Yorkshire Friends Housing Society Limited

Ravensworth Lodge

Inspection report

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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

The inspection took place on the 17 May 2016 and we returned to give feedback on 23 May 2016. At our last inspection on 30 January 2014 the service was meeting all the regulations we looked at.

Ravensworth Lodge is a care home that provides accommodation and personal care for up to 24 older people who do not require nursing. There were 23 people living at the service on the day of our inspection. It is a converted house over four floors with a passenger lift. It is located in a quiet area of Scarborough within a short, level, walking distance of the local amenities.

There was a registered manager employed at this service. 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.

Staff were recruited safely with appropriate checks carried out of their background. There was sufficient staff on duty to meet people's needs. They had been trained in safeguarding adults and could tell us how they would recognise and report any abuse.

There were health and safety safeguards in place ensuring that people lived in a safe, clean and hygienic environment. These were supported by clear policies and procedures. Risks to people's health were identified and there were management plans in place to guide staff. Any accidents and incidents were recorded and analysed to identify any trends.

Medicines were managed safely by staff who had been trained.

Staff were skilled and knowledgeable about the people they provided care for. They received an induction when they started work at the service and were supported by senior staff through supervision and an annual appraisal.

Staff were trained in and worked within the principles of the Mental Capacity Act (MCA) 2005.

People's nutritional needs were recorded in their care plans. Where people developed any problems around eating and drinking support was sought from allied healthcare professionals.

The environment was appropriate for the needs of people who lived at this service. There was ramped access to the house and a passenger lift to each floor.

Staff were caring and friendly towards people. They supported people's dignity when caring for them. When people required palliative or end of life care staff had completed training and worked with clinical nurse specialists to ensure best practice.

Care plans and risk assessments were in place and these were reviewed regularly. They reflected the needs of people but would be enhanced if they were more detailed. This work was on-going.

Activities were organised at the service. The service employed an activities co-ordinator and people's key workers supported people to go shopping or on outings.

There was a complaints procedure and people knew how to make a complaint. There had been no complaints during the last year. The registered manager explained that any minor issues were dealt with immediately.

People told us they had confidence in the registered manager. Feedback collected through surveys was positive about the service provided. People's views were also sought at residents meetings, staff meetings and through daily conversations. There was an effective quality assurance system in place with audits carried out to identify any areas where the service could improve. Policies and procedures supported the management of the service providing guidance to staff.

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 were recruited safely and there were sufficient staff to meet people's needs.

Safeguarding adults training had been completed by staff and they were able to explain how to they would recognise or report any incidents.

Medicines were managed safely by staff that were appropriately trained.

Is the service effective?

Good

The service was effective.

Staff were skilled and knowledgeable about the needs of people who used the service. They received an induction when they started working at the service and further training in subjects which supported their role.

Staff worked within the principles of the Mental Capacity Act 2005 and ensured that they sought consent from people when providing any support.

People's nutritional needs were met. People received a choice of diet and fluids were freely available.

Is the service caring?

Good

The service was caring.

Staff were friendly and treated people with respect.

Information was shared with people through resident and staff meetings and daily conversations. There were noticeboards where information was posted.

If people had a long term or life limiting illness they were cared for by staff who had received up to date training from hospice specialist nurses.

Is the service responsive?

Good

The service was responsive.

People had a pre-admission assessment to determine whether or not their needs could be met at this service. If they could, care plans were developed and risks assessed. These were regularly reviewed.

There was a range of activities available. In addition people had a key worker who supported them if they wished to go out.

People knew how to complain and there was a complaints procedure in place. There had been no complaints about this service.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was supported by a management team.

There was an effective quality assurance system in place which identified areas where improvements could be made.

Surveys had been carried out and positive feedback had been received about the staff and service they provided.

Ravensworth Lodge

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 May 2016 and was announced. We returned on 23 May 2016 to give the registered manager feedback.

The inspection team was made up of one inspector. In order to plan our inspection we looked at all the information we held about the service including statutory notifications we had received. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information they had given us to help with our planning.

During the inspection we were shown around by a member of staff. We looked at all the bedrooms and communal areas as well as the kitchen and laundry. We reviewed the care records and risk assessments for four people as well as inspecting a selection of medicine administration records (MAR's). We also observed how medicines were administered and stored. We observed the practice of staff over lunchtime. We introduced ourselves to people who used the service at a residents meeting that was taking place during the morning.

We looked at seven staff recruitment and training records and looked at documents used in the running of the service. Surveys were checked and accident and incident reports reviewed along with staff rotas, policies and procedures and any complaints. Documents were checked to see whether or not the service and equipment had been maintained.

We spoke with four people who used the service, two relatives, the registered manager, the deputy manager, the activities organiser, the cook and four care workers.

Following the inspection we spoke with local authority commissioners who were unable to give us any current feedback as they had not visited the service recently, a specialist nurse from the local hospice and a social worker who both gave good feedback about the service. We also spoke to the local fire safety officer to ask for feedback about their latest visit to the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and relatives confirmed this view. One person who used the service told us, "Yes I feel very safe here." A relative told us, "[Relative] has just come here but seems to be safe."

The house was clean, tidy and well maintained with cleaning schedules in place. There were two domestic staff who told us, "We have a rota for cleaning the house and make sure bedrooms are deep cleaned monthly." They also told us that they changed the beds and collected peoples washing. One member of staff who was a key worker told us, "We carry out daily room checks to make sure they are clean, tidy and safe as part of our role."

We visited the laundry and saw that where there was any linen that posed a risk of infection, it was put into a special bag that could be put into the washing machine. This meant that staff contact with soiled linen was minimal. We saw that staff had access to personal protective equipment such as gloves which were available throughout the service. The service followed the local infection control policy and procedure. Following a recent outbreak of diarrhoea and sickness, about which we were notified, we saw that staff had followed all the instructions given by the NHS infection control nurse and kept clear records. This demonstrated that the service was proactive in the prevention and control of infection. One member of staff said, "I think it is a nice clean home."

During the inspection we found that there were procedures in place to protect people from abuse. Staff were aware of the action they must take to protect people and told us they knew how to recognise any abuse and would inform the registered manager of any concerns. One member of staff we spoke with said, "I know how to alert any safeguarding concerns." Staff had undertaken training in this area to keep their knowledge up to date and we saw records that confirmed this.

Risks to people's safety within the environment were assessed, managed and reviewed in a general risk assessment presented in written and pictorial format. We also saw that risk assessments were in place for each person relating to their particular needs. In one person's care plan there was a risk assessment relating to their behaviour. There were clear and detailed management plans for staff to follow to ensure the persons safety and when there had been an incident we saw an incident report and a referral to the local authority safeguarding team had been completed. Where people had long term life limiting conditions clinical nurse specialists had assisted staff with clear guidance and management plans.

We saw that any accidents or incidents involving people were recorded and reviewed. These were analysed each month to identify the type of accident and if any areas that required improvement had been identified. Accidents and incidents were a standing agenda item for discussion at the bi-monthly meeting of the management team and were reported upon. Staff had been trained in first aid ensuring that people who used the service would receive appropriate emergency aid if necessary.

The service had plans in place to deal with unexpected events. There was a business continuity plan in

place. This outlined the process by which the service reacted to incidents to ensure they could continue to provide a service whilst working to recover their pre-incident capability. One of the areas covered in the plan was a loss of utilities such as gas and electricity. This gave clear guidance to staff and ensured that people who used the service would continue to receive the care they required during the incident.

The service had made sure that people were able to access all areas of the service safely and had a comprehensive health and safety policy in place. There was a fire risk assessment and fire safety notices throughout the building. Fire doors were linked to the fire safety system which meant that they were secure as a general rule but when the fire alarm sounded they were unlocked automatically. This ensured that people could exit the building safely. There was information kept on each floor of the building that would be useful to the fire service if they had to attend a fire such as lists of people living on each floor and floor plans. Fire equipment had been maintained and serviced regularly and staff had received training on fire safety. A fire safety audit had been completed by the North Yorkshire Fire and Rescue safety officer. When we spoke to them they told us that they had highlighted two areas for improvement and we could see that the service had acted upon that advice immediately.

In addition we saw that all windows had restrictors in place so that they could only be opened to a certain width and water temperatures were checked each time someone had a bath in order to prevent avoidable accidents.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Staff had two references in place and a check by the Disclosure and Barring service (DBS). The DBS carries out criminal record checks and background checks of prospective employees which assists employers in making safe recruitment decisions. The rotas demonstrated consistency in the number of staff on duty. There was an on call system which meant that support was available for staff when they had any concerns at all times of day or night.

We saw that people received their medicines safely according to the service policy and procedure. This included how medication was ordered, stored, administered, recorded and disposed of. A senior care worker showed us the locked medicine cupboard where all medicines were stored. Temperatures in both the medicine room and the medicine fridge were recorded in order that medicines were kept at the most suitable temperature to make them effective. We saw patient information leaflets that gave information about all the medicines used by people who used the service. This meant that staff had access to details about medicine side effects which would assist them in identifying if people required medical intervention.

We inspected the controlled drugs (CD) cupboard and found that these were managed safely. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We saw that staff checked the controlled drugs at the beginning and end of each day. Stocks were correct and the CD record completed accurately.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge required to provide care and support for people at the service. They received a comprehensive induction when they started working at the service and continuous training as part of their employment. People who used the service told us they were happy with the care they received from staff and one person said, "They know what they are doing and nothing is too much trouble." A social worker told us, "I have every confidence in the staff. They know their residents."

Staff were provided with an induction and some training before being allowed to work alone with people who used the service. We spoke to one staff member about working at this service. They told us they had completed an induction which involved being shown around the service, having time to read policies, procedures and care plans and shadowing other staff at the service. The formal training they required was organised for them at the first available date. This included training in moving and handling, safeguarding, first aid, introduction to dementia, food hygiene, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and medicine administration. In addition the service accessed training for some subjects such as safeguarding adults through the local authority learning zone. Another member of staff told us, "I had an induction where they showed me what to do, had the rules of the house explained to me and they told me what was expected of me. I shadowed another member of staff for three days." A new member of staff told us they were currently in their induction period. They told us that they had been meeting people and had been shown around and that they were booked on a training course the next day.

Staff were well supported by senior staff. Records showed that staff had received regular supervision and staff confirmed this. Supervision is a one to one meeting with a senior member of staff where work related matters and training and development needs can be discussed. One member of staff told us, "I have supervision monthly which is often enough for me" and another said, "I find supervision useful if I have any queries." We saw that all staff had an annual appraisal which was completed by the registered manager.

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. The application 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. There was no one at this service with a DoLS in place. Where people had a diagnosis of dementia their capacity had been assessed. We saw that staff sought consent from people before they provided any care. Staff understood the principles of the MCA and we saw that demonstrated throughout the day during their interactions with people. Where people had chosen to give instructions about whether or not they wished to be resuscitated, for example,

this had been discussed with their family and GP and the relevant paperwork completed.

People using the service had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals by their doctor for advice and support.

We were told that everyone normally ate in the dining room and saw that people enjoyed the social interaction that the mealtime provided. The meal was a relaxed and leisurely interlude in their day. There was friendly chatter throughout the meal between people who used the service and staff. On the day we inspected one person who was living with dementia did not wish to go to the dining room. Staff were supportive of their choice and organised for them to eat at a small table in the lounge. When another person heard this they also said they wished to eat in the lounge. Staff supported them to do so and checked regularly that both people had what they needed, providing assistance where necessary.

Tables in the dining room were set with table cloths, cutlery and condiments. A choice of cold drinks was offered to everyone. People chose what they wanted to eat and this was served with vegetables in a tureen so that people could decide the amount they wished to eat for themselves. Where people required support staff quietly and efficiently assisted them. There was a choice of hot lunch, one of which was a vegetarian option, and a choice of dessert. All the meat and fish had been sourced locally. One person who used the service said, "I like the food" and another told us, "We get choices of what we want to eat." We saw in the daily notes of one person that their daughter had joined them for supper which showed that family and friends were invited to join their relatives for meals.

We spoke to the cook who told us that the senior care workers informed them of any special requirements for people. They showed us a list of special diets that they catered for and in addition they had any allergies recorded. They had received information from dieticians and advice from the speech and language therapy team (SALT) in order that people received food that would be nutritionally beneficial and safe to eat.

The environment met the needs of people who used the service. There was ramped access to the service and inside the corridors and doors were wide enough to accommodate wheelchairs. There was a passenger lift if people were unable to use the stairs. Most bedrooms had en-suite bathrooms but there was a specialist bath available in a communal bathroom for those people who needed additional support. Those that did not have en-suite facilities had wash basins in their bedrooms. There were adapted toilets throughout the service. The service was secure with door entry systems to ensure unauthorised people did not enter the properties. However, people who were resident at the service could come and go as they pleased. We saw directional signage within the building although more pictorial signage would assist people with dementia in finding their way around.

The service had made some adaptations to the environment to accommodate people's needs and wishes. For instance one person enjoyed sitting in a particular area and so staff had placed a small table and chair there for them. Another person had a reading lamp fitted to their bed which was moveable. It had been fitted close to the person so they could manage to use the lamp themselves.

We saw evidence that there were health care professionals in regular contact with this service to support people. We saw evidence in people's records of visits by a community mental health team professional, social worker and heart failure nurse as well as people's own doctors and the district nurse.

Good

Is the service caring?

Our findings

All the people we spoke with told us the staff were caring. One person who used the service told us, "I made the right decision coming here. It is so homely and friendly" and a second said, "Staff are so kind and more like friends." They went on to say, "They are such caring staff." It was clear from our observations that people felt that they mattered.

Relatives felt that the staff were caring and we saw from a recent survey that one person had commented, "I find all the staff are very friendly, kind and caring in every way."

Staff were friendly but respectful in their approach .We observed that staff knocked on people's doors before they entered and asked permission before doing anything for people. People told us that staff treated them with dignity and respected their privacy.

We saw staff supporting people throughout the day with warmth and compassion. It was clear that staff recognised people's needs and knew them very well. This was demonstrated throughout the day by discussions we heard between people and the staff. An example was one person asking for money from the safe. The staff member gently asked if they wanted to check their purse as they had asked the previous day. The person had forgotten. The staff reassured them and dealt with this in a supportive way.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for within the service; the care records we saw evidenced this and the staff who we spoke with displayed empathy in respect of people's needs.

People who used the service had a 'key worker' which is a named member of staff allocated to be a point of contact for people and their families. Staff told us that people received one to one time with their key workers during the afternoon when they could spend time together doing an activity, chatting or attending events. One member of staff told us they were the key worker for three people and told us, "Today we have been in the garden and had an ice cream." One person who came in from the garden into the lounge expressed how much they had enjoyed themselves.

People were able to come and go as they pleased and we saw one person using an 'in/out' board to show themselves as out during the morning. This appeared to be normal practice as we also saw a relative do the same. Staff checked the board to see who was out. This provided a simple way of making sure staff knew who was in the building. Visitors to the service were made welcome and we saw staff updating one relative and having a chat.

Information was shared by the service via residents meetings. There was a meeting taking place during the inspection and we saw that it was attended by most of the people who used the service. The service also had a website and notice boards within the service. Staff kept people informed of daily events. Personal

information was locked away and staff were careful to maintain confidentiality.

People were supported by their families and friends and did not require an independent advocate. An advocate is a person that provides support to a person through listening to their views. In addition some people were supported by care coordinators working for the local authority or community mental health team.

People's needs towards the end of their life were considered by the service and recorded. The registered manager, deputy and senior staff had all attended training at the local hospice in order to develop their skills to meet people's palliative and end of life care needs. One person had received palliative care support from a clinical nurse specialist for a life limiting condition. We saw that their wishes and preferred place of death was recorded in their care plan. Staff had been supported in their care of this person by the hospice care homes team which meant they could remain at the service. A clinical nurse specialist from the care homes team confirmed that staff were trained and the person was well supported. This meant that people received palliative and end of life care from staff who had been trained in best practice.

Good

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's individual needs and preferences. A pre-admission assessment had been completed before people came to live at the service and people were invited to visit the service prior to a decision being made. One person we spoke with confirmed this had been the case for their relative. This served to help people decide whether or not they would fit in at the service and ensured that the staff could meet people's needs.

Care plans were developed following a person's admission to the service. They contained information about people's needs such as personal care, social interactions and eating and nutrition and contained the necessary amount of information that staff required to care for people. The care plans were written by the key workers with input from the person. However, this meant there were some inconsistencies in how much detail was included. This had been identified by the deputy manager and they were developing prompt sheets for staff to use when completing care plans to ensure that as much detail as possible was included which would result in staff having a more detailed knowledge of people's needs.

Risk assessments had been completed and there were clear management plans and guidance in each person's plan to ensure staff were clear about the specific care people required. One person had a life limiting condition and the heart failure nurse had provided a management plan for staff. Their needs were outlined in detail for staff to follow and clear instructions given for any variation in their condition. In another person's daily record we saw that they had developed a rash and staff had responded quickly in seeking medical advice.

We saw evidence of reviews arranged by key workers and local authority staff. We could see from peoples records that families had been involved.The key workers updated people's care plans with any changes identified at these reviews.

People were involved in activities organised by the service and chosen by them. We could see that this gave people a sense of purpose and one person told us, "I enjoy taking part in the activities." A care worker told us, "I have assisted with bingo, taken people to the chalet [a beach chalet rented each summer by the service], taken people on a trip to the sea life centre and taken part in a coffee morning." The activities organiser had recently left the service but someone had been recruited to carry out this role. They had only recently started work at the service and were getting to know people. They had art and design qualifications and experience of adult learning and were interested in developing the activities further at this service. They had started by asking peoples preferences and about their hobbies. We saw some of these discussions were taking place during the residents meeting. Key workers also had some involvement in activities as their one to one time was sometimes spent taking people wherever they wished to go or spending one to one time doing what they wanted.

We spoke with people about their daily lives and they told us they had plenty to do living at Ravensworth Lodge. One person told us, "I get out to church every Sunday and I also go to [Name of club] in a taxi." A non-denominational church service was held weekly with a variety of visiting speakers which allowed people to

nurture religious beliefs and assist in their spiritual well-being.

A member of staff told us they enjoyed taking people on outings or just to the local shops. We saw people coming and going alone, with relatives or with staff and people used all areas of the service. There were two lounges with books, music or quiet space where people could spend time. In addition the garden was set out so that people could walk around safely and there was some seating.

When it was peoples birthdays the cook made them a cake with candles to celebrate their special day. In addition the service marked special festivals such as Christmas and Easter by putting up decorations and celebrating together. These celebrations offered a sense of belonging for people and also provided entertainment.

We saw that information was provided to people about the service complaints procedure when they came to live at the service. On the day of inspection the process for complaining was explained to and discussed with everyone who attended the residents meeting. There was a policy and procedure available for staff to follow but there had been no formal complaints made about the service. The service had received several complimentary letters. People told us they would know who to speak to if they wished to make a complaint.

Good

Is the service well-led?

Our findings

The service was a not for profit organisation which was run by a management team. There was a registered manager employed who had been registered by CQC since 2011. They had held a management role at this service for six years prior to being registered by CQC. They held the registered managers award and an NVQ 4 in care. NVQ's are vocational qualifications. During our inspection we spoke with the registered manager. They were knowledgeable about all aspects of the service and able to answer our questions in detail.

The values of the service were peace, integrity and equality in line with the Quakers who founded this service but people who used the service were not expected to follow Quaker beliefs.

People who used the service and staff told us they had confidence in the manager. One member of staff said, "I feel I can go to the manager and feel well supported." Another member of staff said, "It is a really nice place to work and it is run well. I would be happy to go to the manager or deputy with any issues." One person who used the service said, "I can speak to the manager when I want to discuss anything." The registered manager told us they had an open door policy and we saw that people came to speak to them throughout the inspection.

The registered manager received good support in their role. They were supported by a deputy manager and senior care workers who took some responsibility for the work carried out by care workers. In addition they received support from the management committee of the service which had twelve members. They visited the service weekly and carried out unannounced visits every month to audit all aspects of the service. Members of the committee had different skills which they used to support the service.

The registered manager kept themselves updated about any changes by using the provider guidance on the CQC website. They joined staff on training courses to keep their own skills up to date and provide support for staff.

As a 'not for profit' service all money made by the service was reinvested into the development of staff, the environment and the needs of the residents. The registered manager told us that if something was needed to improve the service the management committee would normally approve the request. We saw that areas of the service had been identified for refurbishment. For example, there were plans in place to change the flooring in the dining room.

Feedback was routinely gathered from people who used the service, their relatives and staff in order to improve the quality of the service. This was done at residents and staff meetings, by use of quality assurance questionnaires and through informal conversations that were had each day. We saw that at a recent unannounced visit carried out by a member of the management team they had looked at the standard of care people received through discussion with people. One person had commented, "Staff get on" and another, "There is always something I can eat (on the menu). In addition the management team member had spoken to staff and visitors and looked at the environment. These monthly reports helped the registered manager to identify any areas for improvement.

Surveys had been completed by people who used the service answering questions about how staff respected their dignity, showed respect, gave choice and how they participated in decision making. Comments included, "I am happy here" and "Dignity, privacy and independence needs are met on every occasion." All the comments were positive.

Audits had also been completed in specific areas of the service such as medicines and fire safety. The pharmacist had completed an audit and where they had identified any required actions we could see that these areas had been addressed. In addition the fire safety officer had visited the service and asked the service to carry out some improvements. The registered manager confirmed that these had been completed.

Policies and procedures were in place which gave guidance to staff about all practical aspects of running the service. These reflected current guidance and good practice. The service was supported by a company supplying health and safety and employment law advice and guidance which meant that they worked within current guidelines and legislation at all times. The service had followed the local infection control policy recently and taken advice from the infection prevention and control nurse. This demonstrated the services commitment to best practice.

The Care Quality Commission had received notifications about incidents that had occurred. The registered manager told us that any accidents and incidents were investigated and acted upon and we saw evidence of this. In order to promote learning these incidents were discussed in meetings if appropriate so that staff were able to reflect on them.