

Caresure Limited

# Ravenstone Care and Rehabilitation Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

### About the service

Ravenstone Care and Rehabilitation Home is a residential care home registered to provide personal care for 14 people living with dementia or a mental health condition. At the time of the inspection 14 people lived at the home. The care home accommodates 14 people in one adapted building.

### People's experience of using this service and what we found

Risk assessments did not always fully address risk. Medicines were not always managed in line with good practice. People and staff told us staffing levels were appropriate to people's needs. Staff had received training in reporting and responding to abuse and were confident they could report any concerns. However, we found processes had not been consistently implemented. We have made a recommendation about this.

Auditing systems for managing risk were sometimes ineffective as they had failed to identify concerns we found. We received conflicting evidence about staff morale and teamwork within the home. The registered manager was aware of their role and responsibilities and the importance of continuous improvement. Staff turnover was low. We saw evidence of multi-disciplinary working to make sure care was delivered in line with good practice.

People had access to kitchen facilities to make snacks and drinks. We received positive feedback about the choice and quality of food provided. People told us they had access to health professionals when needed. Good practice guidance was considered.

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. However, documentation did not always show the provider was working within the principles of the Mental Capacity Act (MCA). We have made a recommendation about following good practice guidance related to the MCA.

People and relatives told us on the whole staff were kind and caring. Observations made during the inspection confirmed people were treated with dignity and respect. We observed staff enquiring about people's comfort and welfare throughout the visit. There was a focus on developing independence and people who lived at the home experienced positive outcomes.

People were supported by staff who knew them well. End of life care had not been formally addressed within care records, but staff understood the importance of multi-disciplinary working at the end of a person's life. There was an emphasis on providing activities to keep people occupied and combat isolation. Concerns were proactively addressed by the registered manager. People told us the service met their needs and described the care as "spot-on."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Ravenstone Care and Rehabilitation Home

## **Detailed findings**

## Background to this inspection

### 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.

#### Inspection team

One inspector and one Expert by Experience visited the home to carry out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ravenstone Care and Rehabilitation Home 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 had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since registration. This

included looking at information held on our database about the service for example, statutory notifications completed by the registered provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived at the home, two relatives and one visiting health professional. We spoke with the registered manager, the deputy manager, three care staff, and the ex-registered manager who was providing on-going support to the newly appointed registered manager.

To gather information, we looked at a variety of records. This included care records related to five people, and nine medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service could be appropriately managed.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

#### After the inspection

We continued to communicate with the registered manager to corroborate our findings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Assessment of risk was not always suitably addressed. When people had specific medical conditions which posed risk, these were not always suitably addressed within care plans. Risk assessments were not always in place to identify risk and how to suitably manage epilepsy, diabetes and choking.
- In addition, environmental risk was not always suitably assessed, monitored and managed. We found good practice guidance regarding falls from heights in care homes had not been consistently considered. In addition, risks to people leaving the building through a first-floor unsecured fire door had not been considered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit, the registered manager confirmed immediate action had been taken to promote and maintain safety within the home.

### Using medicines safely

- Medicines were not consistently managed. We could not be assured people received medicines in line with good practice.
- Staff failed to maintain medicines administration records (MAR's) in line with good practice. Handwritten MAR's had not been checked by a second person to make sure they were accurate. People's allergies had not been noted upon MAR records. Staff had not consistently signed after medicines had been given to evidence they had been administered. In addition, one person's MAR record had been signed incorrectly on three days suggesting the person had been given too much of their medicine.
- When people required as and when medicines, staff did not always have the information to tell them what the medicine was for, when someone may need it or how much to give. Written guidance was not always in place for staff to follow.
- Storage of medicines was not always in line with good practice. We reviewed a cream which was being stored in the medicines trolley this had not been dated to show the date of opening.
- We looked at the registered providers medicines policy in relation to management of medicines and saw this had not been consistently implemented.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit, the registered manager confirmed they had taken action to ensure medicines were safely managed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to safeguard people from the risk of abuse, however these were not consistent. Everyone we spoke with told us they felt safe whilst living at the home. Feedback included, "Yes I feel safe, everything is fine in here" and "Yes I feel safe. The staff look after me very well."
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could tell us the processes for reporting any safeguarding concerns both internally and externally. However, during our inspection we were made aware of two incidents which had not been reported to the local authority safeguarding team. We discussed these with the new registered manager. They were not aware of the incidents as they had occurred before they started working at the home.

We recommend the registered manager reviews safeguarding processes at the home to ensure they are consistently implemented.

Staffing and recruitment

- Staffing levels continued to meet people's needs. People and a visiting health professional told us they were satisfied with the staffing levels at the home. They told us staff were on hand when needed.
- Staff said they had time to carry out their duties and spend time with people. Observations made during the inspection visit showed staff were not rushed. They had time to carry out their duties and sit and chat with people.
- We spoke with two members of staff who had been recruited since the last inspection. They told us the registered provider continued to undertake safe recruitment processes to make sure staff employed. They did this to make sure new staff were suitable for working with people who at times could be vulnerable.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. The home employed a domestic who visited the home daily. Observations around the home showed us the home was well-maintained in line with good practice guidance.

Learning lessons when things go wrong

- The registered provider understood the importance of learning lessons following unplanned incidents. The registered manager kept a record of all accidents and incidents which occurred within the home. Accidents and incidents were analysed and reviewed. Health professionals had been consulted with for advice to mitigate risk after incidents had occurred.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent for care and treatment was gained in line with the law and good practice. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had established systems to make sure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored by the registered manager to ensure they were lawful.
- We could not be assured MCA processes were consistently implemented. One person had been identified as lacking capacity. However, there was no information within the person's care file to demonstrate capacity had been formally assessed. We discussed this with the registered manager who agreed to review processes to bring them in line with the MCA. Following the inspection visit, we received confirmation an assessment of the person's capacity has taken place.

We recommend the provider follow current legislation guidance on the documentation of MCA related decisions.

Staff support: induction, training, skills and experience

- Processes were in place to support staff in their roles. This included providing staff with an induction when they first started working at the home and supervisions. Supervisions allow staff to discuss performance and training needs with a more experienced member of staff.

- Staff confirmed supervisions had taken place with the previous registered manager. However, they had not yet had one with the newly registered manager. The new registered manager confirmed supervisions were yet to be scheduled but this was on their action plan. They said in the meantime they had an open-door policy.
- Staff confirmed they received regular training to help them carry out their roles. However, two staff told us they did not feel fully equipped to deal with the individual needs of one person who lived at the home. We fed this back to the registered manager who agreed to act. Following the inspection visit we received confirmation additional training had been organised for staff in response to concerns raised.

We recommend the registered provider reviews training to ensure it consistently covers all the identified needs of people living at the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Multi-disciplinary working took place to support people to access healthcare services and live healthier lives. Good practice guidance was considered.
- Care needs were routinely assessed and monitored. Care records were regularly reviewed and updated by a senior member of staff when people's needs changed.
- People told us the care was effective. One person said, "I have diabetes and I go to the diabetes clinic. I never have problems going to see a doctor if I want one."
- We spoke with a visiting healthcare professional. They told us they had no concerns about the service and were confident people's health needs were being met.

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

- People were encouraged to maintain a healthy and balanced diet. People could use a kitchen area to make themselves drinks and snacks.
- We received positive feedback about the quality and quantity of food provided at the home. Everyone told us food was made fresh and it was good.
- People at risk of unintended weight loss were referred in a timely manner to health professionals for advice and guidance. Records were kept for people at risk of malnutrition and weights were monitored to make sure care was effective.

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

- The registered provider continued to ensure the service was adapted and designed to meet people's needs. The home was well-maintained.
- People had been encouraged to personalise their private spaces to make the home more homely. One person had brought items from their own home to make the room feel more welcoming.
- Signage was considered and used for people who required it. For example, we saw notices had been used on some people's bedroom doors to act as prompts.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Feedback from people included, "We are treated very well here." And, "They have your best interests at heart." Also, "I always feel that I am being treated with respect."
- Staff spoke fondly of people they cared for. They told us they had built up relationships with people who lived at the home and compared them to extended family members. We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff.
- The registered manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained.

Respecting and promoting people's privacy, dignity and independence

- Independence was promoted and encouraged. People were encouraged to take positive risks to develop and promote independence and self-identity. We were provided with multiple examples of how people had flourished whilst living at Ravenstone Care and Rehabilitation Home. The ex-registered manager said, "People have a lovely life outside of the home with the safety of Ravenstone [Care and Rehabilitation Home]."
- People and relatives told us privacy and respect were always considered.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views and were involved in making decisions about their care where appropriate. Two people told us they liked to include their relatives in planning their care and this was respected. Advocates were used when people had no family members and required support to make decisions.
- Residents' meetings had taken place. We reviewed minutes of meetings and saw people had been invited to have a say in how the home was managed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- People told us they were able to be involved in developing their own care plan. We saw evidence of people being consulted with.
- From care records viewed, we saw person-centred information within care plans were sometimes inconsistent. Not all care plans contained the specific information individual to each person which would promote and maintain person-centred care. We highlighted this to the registered manager who assured us people received person-centred care as they were supported by staff who knew them well. They agreed however, to act and review care records.

We recommend the registered provider reviews care planning systems to ensure person-centred information is consistently captured and documented.

End of life care and support

- The registered manager confirmed some staff had received some training in end of life care. They said they would work alongside health care professionals to provide end of life care whenever appropriate. Following our discussions, the registered manager agreed to review the care plan format to make sure end of life care preferences were captured for people living at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the need to provide information in an accessible manner. Care records included ways in which to communicate effectively with people.

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

- Good practice guidance was considered when planning and delivering activities. Staff told us the new registered manager had started encouraging more activities.
- People told us they were encouraged to follow their interests and take part in activities relevant to them. One person said, "The staff are very good. I like to go shopping on a Wednesday and Friday to go out and

spend my pennies and the staff let me go out by myself because I love spending my pennies."

- On the day of inspection, one person visited their own allotment and another five people went out for an afternoon tea in aid of Remembrance Day. People told us they thoroughly enjoyed this activity. We saw evidence of other organised activities taking place. This included a visit from a miniature zoo and planting of bulbs.
- The registered provider understood the importance of combating social isolation. The home had developed a pen-pal scheme between people who lived at the home and younger people in the community. We saw regular communication had taken place.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure for managing complaints. There had been no formal complaints raised with the management team since the last inspection. The registered manager said the service was proactive at dealing with any concerns.
- People and relatives told us they were happy in how concerns were dealt with by management. Two people described the care as, 'spot-on.' Another person said, "I have everything I need here."

# 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 the last inspection this key question was rated as good. At this inspection it had deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Paperwork maintained to ensure positive outcomes for people was sometimes inconsistent. For example, five of the MAR records viewed had missing information to provide us with assurances people received their medicines safely. Additionally, not all paperwork was maintained securely and in line with General Data Protection Regulation (GDPR.)
- The management team had a number of audits to enable them to identify and act upon any concerns. However, we found auditing systems were inconsistent and not always effective. They had failed to identify the concerns we found during the visit.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed they had taken action to improve auditing systems within the home.

- People were supported by a consistent staff team who had worked at the home for a long time. The ex-registered manager told us, "We have an experienced staff team. We don't lose staff."
- We received mixed feedback from staff about the working culture within the home. Staff told us there was a lack of team spirit. One staff member said, "Morale is poor. No one works together any more. There is a lack of consistency."
- All staff agreed however the new registered manager had not yet had time to have an impact upon the service and how improvements were to be made. One staff member said, "I have faith in [registered manager] they will deal with it [low morale] for us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service, relatives and professionals were encouraged to provide feedback on the service. Regular surveys had taken place. We reviewed quality surveys and saw feedback was predominantly positive. Feedback included, 'very satisfied' and, 'the service is exceptional.' Changes had been considered in response to feedback.

- The registered provider understood the importance of partnership working. The ex-registered manager said, "We are a small staff team. It's very important to have as many people around us as possible." One health professional praised the relationships developed and maintained with staff. We saw evidence of external agencies being used for advice and guidance.
- Staff confirmed they were communicated with. However, we received mixed feedback as to how they were communicated with and the consistency of the communication. We fed this back to the registered manager, so they could consider this and act.

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 the duty of candour and their legal responsibility to be open and honest.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment;</p> <p>12 (1) (2) (a)</p> <p>The registered provider had failed to ensure systems and processes were consistently implemented to ensure the safe management of medicines</p> <p>12 (1) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the Regulations.</p> <p>The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>17 (1) (2) (a) (c)</p>



