

Ravensworth Care Home Limited

Ravensworth Care Home

Inspection report

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Date of inspection visit:
22 May 2017

Date of publication:
05 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Ravensworth Care Home on 22 May 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 30 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 28 people living at the service.

At our last inspection on 6 November 2015 the service was found to be fully compliant and was rated good in all areas.

A registered manager was in post and present on the day of the inspection. 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 received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Ravensworth Care 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 was 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 took place on 22 May 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 14 people who lived in the home, four relatives and two health care professionals. We also spoke with three care workers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said they felt safe and very comfortable at Ravensworth Care Home. One person told us, "It's a nice place here, very nice indeed and I feel very safe. I can walk everywhere on my own but it's always nice to know there are staff around if I need them." Another person said, "I can't think of a better place to be. The staff are very gentle and help me to get up out of the chair. Relatives we spoke with were also happy and satisfied their family members were safe. One relative told us, "I come every other day but I can't really compare it to anywhere else because it's the only care home I've ever been in. I am confident that [my family member] is safe though. I've no reason to think otherwise."

There was sufficient staff on duty in the communal areas and people were appropriately supported and did not have to wait for any required assistance. People and their relatives were happy there were enough staff. One person told us, "Oh yes, they [staff] are always around and they come really quickly if I need anything." A relative told us, "My [family member] has never complained about having to wait for help." They went on to say, "There is enough staff here I'm sure and there's never a problem."

One member of staff told us, "There are enough of us on shift and we all work very well together." The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. We saw on duty rotas that staffing levels had been increased to reflect people's increased care needs when this was necessary.

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, asking for help, as required. There was a lift that provided easy access to both floors, which meant people were able to move safely around the premises.

Medicines were managed safely and staff involved in administering medicines had received appropriate training. People we spoke with were satisfied and confident their medicines were managed safely. One person told us, "They (Staff) watch me while I take the tablets and bring me some water with them and there's never any problem." A senior member of staff told us, "All staff with responsibility for medication have had the necessary training and their competency is regularly assessed." This was supported by training records we were shown and meant medicines were stored, handled and administered safely.

The provider had safe and thorough recruitment procedures. We found appropriate procedures had been followed, before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as potential risks relating to their care, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. There were arrangements

in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire.

Staff had received relevant safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. One member of staff told us, "We are all here for the residents, to care for them and keep them safe. If I had any concerns I wouldn't hesitate to report it to [Registered manager] straight away – and I know it would be dealt with." We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and we saw other evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People felt staff knew them well, were aware of individual needs and understood the best ways to help and support them. One person said, "They (Staff) are very good here and they know what they are doing." Another person told us, "I have absolutely no complaints; the staff are always very helpful." A relative told us, "They (Staff) understand [Family member] and cater for her needs." Another relative said, "The staff here are good and visitors are always made welcome."

We spoke with two visiting health care professionals, who spoke positively about the effective communication with the service. They had confidence in the registered manager and staff team. One health care professional told us, "We are here two or three times a week and don't have any concerns about the care people receive. The staff are always very responsive to any recommendations we make and are quick to raise any issues or concerns they might have about anyone."

Staff felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." One member of staff told us, "We are a close team and support each other." They said the communication throughout the service was, "Very effective." Another staff member told us, "We have a handover from the senior and if you've been away there are communication sheets we can read so we're up to date with what's been going on."

Staff confirmed they received regular supervision – confidential one to one meetings with their line manager – which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "I'm loving it here – absolutely loving it. All the residents are lovely and so are the staff." They went on to say, "I like to think I'm making a difference. I look at everyone here and think they are all someone's mother or father, which is important."

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. One member of staff spoke of the benefits of face-to-face training in groups, as opposed to on-line training, sitting in front of a computer. They told us, "For me it's a lot better to do training in person, so you can ask questions, share experiences and see if there's any way you can change things or work together better." This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA and DoLS. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA.

People spoke positively about the quality and choice of the food provided. One person told us, "I've no complaints about the food. There's usually two choices at lunchtime." Another person said, "I like the food here; it's very good and you can have as much as you like and whatever you like if they've got it." People told us they were encouraged and supported to drink, and our observations confirmed this. People were assisted to eat sensitively and appropriately by staff, who sat down with and focused their attention on the individual person they were supporting. This demonstrated people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring environment and the kind and compassionate nature of all staff. One person told us, "They (Staff) are all so nice and lovely with us." Another person said, "All the carers here are really kind, they're all lovely people." A relative told us, "What I like is that there is really good staff continuity. There are staff that tell me they were here ten years ago.' Another relative said, "The staff are kindness itself, not just to [Family member] but to us as well."

We received similarly positive comments from a visiting health care professional, who told us, "I can't emphasise enough that the level of care here is very good; they are a very kind and caring bunch."

Throughout the day we observed many examples of friendly, good natured interaction. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. We saw staff had time to support and engage with people in a calm, unhurried manner. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. This enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs and were aware of personal preferences. They supported people in the way they liked to be cared for. People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect. This meant people's privacy and dignity was maintained when providing personal care.

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. People we spoke with all said that they could choose their bedtimes, what to eat and drink and what they did during the day. One person told us, "I get up when I want. I don't like to get up too early. That's what I like." Another person said, "The staff all know what I like; I like to get up early and they always bring me a cup of tea."

The registered manager ensured peoples' individual care and support needs were assessed with them before they moved to the service. The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. This was supported by a relative we spoke with who told us, "They (The staff) asked us lots of questions about what [Family member] likes and dislikes which reassures me that they respect her preferences."

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. Care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and we saw people were directly involved in this process.. This demonstrated that the service was responsive to people's individual care and support needs and helped ensure their needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia.

People and their relatives knew who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. The provider had systems in place for handling and managing complaints. The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "I love it here; we are a big happy family." One relative told us, "[Registered manager] is very easy to talk to; I find her absolutely fine." Another relative said, "I think it's very good here and people do seem really happy. It's a pleasure to visit."

Staff were aware of their roles and responsibilities and felt supported by the registered manager. They felt able to raise any concerns or issues they had. We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced and long-standing registered manager, who they described as approachable and very supportive. They spoke to us about the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. One member of staff told us, "I really enjoy coming to work and really feel valued by the manager. She's always very supportive and I can speak to her about anything."

The registered manager understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.