manager reported to the provider on a weekly basis.

● The provider had taken steps to improve communication with staff by means of handovers, individual team meetings, and supervisions. Where full staff meetings had not been possible during the COVID-19 pandemic, the registered manager had made increased use of email memos and secure social media applications to keep lines of communication open.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The service continued to promote care which maintained people's independence, privacy and dignity, rights, choices, and fulfilment. Staff we spoke with felt empowered to deliver high quality care. There was an up-beat atmosphere in the home, and staff were positive and motivated after a difficult period for the adult social care sector.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibilities under the duty of candour. The service continued to be managed in an open, transparent way with honest communication with people and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider encouraged people who used the service and others to engage with and be involved with the service. There had been recent surveys of staff and people who used the service. The outcome of these was positive. The registered manager had regular direct contact with people and their families.

Continuous learning and improving care

● The registered manager had developed their service improvement plan since our last inspection. Inputs to

the plan included actions from quality audits and care plan reviews, analysis of incidents, accidents and near misses, and feedback from people, their families, staff and professionals who visited the home. The consolidated plan was agreed with the provider. There was a shared view of service improvement.

Working in partnership with others

● The provider and registered manager had worked closely with local NHS organisations to provide discharge beds for people leaving the hospital during the pandemic. This had been closely monitored by means of reports and meetings with involved professionals. The quality reports and meetings began weekly, but as confidence in the service grew, they became less frequent, and at the time of our inspection they were taking place every three months.