

Caresure Limited

# Ravenstone Care and Rehabilitation Home

## Inspection Report

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# Summary of findings

## Overall summary

Overall summary Ravenstone Care and Rehabilitation Home provided care and accommodation for up to 13 people with mental health needs. The building was three storeys that had been adapted for use as a residential care home. Each person had their own room and there were lounge and dining facilities on the ground floor.

People told us they were happy with the care they received and "could come and go as they pleased".

We found there was a very inclusive atmosphere in the home where people decided themselves how they spent their time.

Staff knew those that lived in the home very well as most had lived in Ravenstone for a number of years. There was a very stable staff team with a low turnover and because of this the interaction and communication throughout our visit was warm and friendly.

Each person had an up to date plan of care that gave staff sufficient information to ensure appropriate care and support was provided. Risk assessments were in place to safeguard people when they were in the home or out in the community.

Staffing levels were sufficient to meet the needs of people who used this service and they told us there was always someone around if they needed anything.

All new staff completed a full induction programme provided by an external training company. We looked at staff training records and found the training programme included all mandatory subjects and other subjects appropriate to caring for people with mental health needs.

The registered manager was on leave at the time of the inspection and as a result of this the deputy manager assisted with our inspection visit. The staff we spoke to were very appreciative of the support they received from the manager. Staff supervision was up to date and staff meetings were held monthly.

There were minor issues with the maintenance of the building and we were assured the handyman would put these right. The home was clean.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

People told us they felt safe living in this home. They told us they liked the staff and they were always about to help them.

We saw from the personnel records that no new staff started work in this home until all the necessary security checks had been completed. Staff understood the importance of keeping people safe and had completed Protection of Vulnerable Adults training. This knowledge ensured staff were aware of their roles and responsibilities in caring for vulnerable adults with mental health needs.

Risk assessments formed part of the care planning procedure. Records we saw showed that all risk assessments were in place and regularly reviewed. Risks were well managed and minimised so that people were kept safe whilst still enjoying a good quality of life.

The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started.

There were appropriate policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted.

### **Are services effective?**

Before people came to live in this home an in-depth assessment of their needs was completed. Re-assessments were completed monthly with the care plan reviews to ensure staff had up to date information that reflected people's individual needs.

We saw that the manager and staff worked closely with other agencies so that people's health, physical and emotional needs were met.

We saw that staff were able to maintain their personal and professional development. All staff had completed National Vocational Qualifications (NVQ) in health and social care.

There were some organised activities but, on the whole, people decided themselves what they wanted to do. Many went out into town by themselves. If this was not possible staff accompanied them. People and staff told us there were always more outings in the summer months.

# Summary of findings

## Are services caring?

During our visit we saw that staff treated people with respect and friendliness. People were relaxed throughout our visit and told us they liked the staff very much.

Staff allowed people time in the morning to get up at their leisure and many of the people prepared their own breakfast in their own time.

During our visit we saw staff always had the time to speak to people and make sure they had everything they wanted. Most of the people had lived in this home for a long time and knew the staff very well.

Care plans were very much person-centred with goals and outcomes clearly recorded for staff to follow.

## Are services responsive to people's needs?

People told us they had freedom of choice about how they could spend their days. During our visit we saw people going out into town to the shops. One person went to the local gym every morning before breakfast. The philosophy of this home was to allow people to have the kind of lifestyle which they wanted whilst being supported by the staff team. Many of the people who lived in the home went out during the day whilst others sat in the lounge or dining room.

Staff had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. (DoLS) The manager also organised updates for all training needs. They told us they understood the importance of this legislation when supporting people with mental health needs who may not always be able to make decisions for themselves.

The deputy manager explained to us that the staff were able to contact the Community Psychiatric Nurses or mental health consultants if they needed help or advice. Details of an advocacy service were available although, at the time of our visit no one living in the home needed an advocate to act or speak on their behalf. This was because family members were available to help their relatives with any decisions that needed to be made.

## Are services well-led?

The registered manager had been in post for some years and provided a stable environment for people who lived in Ravenstone.

There was a very stable staff team that provided consistent care. We spoke to staff and they confirmed that they had regular supervision with their manager and we saw records to confirm this.

# Summary of findings

People told us that the manager was always there for them and encouraged them to make their own choices and decisions.

Information from Carlisle mental health team confirmed the service was well run and pro-active in their care for people with mental health needs. The mental health team considered the care plans to be effective and up to date through regular monthly reviews. The care plans reflected the needs of the people who used this service contained all the details necessary to deliver consistent care.

Internal quality audits to monitor the care and support provided were in place mainly through informal meeting with people who lived in the home. Annual survey questionnaires were given to people and sent to their relatives. The results of these were collated and any suggestions were acted on if possible.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke to nine people and all of them spoke positively about what it was like to live there. One person said "I have a poor appetite but do eat everything they give me. I love to sit in my room and watch the world go by". Another person told us "Although there are only two staff and the manager, we get everything we want".

People told us they could see their doctor when they wanted to but also said, "I don't really need my doctor as I keep very well".

We spoke to people about their meals and they all said they enjoyed their food. They said, "I can make my own breakfast if I want to" and "If I don't like the choices on the menu I can pick something else". The food is very good though".

We were unable to speak to any visitors during this inspection visit.

# Ravenstone Care and Rehabilitation Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The inspection team consisted of a lead inspector, an inspector with experience of caring for people with a mental illness and a pharmacist. We were also assisted by an expert by experience that had experience of services that provided support to people with dementia and mental health needs.

We visited the home on 2 April 2014. We spent time observing care in the lounge and dining room as people had their meals. We looked at all areas of the building, including people's bedrooms (with their permission), the kitchen, bathrooms and communal areas.

We looked at care records, including care plans, medication records, staff files and training records. We

spoke to people who lived in the home and staff who were providing care and support. As the registered manager was on holiday on the day of our visit the deputy manager assisted us throughout our time in the home.

Before our inspection we reviewed all the information we held about the home and contacted Cumbria's mental health team who was involved in the care of the people that lived there. We also contacted the local authority contracts officer to see if there were any matters that gave cause for concern.

On the day of our visit we spoke to nine people living in the home three members of staff and the deputy manager. There were no visitors to the home during our inspection visit.

At the last inspection in November 2013 we found that Ravenstone met all the national standards we looked at. Since that time there have been no concerns or safeguarding issues raised.

# Are services safe?

## Our findings

We found during our visit that the people who lived there were very relaxed in their surroundings. We asked people if there were enough staff to look after them and they told us, "I have always felt safe here and I have lived here for a long time".

We looked at the staff rotas and found that staff worked to a two-week rota, which the staff said worked very well. There had been a consistently stable staff team in this home for a long time and this had given people who lived there a safe environment in which to live. The rotas showed there were two members of staff plus the manager on duty during the day and one waking night staff with another member of staff sleeping in. The manager and/or the deputy manager provided an on-call service during the night. This meant that, in an emergency a second member of staff could be called into the home. For example if one of the people needed to be admitted to hospital. The service also employed domestic staff to keep the home clean.

We looked at staff personnel files for the two newest members of staff. We found that the recruitment practice was safe and thorough. Application forms had been completed and formal interviews arranged. We found that all the required legal checks had been completed prior to the staff starting work. All new staff completed a full induction programme organised through an external training company.

The home had policies and procedures in relation to the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (Dolls) although no applications had needed to be submitted. The MCA 2005 is designed to protect people who lack the ability to make decisions for themselves due to mental capacity difficulties. Staff had completed training in understanding The MCA 2005 and The Dolls and we saw from the training records this training was refreshed annually. This training should ensure staff had the knowledge and ability to provide appropriate care and support for people that lived in Ravenstone by helping the people they supported to make their own decisions. They told us their training had helped them to understand how the MCA 2005 might impact on the people that used the service and the amount of care and support they needed.

Records showed that there had been no safeguarding concerns raised for some time. We spoke to the contracts officer at the local authority and they told us there had been no safeguarding issues or complaints made about this service.

We spent some time observing the interaction of the staff with people and found this to be friendly while at the same time ensuring privacy and dignity were retained. We observed that staff encouraged people to maintain their independence and control over their lives. All the people we spoke to gave positive feedback about how their privacy and dignity were promoted and how staff asked them what they wanted. They told us, "I have lived here for over 10 years and this is my home. I have never heard any of the staff being rude or speaking to people in a nasty way. We always get asked about everything".

We found that the arrangements for handling medicines were safe. All medicines were administered by suitably trained care workers and people wishing to self-administer medicines were supported to do so. One person we spoke with confirmed that the arrangements in place for administering their medicines worked well for them adding, "if it ain't broke, don't try to fix it". We found that medicines were stored safely.

The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. Care workers we spoke with were familiar with people's medicines needs and could explain when "when required" medicines may be needed.

We looked at the risk assessments that were in place for people and found that staff were managing risks to people's safety, whilst attempting to minimise restrictions. Some people liked to go out during the day and up to date risk assessments were in place within the care documentation regarding this. One person told us, "When I came to live here I was afraid to go out on my own. At first the staff came with me but now I feel safe going into town by myself". All the risk assessments were up to date and records showed these were updated every month with the care plans. This meant that up to date and relevant care and support was provided to people and that people were safe from unacceptable risks.

We looked at people's personal finance records to ensure there was a good recording system in place. The service did



## Are services safe?

not hold monies for all those who lived in the home as some had families to assist them. Others were able to manage their own finances. The records were up to date and in order and in order apart from one missing second signature on one record sheet. The deputy manager told us she would check this, which she did before the end of our visit. When cash is given to people the record should be signed by two people. We noted that there were a couple of occasions when this was not the case. People told us "I only have to ask for cash and I get it". We asked people about this and they assured us there was always cash available for their own personal use. They told us they preferred to have only small amounts at a time as this was safer. Their remaining monies were held securely on their behalf.

The home was an old three storey building and considering the age of the property was well maintained. There was a handyman employed one day each week but would cover extra hours if required. We toured the building and found it safe apart from some slight overloading of electric plugs. They were safe but would have benefitted from a circuit breaker. The deputy manager said that would be sorted the following day. As all of the people who lived in Ravenstone were fully mobile there was no need for moving and handling equipment. There was a passenger lift that accessed the upper floors.

# Are services effective?

(for example, treatment is effective)

## Our findings

We looked at the care plans for five of the people who lived in Ravenstone and found them to be up to date and relevant to the needs of the individual. There was evidence of clear monitoring and planning around individual needs such as weight management and diet. We saw that a dietician and a speech and language therapist (SALT) had been consulted when it was noted one person was losing weight. People's weight was monitored and recorded on the care plans.

A full assessment of a person's needs was completed by the manager prior to them moving in to the home. The assessment included risk assessments to keep people safe when they were in or outside the building. This was important as some people went out during the day to the shops, the local gym or just for a walk.

Health care needs were assessed and the services of the mental health team were accessed when required. We spoke to a member of the mental health team and they told us that the service was well run and effective at meeting the needs of people with a mental illness. Doctors were called when required and the district nursing service visited when it was necessary.

Each person had a 'hospital passport' that formed part of their care documentation. These contained important information and medication details to inform hospital staff if anyone was admitted to or attended hospital. These were up to date and any changes were noted and the document amended. This would be in the case of a change in medication following a reassessment by the doctor or consultant.

We found that all of the 13 people living in Ravenstone had individual plans of care with assessments of their needs and of any risks to them that needed to be planned for and managed. All the care plans were person centred and very much reflected the needs of the person. We saw that the records indicated that people were supported to decide what they wanted for themselves and how they were to be supported to live as full a life as possible.

There were also care plans in place for mobility needs, diet and nutrition and communication. We saw that these were up to date and gave staff sufficient information to provide the appropriate level of care. For example, one care plan showed the person had a poor appetite and that snacks should be readily available if they didn't want to eat a full meal. Dementia care plans were concise and easy to follow. This meant staff were given the necessary information to provide a level of care appropriate to each person's individual needs. We saw that care plan reviews were discussed with people and each care plan was signed each month by the person concerned. Our observations showed that people's care reflected what was written in the care plans. Care plans recorded that some people liked to go out, and were able to, by themselves and there were risk assessments in place with regards to people going into the community by themselves. This was evidenced on the daily records written by the staff during their shift. People told us that the care they received was "just right" because they were able to decide for themselves what to do and when to do it.

Staff training records showed that staff had completed training in person centred care, dementia awareness, end of life care and how to manage stress. This was in addition to the core training subjects such as manual handling, dementia care, infection control and safe handling of medication. Discussions with the staff on duty during our inspection showed they knew the people they supported very well. They confirmed that all newly appointed staff completed a full induction programme and were supported by more experienced staff. Evidence of this was included in the staff files.

Staff supervision was ongoing and staff meetings were held every month during which the care plans were reviewed and updated. Staff also told us the manager had an 'open door' for anyone wishing to speak to her. Informal meetings took place with people who didn't wish to attend a more formal meeting with all those who lived in the home.

# Are services caring?

## Our findings

Ravenstone Care and Rehabilitation Home provided long term care and support for up to fourteen people with a mental illness. There was one person in hospital but we were able to speak to nine of those who were in the home on the day of our visit.

We spent time with people in the lounge and dining room talking to them and informally observing their interaction with the staff on duty. Our observation evidenced there were good working relationships and we saw staff treating people with respect while at the same time having time for a joke.

When we arrived some people were having their breakfast and others had finished their meal. There was no set time for people to get up and many prepared their own breakfast. One person told us, "I can choose what time to get up and I like to make my own breakfast. That is what is good about living here we can help ourselves and the staff".

There were two members of staff on duty and there was always someone around to assist with meals and drinks and snacks. People told us they were happy with their care and that staff were always round and about when needed. Most of the people had lived in Ravenstone for a number of years and told us it was their home and would not like to live anywhere else. People told us they liked doing things for themselves and some helped in the house with small domestic tasks.

Informality was evident in this service and people said, "I like to do my own thing and the staff respect this. I just like to sit in the lounge with other people for company" "I have lived here for a lot of years and the staff have made it like my own home". There was a relaxed atmosphere and we observed people making their own choices about what to do during the day. We also observed much laughter and good interaction between the staff and the people who lived in Ravenstone. Staff treated people with warmth and gave them the dignity and choice they wanted. We spoke to staff that had worked at the home for a number of years and found they displayed empathy and understanding of people's needs. Daily notes were written in a professional and respectful manner. There were some activities and outings but these were mostly during the summer months. People told us they had been out on a trip to the aquarium at Maryport which they had enjoyed. Some people sat in the lounge but others chose to sit in their rooms and people watch. The home was close to the centre of Carlisle and there was plenty of passing traffic. One person said, "I love it here and can sit in my room and watch the world go by".

Prior to our inspection we contacted the Carlisle mental health team asking about the care provided in this service. They said that the care provision was very good and the manager and staff were up to date in addressing care issues quickly. They also said the service was well run with a stable staff team and an experienced manager.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Over the course of the day we spoke with nine of the people who lived in Ravenstone and involved them in the inspection as much as they wanted to be involved. Most of the people were able to voice their opinions and we saw the staff on duty involved them in their daily activities. Some people carried out domestic tasks and told us, "I enjoy helping the girls out in the kitchen and have been doing so for ages".

We saw that staff made time to talk to people and people told us there was always staff around to discuss things with.

When we looked at the care records we saw that people were involved in their care plan reviews and signed their care plan. The deputy manager explained that everyone discussed their care and support with the staff during the review. Opportunities were also given to people living in the home to discuss health care needs as well as their personal care. Social, mental health and personal needs assessments had been completed on admission to the home and were reviewed each month.

Staff had completed training in the Mental Capacity Act 2005 and those we spoke to had a good knowledge about supporting people with mental health needs. Family members were also involved with the care and support provided as well as financial matters. At the time of our inspection none of the people were in need of an Independent Mental Capacity Advocate (IMCA) although there was information available about the advocacy service. Best interest meetings had been held in the past but this had not been necessary for some time.

Staff told us that people maintained personal relationships with family and friends although no visitors came to the

home during our inspection. One of the people told us she enjoyed good relations with members of her family and another recently went home to visit a family member and had spent time with another relative.

We spoke to health and social care professionals who were involved in the care of people living in Ravenstone. They told us the staff did not hesitate to contact them for advice if this was necessary and this helped to ensure people's health and social care needs were met. We asked the staff about the input from the district nursing service and were told that they visited the home when required for medical advice, to give injections or to dress wounds. Some people were under the care of the community psychiatric nurse who was also available for help and advice when required. The community mental health team told us the staff did not hesitate to call and ask for advice should this be necessary. If the services of a social worker were required staff had to call social services and speak to the duty social worker who would allocate a social worker to visit. Annual reviews were carried out by social services staff to ensure people were being supported appropriately.

We asked those living in the home what they would do if they had a complaint and they told us they could speak to the manager or any of the staff. They also told us that although they had no complaints they would not be afraid to speak to the manager or any of the staff if they had any concerns. People said, "I can talk to the manager and any of the staff about anything at all. I would not be worried about complaining even though I have never had any reason to".

Prior to our visit we had contacted the contracts officer regarding this service. We were told there had been no complaints or concerns raised about this service since their last contracts inspection. We had not received any complaints or concerns since our last visit to Ravenstone.

# Are services well-led?

## Our findings

This service was well established and had operated for a number of years. There was a very low staff turnover with most working in the home for over ten years. This ensured that people living there had received continuity of care for a long period of time. There had always been a registered manager in post.

People who used this service told us they had lived in Ravenstone for many years and were very happy living there. They told us the manager was always about to speak to and they could approach her at any time. They also said the staff were very good too. Comments included: "I can speak to the manager whenever I want and she always finds time to speak to me" and "It is great living here the girls and the boss are great".

The manager was on annual leave on the day of the inspection and the deputy manager assisted us with our inspection. Observations made during our visit showed us that staff worked well together and, in the absence of the manager, ensured the smooth running of the service. This evidenced good leadership and a positive work ethic in this service.

We spoke to the deputy manager and the staff during the day and discussed the running of the home. They all confirmed that the manager was very much hands on and supported the staff well. Formal staff supervision meetings were held and informal meetings also. Staff were encouraged and given the opportunity to develop their professional skills through internal and external training. All staff with the exception of the recently appointed apprentice had completed their National Vocational Care Qualification (NVQ) up to and including level three. Arrangements were in place for the deputy manager to start her qualification at level four.

Staff meetings were held each month and these gave the staff team opportunities to make suggestions about improving the service. The deputy manager told us the manager always listened to staff suggestions and put them into practice if they were advantageous to those that lived in the home.

The manager was responsible for staff recruitment and retention. We looked at the staff files for the two members

of staff most recently appointed. We saw completed application forms, employment history and details of two people to be contacted for references. These had been received and held on file. We saw evidence to show no member of staff started work without a full check with the disclosure and barring service. This meant that only suitable people were employed to work in this service and care for people with mental health needs.

The manager was committed to ensuring Ravenstone provided good care and support to the people living there. She had put systems in place to safeguard people and provide staff with training that was appropriate to their roles and responsibilities. All the staff were aware of their accountability in keeping people safe. One member of staff said, "We get lots of training and sometimes it is a lot to do but we know it helps us to support the people who live here".

The deputy manager told us that the manager kept up to date with residential care through interaction with social services, other external agencies such as the community psychiatric nurses. Information via the internet is also accessed in order to keep up to date with current legislation.

Prior to our visit we had contacted the local authority contracts officer regarding this service. We were told there had been no complaints or concerns raised about this service since their last contracts inspection. We had not received any complaints or concerns since our last visit to Ravenstone. We asked the staff what they would do if they received a complaint and were told this would be dealt with immediately. Although formal meetings were held for people who lived in the home the staff said people preferred to speak to them or the manager on a more informal basis. When we asked people about this they confirmed they would rather speak to the manager by themselves to sort out any problem they may have. They did tell us though that they did not have any reason to complain about anything.

Staff told us the provider was very supportive of the manager and the staff team. They did visit the home and provided the necessary finances to ensure the home operated well and the repairs and renewals were dealt with.