

Ravensdale Health Care Limited

43 Naburn Walk

Inspection report

Whinmoor
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This was the first inspection of the service following their registration with the Care Quality Commission on 6 February 2017. The inspection was completed on 17 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection because the service is small and we needed to be sure that operations manager was available and people who used the service would be in.

43 Naburn Walk is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides 24 hour nursing care and support for up to three people with physical disabilities and/or mental health problems. It is situated in a residential area on the outskirts of Leeds.

The care service has 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 physical disabilities and/or mental health problems and nursing needs using the service can live as ordinary a life as any citizen.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was no registered manager at the time of this inspection. The operations manager told us that they were going to submit an application to be the registered manager and were in the process of completing the application. This application was received by the Commission on 3 May 2018.

People were happy with the care they received and the staff that supported them. There were enough staff available to offer support to people. Staff received an induction and training that helped them offer support to people. The provider ensured staffs' suitability to work within the service. However, we found staff did not receive appropriate supervisions and appraisals in line with the provider's policy and procedures. We have made a recommendation that the service provides formal supervision of staff at the required frequency determined by the registered provider.

Staff knew about their responsibilities to safeguard people. They were able to identify different types of abuse and knew where to report their concerns. They also demonstrated their knowledge of the provider's whistleblowing policy.

The operations manager did not have full oversight and scrutiny of the service. Quality assurance records were primarily designed for a service within the organisation which was adjacent to 43 Naburn Walk. We found the operations manager knew what was going well and the areas that needed improvement. However, they had not given sufficient consideration to developing separate action plans for 43 Naburn

Walk. The provider had sought feedback from people, staff and others involved with the service but we were unable to establish the views of the person at 43 Naburn Walk as the analysis was incorporated into the provider's other adjacent service.

People were supported in a dignified way. The choices they made were considered by staff that supported them. There was an on-going safeguarding concern at the home and the provider had taken the necessary measures to ensure people were protected from potential harm.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and outings.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. People's confidentiality was respected and their records were stored securely.

When risks to individuals had been identified action had been taken to minimise this and risk assessments were in place. Medicines were managed in a safe way. When people were unable to consent to their care, mental capacity assessments had been completed and decisions made in people's best interest. The provider had considered when people were being restricted and authorisations for this had been appropriately submitted for approval.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were regular health and safety checks of the environment to make sure everything was in good working order. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People's Personal Evacuation Emergency Plans (PEEPs) had been reviewed and updated to explain what individual support people needed to leave the building safely.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, namely Good Governance. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew what constituted abuse and concerns were appropriately reported.

Risks to people were managed in a safe way.

There was enough staff available to offer support to people. Staff recruitment ensured all appropriate checks on new staff were made.

Medicines were managed in a way to keep people safe from the risks associated to them.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and access to healthcare supported.

People's dietary needs were understood and supported in accordance with the requirements of their health condition.

Staff were provided with appropriate induction and all staff received training to give them the skills and knowledge for their role. However, appropriate supervisions and appraisals required some improvement.

Strategies were in place to guide staff to appropriately support people when they were anxious. Staffed worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient; they respected people's privacy and treated them with respect. People said they liked the staff that supported them.

Staff were able to spend time with people and people showed they trusted staff and were comfortable and relaxed with them.

Staff supported people to maintain contact with the important people in their lives

Is the service responsive?

Good ●

The service was responsive

People received the care and support they needed to meet their individual needs.

People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were relaxed in the company of each other and staff.

People were offered varied activities to meet their individual needs and interests.

Complaints were managed effectively and were responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager.

The provider had not taken appropriate steps to ensure there was oversight and scrutiny to monitor and support the service. Monitoring of the service needed some improvements.

Staff were positive about how the service was improving under the current leadership. Staff told us that they now felt supported by the provider, operations manager and nurses.

43 Naburn Walk

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 inspection took place on 17 April 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit, there was one person using the service and we spoke with them. The operations manager told us that a second person had been assessed to live at the service. Arrangements had started to introduce the person into the service. We spoke with support staff, the operations manager and one of the nurses, the activity coordinator and occupational therapist. We observed how staff interacted and gave support to the person throughout this visit.

Before the inspection, we reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service. The acting manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local council commissioning officer who also undertakes periodic visits to the home.

We looked at documentation relating to the person who used the service, staff and the management of the service. We looked at the person's written records, including the plans of their care. We looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement. We telephoned and spoke with a relative. They gave us their views about the staff and the care of their family member.

Is the service safe?

Our findings

The person we spoke with told us they felt safe and supported at the home. They said, "I feel safe I get on with most staff that support me, it's great, and I would tell staff if I was worried about anything."

We saw risk assessments were in place to reduce things like trips and falls and there were emergency plans in place to ensure the person's safety in the event of a fire or other emergency at the service.

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. We saw one safeguarding referral had been made and the operations manager followed procedures and took appropriate action to keep the person safe. The investigation was still ongoing at the time of this report.

Staff were aware of the safeguarding policies and procedures which were in line with the local authority's policies and procedures. Staff told us they would refer to them for guidance if needed. They said they would report anything straight away to one of the nurses or the operations manager.

Accidents and incidents involving the person were recorded. However, they were currently included in the overall analysis for the adjacent service. This made it difficult to evidence actions taken. However, the occupational therapist told us that they had been involved in making height adjustments to seating and the person's bed to prevent any further accidents from taking place.

Sufficient staff were employed to work at the service and staff worked flexibly to ensure they provided a good person centred service to the person who used the service. The service provided one to one support and we saw how staff were identified on a rota to work with the person. Staff from the adjacent service were allocated to work at 43 Naburn Walk. The operations manager told us it only involved a small core number of staff and at no time had staff worked with the person without the person's agreement.

We spoke with several staff who had worked closely with the person at the service and they knew them very well. They understood that sometimes the person would display behaviours that may challenge others and understood the strategies and techniques to manage any given situation.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The operations manager told us the provider had trainers which were used to ensure staff had the necessary skills and competencies through a thorough induction to the ethos of the home.

We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medicines storage was neat and tidy which made it easy to find the person's medicines. Most medication was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. At the time of the inspection there were no controlled drugs kept at the service.

Nursing staff administered all medications. Their competency was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols [guidance] for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given the person their medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Nursing staff undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to such as gas, water and fire safety. However, the certificates were kept in a file in the adjacent service which we recommended to be separated for future inspection purposes. Risk assessments were in place to cover any maintenance work at the home. We saw the service was clean and tidy and the person helped to maintain the standards.

Is the service effective?

Our findings

The operations manager told us that not all staff had received an appraisal and the programme of supervision was not up to date. Although staff told us they felt supported by the management and the nursing team they were not receiving appropriate supervision to discuss any concerns or training needs. Staff told us the provider's management team was approachable and available if they needed additional guidance or assistance.

Following the inspection we received information from the registered provider which told us approximately 30% of staff employed had not received supervision as required by the registered provider's policies and procedure, but this proportion related to the provider's staff who worked in both 43 Naburn Walk and another of the provider's services nearby. It was difficult to clearly define which staff working at 43 Naburn Walk had been supervised or not due to a lack of segregation of records between the two services. We discussed this with the operations manager and we have referenced this further in the 'Well Led' section of this report.

We recommend that the service ensures staff receive supervision and appraisals as required by the registered providers policies and procedures

The training programme was a mixture of practical and face to face training. We saw a training plan which showed when training had been undertaken and when 'refresher training' was due. New staff received an induction when they first started to work at the service to ensure they had a good basic understanding about their roles. The induction included shadowing experienced staff to get to know the people and their routines. We saw evidence that some staff recently employed had completed the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The person was supported to live their life in the way that they chose. The operations manager told us the person living at the service was encouraged to maintain their lifestyle with the support and encouragement of staff. The person told us staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that were important to them.

The person's nutritional needs were assessed during the care and support planning process and these were clearly recorded in the plans of care we looked at. We saw their likes, dislikes and any allergies had also been recorded. We spoke with the person who confirmed they helped to devise, shop and prepare the meals they had.

The person's health was monitored and when it was necessary health care professionals were involved to make sure the person was supported to remain as healthy as possible. If the person's physical and/or mental health declined or they required more support the staff knew who to contact such as local community healthcare professionals. Staff told us they had a good relationship with the professionals who

were involved with the service.

The person was supported to go to the GP, dentist and opticians. Staff made appointments with their consent and when necessary they accompanied them to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The operations manager told us they were awaiting authorisation from the supervisory body and had evidence which confirmed this. We saw evidence that best interest meetings and capacity assessments had been undertaken throughout the person's care records. There were policies and procedures to support staff with the MCA and DoLS and all staff had received training in this subject.

The premises was designed and adapted to meet the needs of the person who used the service. They told us they had been involved in choosing the furniture and décor throughout the service. They told us they had enjoyed shopping with the support of the staff and they showed us their bedroom which was tastefully decorated and personalised.

Is the service caring?

Our findings

The person we spoke with told us they liked most of the staff that supported them. They said, "I get on with the staff," they pointed to the support worker and said, "I like her, we do things together like going to the cinema and out for meals. We are going out for lunch today."

We observed staff interacting positively with the person throughout our inspection. They gave appropriate care and respect while taking into account what the person wanted to do. We saw staff enabled them to be as independent as possible while providing support and assistance where required. Daily records made by staff described how the person had been throughout the day and any tasks or activities they had taken part in.

We saw their bedroom was personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. They told us they liked their bedroom and had chosen the colour scheme and had bought the things they liked.

Staff said they kept themselves up to date about the care and support the person needed by reading care plans and from the handovers at the beginning of each shift. Clearly from the conversations we had with staff who were working with the person, they had in depth knowledge about the person's wishes and rights.

We saw that staff attended to the person's needs in a discreet way, which maintained their dignity. Staff encouraged the person to speak for themselves and gave them time to do so. They engaged with them in a respectful and encouraging way, to help them to be as independent as they could be.

The relative we spoke with told us that it was important for their family member to have their independence while remaining safe. They said, "My [family member] loves having their own front door."

The operations manager told us they had processes and contacts in place to access independent advocates to support people if needed, where they did not have any one to speak up on their behalf. They said this was not currently needed for the person living at the service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Information about the service provided was available for the person and they told us they had been fully involved in developing their care package. This involved decisions about moving from the adjacent service to live in a more independent setting. The relative we spoke with told us they were fully involved in the move which they thought was beneficial to their family member.

Is the service responsive?

Our findings

The person's needs were fully assessed prior to admission so that a comprehensive care and support plan could be developed to meet their diverse needs. Staff we spoke with told us as part of the pre-admission process, people and their relatives were involved to ensure staff had a good insight into the person's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised plan of care and support could be put together ensuring the person was at the centre of their care.

Care plans detailed how staff should support the person's individual needs. Care plans contained good detail for staff to follow; such as the action they should take to support the person, whether in the home or out in the community. Care plans were reviewed on a regular basis, involving the person in this review. Daily records were also recorded against each care area, detailing matters such as the person's moods, personal care received, their dietary intake and what activities they had participated in.

The plans told us the activities that the person was involved in and what was working well and things that may have changed. Staff told us the person was encouraged to maintain life skills like helping with cooking and cleaning.

Staff we spoke with told us that they worked flexibly to ensure the person could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around the person who used the service. The person told us that they liked going to the cinema and had enjoyed strictly come dancing.

The operations manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. We were informed that one complaint had been received and this had been resolved, by obtaining equipment to monitor if the person got out of bed as the person was at risk of falls. The service had also changed furniture and reduced the height of the person's bed. The operations manager told us that they had arranged to meet with the complainant to discuss any further concerns.

The person we spoke with did not raise any complaints or concerns about the care and support they received. The relative we spoke with told us they had concerns about the changes to management and staff. They said it was important for their family member to have a consistent approach from a core group of staff. Meetings had been arranged to discuss any further concerns.

Staff told us if they received any concerns about the service they would share the information with the most senior person on duty. They told us they had regular contact with the operations manager and nurses at staff meetings and informally when representatives of the registered provider carried out observations of practice at the service.

Is the service well-led?

Our findings

The operations manager and the operations support manager told us the last registered manager left the service in July 2017. Since then there has been other managers, however, none were registered with the Care Quality Commission. The operations manager had been in day to day charge of the service since January 2018 and they told us of their intention to apply to be the registered manager and said they were in the process of completing their application. This application was received on 3 of May 2018. Having a registered manager for this service is a condition of the provider's registration.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. When operated efficiently quality assurance and governance systems can help provide people with a good service and meet appropriate quality standards and legal obligations.

We found there was not sufficient oversight of the service at 43 Naburn Walk. The quality monitoring systems we saw were primarily designed for a service within the organisation which was adjacent to 43 Naburn Walk. All of the audits we saw were held at the adjacent service with only reference to this service within the audits and action plans. For example, staff did not always receive formal supervision and appraisal in line with the provider's own policy about supporting staff in their roles.

A supervision matrix was sent to us following the inspection. However, this did not identify specific staff who would be working at 43 Naburn Walk or the staff members full name and job title.

The operations manager showed us an analysis of accidents, incidents, concerns and complaints but the records we mainly in relation to the adjacent service. We were only able to identify the incidents that occurred in this service by the identification reference of the person who used the service. This meant it was difficult to assess if the service met the agreed standards of the registered provider.

We found the monitoring of health and safety difficult to evidence as the certificates for gas safety and electrical testing were for both services. Fire safety certificates and maintenance records were all stored in the adjacent service, and referred to both services.

We saw the provider had sought feedback from people, staff and others involved with the service but we were unable to establish the views of the person at 43 Naburn Walk as the analysis was incorporated into the providers other adjacent service.

Staff were able to attend meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. However, these were primarily for the adjacent service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling the person or future people who used the service to be independent while ensuring their rights and choices were maintained.

During the inspection the operations manager told us they would ensure records would be split into the two services rather than maintained all together. They commenced this task while we were at the service.

The operations manager showed us records of meetings that had taken place which they referred to as '10 at 10.' These meeting gave managers a brief period of time to discuss tasks and allocate staff to undertake the tasks. The operations manager also carried out a daily walk around the service but these were primarily for the adjacent service. The operations manager told us that two days a week she intended to carry out the walk around at 43 Naburn Walk.

We looked at the outcome of the staff survey which clearly showed in December 2017 staff did not feel supported and did not feel they could contribute to the running of the service. The last survey in April 2018 showed staff morale had greatly improved. This highlighted that changes in the management of the service had directly affected how staff felt about working at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have effective oversight and scrutiny to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a)</p>