

Lukka Care Homes Limited

Ravenscourt Nursing Home

Inspection report

111-113 Station Lane
Hornchurch
Essex
RM12 6HT

Tel: 01708454715

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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

This inspection was unannounced and took place on 19 July 2018.

Ravenscourt Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 24 May 2016 the service was rated 'Good'. At this inspection on 19 July 2018, we found the service remained 'Good'.

Ravenscourt Nursing Home accommodates 70 people in one adapted building. Ravenscourt Nursing Home accommodates people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing nursing care to people living with dementia. The second unit specialises in providing nursing care to older people. At the time of our inspection, 68 people lived in the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

At our last inspection, we found the provider was in breach of the regulation to notify the CQC of serious incidents, safeguarding alerts or Deprivation of Liberty Safeguard (DoLS) authorisations. At this inspection, the provider was now compliant and was sending the CQC the relevant notifications without delay.

People received safe care. Risks to people were identified and there was guidance in place for staff to minimise these risks and safeguard them from abuse. People were supported by staff who had received training to provide a safe and effective service.

Systems were in place to ensure medicines were administered safely and when needed.

Equipment in the service was maintained and serviced regularly. People lived in an environment that was safe and suitable for their needs.

Any accidents or incidents were investigated and recorded and lessons were learnt to reduce any reoccurrence.

There were sufficient numbers of staff available to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support.

People were supported to have choice and remain as independent as possible. The service was compliant

with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care.

People's nutritional needs were met and the provider was developing new menus to better suit people's preferences and tastes. Staff worked with health and social care professionals, such as GPs, to ensure that people remained healthy and well.

People continued to receive care and support that was responsive to their needs. They were supported by caring staff who treated them with respect. Their privacy and dignity were maintained.

We saw that staff supported people patiently and were attentive to their needs.

People were able to engage in activities and social events that they enjoyed. They were able to provide feedback and make suggestions about what they wanted from the service.

Since the last inspection, a new registered manager had been appointed to manage the service. They ensured the quality of the service was monitored regularly and effectively.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well led. The provider notified us of important events or serious incidents that took place in the home.

There were systems in place to monitor and improve the quality of care provided.

People, relatives and staff were positive about the management team. Their feedback was obtained and analysed.

Staff meetings took place regularly and staff felt supported by the registered manager.

Ravenscourt Nursing 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 checked 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 unannounced comprehensive inspection took place on 19 July 2018. 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.

Prior to the inspection, the provider completed a Provider Information Return (PIR), which was submitted to us in August 2017. This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. We also reviewed previous reports and contacted the local authority to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people. We spoke with the registered manager, two registered nurses, two care staff and the registered provider. We also spoke with five people who used the service and 10 relatives. We looked at 10 people's care records and other records relating to the management of the service. This included four staff recruitment, supervision and training files, staffing rotas, accident and incident records and procedures relating to complaints, health and safety, quality monitoring and medicines administration records.

Is the service safe?

Our findings

At our last inspection in May 2016, we found the home's premises were not always maintained to ensure they were safe. For example, flooring in much of the home was worn out or damaged. At this inspection, we saw that this had been addressed as the home had been refurbished and redecorated to ensure people were cared for in a safe environment. A relative said, "This is a well looked after home. The place is kept clean. Lots of improvements made."

Records of gas, water and fire tests showed that the premises were safe for people and staff. Equipment such as adapted baths and call bell systems were regularly serviced and maintained as per the manufacturer's guidance. Staff were aware of the procedures to follow in an emergency, for example, in the event of a fire. During our inspection, the fire alarm was activated and we saw that staff followed procedures according to the provider's policy. Each person had a personal emergency evacuation plan to explain how to assist them in the event of an evacuation being necessary. However, these were being revised at the time of our inspection following advice received from the fire service to include more detail.

The home was clean and well maintained. Staff had received infection control training and used protective equipment such as gloves and aprons when providing personal care to help prevent the spread of infection.

People and their relatives told us the service was safe. One person said, "Yes, I do feel safe and secure because there are people here and there is always nursing staff here." A relative told us, "Yes, we do feel [family member] is safe because [family member] has a mattress sensor mat and a touch pad."

Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised. One staff member said, "I will contact the nurse or [registered manager] immediately if I was concerned about someone being abused. I understand the safeguarding process."

Care was planned and delivered in a way that ensured people's safety. We found that risks were identified and systems were put in place to minimise risk and to ensure people were supported as safely as possible. Risk assessments contained guidance on action staff should take to support people with their mobility, nutrition, skin integrity, medicines and if bed rails were used to support the person to ensure the rails did not harm them.

Staff rotas showed that staffing levels were sufficient to meet people's needs and to support them safely. The registered manager was able to find suitable cover for when staff were on annual leave or off sick. During the afternoon of our inspection, one person on the ground floor unit called for assistance and we noticed that it took a few minutes before a member of staff went to see them. This was because of activities that were taking place in another part of the home and there were not enough staff placed on the unit. We discussed this with the registered manager who told us this was a "one-off incident" because activities and

entertainment were taking place elsewhere in the home and staff usually responded more quickly. They told us they would ensure more staff are deployed and positioned on each unit in future, particularly when the home is busier than normal.

People received their prescribed medicines safely and at the times they needed them. Medicines were administered by nursing staff who had received training. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. Staff checked that medicines that were due had been administered and signed for during each shift handover. Audits were carried out by senior staff to ensure medicine records were accurate. Medicines on each unit were stored in secure medicine rooms in a trolley. Controlled Drugs (CD) were stored in a locked cabinet within the room. A process was in place for the administration of covert medicines (without person's knowledge). Where people's medicines were reviewed, changed or were required to be administered covertly, we saw the authorisation from the person's GP, to show this was approved and was in the person's best interests.

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. The necessary pre-employment safety and background checks had been carried out by the provider, before new staff began to work with people.

There was a procedure in place to review any accidents or incidents that occurred in the service. The provider took appropriate measures to ensure people remained safe. Any necessary action was taken and lessons were learned to prevent reoccurrence.

Is the service effective?

Our findings

People and relatives told us they were supported by staff who had received appropriate training and were able to meet their needs. One person said, "Staff know me very well" and told us staff helped them with their medical condition as necessary to make them comfortable. Another person told us, "They [staff] provide the food; it is all right. They have to cater for so many different tastes. They ask about my wishes, likes and dislikes."

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 by the Court of Protection. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, we made a recommendation for the provider to explore training for staff on mental capacity assessments for people living with dementia. This was because we found shortfalls in how the provider documented the capacity assessment process. At this inspection we saw that additional training on the MCA was provided to staff. They were able to explain the capacity assessment process to us. One staff member said, "We carry out an assessment if a resident cannot decide or doesn't have the capability to make a decision. Or we have to do what is in their best interest."

We saw records of best interest and capacity assessments for people where this was applicable. We noted that Best Interest Assessors from health commissioning services attended the home to carry out assessments, where this was required. We saw that staff asked people for their consent before they carried out care tasks. Systems were in place to ensure that people were not unlawfully deprived of their liberty. The registered manager had made applications for the renewal of people's DoLS authorisations before they were due to expire. They were aware of how and when to apply to the supervisory body to obtain a DoLS authorisation.

Staff received training that was relevant to their role and in key areas. They were knowledgeable about people's individual care and support needs. A member of staff told us, "The training is very good." Training incorporated the Care Certificate standards, which is a set of 15 standards and assessments for new health and social support workers to give them an introduction to their role. Staff told us that they received supervision from the registered manager. During supervision, staff were able to discuss any concerns they had and develop a plan of action to help support them.

People's nursing and personal care needs were assessed before they started to use the service. Information was obtained from other care professionals, social workers and relatives. Assessments contained effective outcomes people wanted to achieve.

There was appropriate signage and adaptations around the premises. We saw that some bathrooms and wet rooms were in the process of being re fitted as part of the refurbishment of the home. One person's room was adapted with softer furnishings to mitigate the risk of serious injury. Adapted baths, showers and hoists were fitted for people to use safely and to promote their independence.

People were provided with a choice of suitably nutritious food and drink. They were supported to have meals that met their needs and preferences, including any special diets, such as soft diets. Menus were planned in advance and people were able to choose their meals from the menu after it was shown to them. We observed a lunch time service and people were able to eat independently. One relative told us, "The food is excellent and it has improved. They offer choices." However, some people gave mixed feedback about the quality of the food and the registered manager told us that the menu and choices were being changed to suit people's tastes, with the involvement of people and relatives.

People's healthcare needs were monitored and they received regular check-ups from health professionals such as the GP, who visited the home weekly. We spoke with the GP during our inspection and they told us the home and staff worked well with the surgery to ensure people's health needs were maintained. Care plans contained the contact details of the relevant professionals that the person usually had appointments with to ensure that there was continuity of care.

Is the service caring?

Our findings

People and relatives told us staff were kind, caring and respectful. One person said, "The staff are very helpful. Yes, they treat me with respect. For example, they just brought a cup of tea to my bedroom. That is how helpful they are." Another person told us, "The staff are lovely. They are excellent, attentive and polite, very respectful. They care which comes from the top."

We saw that staff supported people in a gentle and patient manner. They understood people's habits and daily routines. When spending time with people or assisting them, staff explained what they were doing when and did not rush them. This helped people to relax and enjoy staff's company. A member of staff told us, "We get on very well with our residents. I know their likes and dislikes. When we walk with them, we support them by walking side by side. We protect them and show them dignity."

People could call for assistance by pressing a call bell attached to their beds. Staff noticed when people were in discomfort and took action to provide care and support.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person said, "Staff support me when I need it but I never need much help. I am very independent." Staff ensured people's privacy was respected and one member of staff told us, "I make sure doors are closed when providing personal care to a someone." One person said, "Yes they [staff] respect my privacy. They always knock on the door and wait till I answer before they come in."

People and relatives told us they were involved in reviewing the care plans for their family members. One relative said, "We had a care plan review recently for my [family member]. The quality of care is excellent." Another relative told us, "With this care home, I am able to take a back seat. I am happy that family member's] needs are being met here."

Any cultural and religious needs people had were identified and respected. For example, people were supported by staff to attend places of worship such as the local church. Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff treated personal information in confidence and adhered to the provider's data protection policies.

The registered manager knew how to access advocacy services where people need support to make decisions. They also helped to protect people's human rights. Staff had an awareness of equality and diversity in relation to people's preferences and backgrounds, such as their sexuality, religion or ethnicity. Staff treated people equally and as individuals, regardless of their race, disability or sexuality. One member of staff said, "Everyone here is treated equally, wherever they come from or whatever their religion. I am knowledgeable of LGBT (Lesbian, Gay, Bisexual and/or Transgender) rights and equality." The registered manager told us that equality and diversity training is provided to staff as part of their refresher training.

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said they were satisfied with the care their family members received. One person said, "I like to join in any activities as long as I can take part. I like to join in the bingo and quizzes. They had a big celebration for the Royal wedding. I like to join in the exercises called 'wash the window'." A relative told us, "The staff are very attentive and they listen to us. The manager is doing an excellent job."

People received care and support that met their individual and changing needs. Person centred care plans were developed, which contained details of the person's needs, preferences and wishes. They were discussed with the person and their relatives. Care plans contained information about the person and what was 'important' to them. Staff told us they were able to meet people's needs according to their care plan. One person's care plan stated, "[Person] likes bedroom door closed because they like it to be quiet and to stop any noise. They like to have photos up." We saw that care plans were reviewed each month and were updated when needed. This ensured people received a personalised service and staff responded to people's requests and needs.

Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs. Staff shared information so that all staff were aware of any issues and what actions needed to be taken.

People were encouraged to engage in social and recreational activities. There was a relaxed and pleasant atmosphere in the home. On the day of our inspection, we saw that one person had a birthday celebration in the court yard with their family members before they sat and listened to a singer who entertained people in the home. We also saw people visiting the hair salon that was in the home and enjoying their hair being done. An activity coordinator told us, "In nice weather, the residents have ice cream and strawberries. Dogs and other pets come in like rabbits and birds. A choir comes in and there is a church service once a month. There is a trip to Southend tomorrow. We also have a cinema room."

The provider ensured people received information that they could understand. For example, there was an easy to read complaints guide. People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was available for people. They and their relatives were supported to raise any concerns or complaints. A relative told us, "I am confident to complain with any of the staff. I did talk to [registered manager] about my [family member] as they could not see the other residents who were sitting in a horse shoe [layout] in the lounge due to her loss of vision. The manager reconfigured the entire layout so it was more interactive." We saw that the registered manager investigated all formal complaints that were received. They were acknowledged and responded to appropriately, with explanations by the registered manager of any action they were taking.

Staff told us they communicated with people well and we saw that people's communication requirements were detailed in their care plan so that their needs could be met effectively.

People's wishes for end of life care were respected. These were expressed in their care plans and staff ensured people were comfortable and any pain was managed sensitively and carefully. Support was received from health professionals, who provided advice to staff on managing people's end of life care. When required, advice and support was provided to people, relatives and staff on pain management for those on end of life care. Some people had DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) forms where applicable, which contained information about whether the person should be resuscitated should they have a cardiopulmonary arrest.

Is the service well-led?

Our findings

At our previous inspection in May 2016, we found that the provider and the registered manager at the time, did not always ensure that all notifications and conditions of their registration with the CQC were understood and met. They did not always send notifications about incidents that affect people who used the service to us without delay. We found that there had been safeguarding issues within the service and that the registered manager had not sent notifications of these incidents to CQC as required. The management team were not fully aware of these requirements. Since then, a new registered manager was appointed. They were previously the deputy manager. Prior to this inspection, we checked that they were now sending us notifications and during our inspection, records confirmed that they sent them to us without delay. The registered manager had also sent RIDDOR notifications (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and ensured there was an open culture of learning and communication. The registered manager said, "We have made a lot of progress over the past two years and know that we need to send notifications."

People and relatives were very positive about the management of the service. One relative said, "[Registered manager] is very good. Any concern is acted on immediately. [Registered manager] has hold of the reigns and does not let things slip. They're lovely. I went to eight different homes all around the area and I chose this one because it achieved everything." Another relative said, "I am very happy with the manager. They do what they say they are going to do and is very approachable." One person told us, "The manager is very good I have never had any reason to think otherwise."

Staff told us the service was well led and that the registered manager was friendly and approachable. One staff member said, "The manager is very helpful and supportive. Really good." The registered manager told us, "Our staff are fantastic. They are very caring and are very reliable."

The service worked in partnership with other professionals and community organisations to improve and develop effective outcomes for people. Compliments were received by the service from visitors and relatives. One comment from a relative was, "Thank you to your dedicated team for all their care and kindness shown to [person]."

Staff meetings took place regularly, which enabled the registered manager and other senior staff to share important information and for staff to discuss issues or concerns about people in the service. Staff that worked in the home during the night, including the nursing staff held meetings with the registered manager. They discussed people on end of life care, moving and handling methods and infection control procedures.

There were clear management and quality assurance structures. The registered manager monitored the quality of the service provided to ensure people received safe care and support. They were supported by the registered provider. Monthly audits were carried out to check the home was running and operating effectively. The provider had established technology within the service to reduce the use of paper and store more information, such as care plans, electronically.

People's, relatives' and staff's opinions and feedback were obtained. Annual questionnaires and surveys were sent out to them. We looked at the results from the most recent survey and saw that comments were positive. For example, we noted that from the feedback received, more activities and a greater variety of meal choices was preferred. The registered manager ensured that this was taken on board for the service to continually improve.