

Old Raven Limited

Old Raven House

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

About the service:

Old Raven House is a residential care home. It provides personal care and accommodation for up to 36 older people. There were 33 people living at the service at the time of inspection, some of whom were living with dementia.

People's experience of using this service:

The home had undergone a change in ownership since our last inspection. There had been changes to the provider, management structure and the systems to monitor quality and safety. This had contributed towards improvements in how staff assessed and monitored risks associated with people's health and medical conditions.

The registered manager fostered a positive atmosphere and was practically involved in the day to day running of the service. They had a good understanding of their role and responsibilities.

People told us they were happy with the care they received at Old Raven House. There was a homely atmosphere at the service, where people felt comfortable with staff and in their surroundings.

Staff understood people's needs and were motivated in their role. They treated people with dignity, respect and were patient when they offered support. There were enough staff in place, who had received appropriate training and support in their role.

People's care reflected their individual needs. This included their preferred daily routines and preferences. They were supported to remain active and take part in a variety of activities on site.

People's needs were assessed to ensure they received appropriate support with their nutrition, hydration, medicines and healthcare. Risks associated with the environment were safely managed and the home was clean and hygienic.

Some aspects of the homes décor and decoration required refreshing and updating. There were plans in progress to prioritise where this was most needed.

The provider had processes in place to gain appropriate consent to care. People 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 safeguarding policies and procedures in place, which helped to reduce the risk of people suffering abuse or coming to avoidable harm. There were appropriate systems in place to gain feedback and respond to complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 5 December 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Old Raven House

Detailed findings

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Old Raven House 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. A registered manager 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

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law.

We wrote to two health and social care professionals to gain their feedback about working with the provider. We received feedback from one professional in response.

During the inspection

We spoke with seven people to gain their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the regional manager, the maintenance manager and nine care or domestic staff. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports and risk assessments were reviewed. We reviewed a report from the local clinical commissioning group from a quality monitoring visit carried out in November 2019.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed and monitored. Plans were put in place which reduced the risk of harm to people. These included risks from falls, pressure sores, malnutrition, dehydration and risks associated with people's medical conditions.
- Since our last inspection, the provider had made improvements to their system for the identifying, reporting and monitoring of people at risk of developing pressure sores. They had appointed a 'tissue viability champion', whose role was to oversee the care of people at risk of developing pressure sores. Their role included the provision of training to staff and working with professionals to ensure people had the right care in place.
- The provider had received an enforcement notice from Hampshire Fire and Rescue service in April 2019, regarding the fire safety arrangements at the home. At the time of inspection, the provider was unable to complete all the actions listed on the notice, due to complications associated with the listed status of the building. The provider worked with the fire service to agree interim measures to keep people safe. This included an increase in staffing numbers and ceasing use of an upstairs bedroom.
- Each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The provider carried out fire drills with both day and night staff, using a variety of scenario's, to help ensure staff understood the evacuation procedures. The registered manager monitored evacuation times during fire drills, which helped to assure them that the plans they had were safe. The registered manager ensured all emergency equipment such as fire doors and emergency lighting were tested regularly, to make sure they were in a fit state of repair.
- The provider had a business continuity plan in place. This detailed the actions staff would take in the event of an emergency, such as loss of electricity. This helped to keep people safe in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Comments included, "It feels safe enough to me", and, "I feel well looked after here."
- Staff received training in safeguarding vulnerable adults. This helped them recognise the signs people had suffered abuse and the appropriate actions required to help keep them safe.
- The registered manager had made appropriate referrals to the local authorities safeguarding teams when there were concerns about people's safety or wellbeing.
- There was a whistleblowing policy in place. This detailed external bodies staff could raise concerns with if they felt unable to speak with the provider. Staff we spoke to were aware of this policy but told us they felt comfortable raising issues with the registered manager.

Staffing and recruitment

- There were enough staff in place to meet people's needs. People's comments included, "Plenty of staff here]", and, "I call them [staff] and they come quickly enough."
- The registered manager calculated staffing levels from assessments of people's needs. They also made themselves available to assist people with their personal care or meals, which helped to ensure staff were not rushed during these times. Staffing dependency was reviewed monthly to ensure suitable levels of staff were available.
- The registered manager was completing a full audit of staff files. They had identified that some staff files lacked all the required recruitment documentation. This included staff records where there were gaps in employment history. The missing records were from staff who had not been recently recruited and the registered manager was in the process of obtaining the information needed. The provider had introduced new recruitment processes. These systems helped ensure appropriate recruitment checks were in place for all staff.

Using medicines safely

- There were safe systems in place for the ordering, storage, administration and disposal of medicines. Staff had received training and competency assessments in medicines administration. This helped ensure they were following guidance in line with best practice.
- Some people were prescribed 'when required' medicines for pain or anxiety. There were appropriate plans in place for the use of these medicines, which identified when people may need them and their preferred administration routines. We observed staff offering these medicines appropriately to people during the inspection.

Preventing and controlling infection

- The home was clean and hygienic. There was a regular cleaning schedule in place, which helped to maintain the level of cleanliness in the home.
- There were policies and processes in place to reduce the risk of infections spreading. There were appropriate arrangements around people's laundry and for the disposal of clinical waste.
- The service had received a rating of five, by The Food Standards Agency in August 2019. This reflected a high standard of cleanliness and food hygiene.

Learning lessons when things go wrong

- The registered manager reviewed all records of incidents to identify trends, causes and actions in response. They shared learning from incidents with staff through verbal handover's, supervision and team meetings. This helped to reduce the risks of incidents reoccurring.
- The provider had installed CCTV in the communal areas of the home. This had been effective in helping determine the causes and future preventative measures when people had unwitnessed falls or other incidents 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- The registered manager made assessments of people's needs prior to their admission to the home. This included using information from people, relatives and professionals to help develop appropriate care plans.
- They used a nationally recognised set of assessment tools to assess the risk of malnutrition and dehydration, falls and pressure sores. Where risks were identified, there were appropriate systems in place to monitor and reduce their impact on people.

Staff support: induction, training, skills and experience

- Staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Some staff had completed additional qualifications in health and social care.
- Staff received ongoing supervision and support in their role. This included regular training updates, supervisions with senior staff and competency assessments in key areas of their role, such as medicines administration.
- There were 'champions' in key areas such as tissue viability and falls. Their role was to attend external training, develop care plans and mentor staff in their designated area of interest. In one example, the tissue viability champion delivered a training session to staff, detailing the early warning signs that a person may be developing a pressure sore, and the actions required in response.

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

- The service was suitable for people's needs; however, some aspects of the decoration were worn and in need of updating. For example, the provider was in the process of replacing old carpet, which had become worn and stained.
- There were a range of communal and secure garden spaces available for people to use.
- Bathrooms and toilets were clearly signposted, which made it easier for people to distinguish them from other rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider gained appropriate consent to people's care. The registered manager went through care

plans with people to ensure they understood and agreed to care. Where people were unable to consent, where appropriate, their legally appointed representative was consulted about care arrangements.

- The provider had systems and processes in place to assess people's capacity and to make decisions in people's best interests. The processes used were in line with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider was participating in a programme run by the Clinical Commissioning Group (CCG) which aimed to improve the quality of life and healthcare for people living in care homes through preventive care to those at risk of having an unplanned admission to hospital.

- As part of this programme, the provider used the 'Restore 2 Tool' to help monitor people's health. The 'Restore 2' was developed by the Royal College of Physicians and is used by the NHS to recognise when a person's physical health may be deteriorating.

- Staff had used this tool to identify early signs people had infections or were unwell, which promoted quick referrals to medical professionals. Since the use of this health monitoring tool, unplanned admissions to hospital had significantly reduced.

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

- People told us they enjoyed the food at the home. Comments included, "I just had lunch, it was delicious", "We are having scampi today, I love a nice piece of scampi", and, "I always enjoy the food here."

- People's preferences around food and drink were identified in their care plans. When people had specialist diets or had their food fortified, staff ensured these requirements were met.

- People received appropriate support during mealtimes. Staff sat with people to give encouragement and assistance where required. There was a set menu in place, but staff gave people alternative options to suit their preference.

- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake and made the appropriate referrals to external professionals, such as dieticians.

Supporting people to live healthier lives, access healthcare services and support professionals.

- People were supported to attend regular health appointments such as doctors, dentists, opticians and chiropodists. Recommendations from appointments were incorporated into people's care plans.

- Staff had completed an oral health assessment for each person. This highlighted their oral healthcare needs and the daily support they needed with their mouth care. This helped to ensure people's oral care needs were met.

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 good. 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 told us the atmosphere at the service was lively, sociable and homely. Comments included, "It's just like being on holiday here, lots of things going on", "I like it here, there is always someone to talk to", and, "It's like a second home."
- People were relaxed and unhurried throughout their daily life. There were plenty of staff available to support people around their daily routines. Staff were patient and considerate in their approach. We observed many positive interactions throughout our inspection.
- Staff showed care and concern for people's wellbeing. When people were unsettled or distressed, staff understood ways to approach them, sometimes using humour or distraction to help people remain calm.
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in people's care plans.

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

- People and their relatives were involved in developing care plans. Upon admission to the home, they were asked to complete documents which detailed their past lives, family contacts, preferences and routines. This information was used to develop people's care plans.
- Staff provided care to people in the way each person preferred, whilst still encouraging them to do as much for themselves as possible. People were supported to make choices about their care throughout the day, such as when they ate and how they dressed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff explained how they maintained people's privacy and dignity when providing personal care. This included explaining to people what they were doing throughout and providing discreet support.
- People were given personal space and privacy when they wished. Staff understood people's routines, they appreciated when they wanted engagement and when they wished to have quieter time in private.
- People were supported to be as independent as they wished. Staff encouraged people to walk, stay active and to complete everyday tasks where possible.
- Confidential records and information about people were stored securely and not left in communal areas.

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 has 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

- The registered manager was in the process of updating people's care plans into a new format. The newer format included more personalised detail about people's needs and was more specific about the care they required.
- People were supported to follow daily routines they were comfortable with. One person said, "I pretty much get up when I want, they come in to help me up, but if I'm not ready, they come back later." Staff understood where and how people preferred to spend their time throughout the day. This was helpful when supporting people who were able to make their preferences known.
- People's care plans were reviewed and updated when their needs changed. Where possible, reviews included input from people, relatives and where relevant professionals. This helped to ensure care plans were reflective of people's most current needs.

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

- People were positive about the range of activities available at the home. Comments included, "We sit in the lounge and do all sorts, movies, exercise and games too", and, "I like to keep busy and I can do that here."
- There was an activities coordinator; whose role was to plan and carry out activities in line with people's interests. They organised a range of activities which included games, quizzes and exercises. People were encouraged to participate in the main group activities, but individual activities were offered for those who did not want to participate in what was planned.

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 provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

- People's communication needs were identified in their care plans. Staff understood how to meet these needs. Where people required time to process and respond to questions, staff were patient in ensuring this time was given. Some people needed information to be presented to them in a simplified way, staff ensured communication was pitched in a way which meant people did not become confused or disinterested.

Improving care quality in response to complaints or concerns

- People told us they felt happy in raising a complaint and that their concerns would be listened to. Comments included, "I would probably talk to the manager if I had an issue", and "Nothing is too much trouble for them [staff]."
- There was a complaints policy in place, which outlined how complaints would be investigated and responded to.
- The provider had received a low number of complaints since the last inspection. The complaints received had been thoroughly investigated and responded to in line with the provider's policy.

End of life care and support

- The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care.
- People had an end of life care plan in place which identified their preferences and wishes around their care. People and relatives were involved in developing these care plans.
- The provider worked with other stakeholders to help ensure people were able to stay at the home if they wished. This collaboration helped to ensure people's needs were met during their final days.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the leadership at the home. Comments included, "It seems to be very well run", and, "I like the manager."
- Staff told us that there was a positive working environment at the home. Comments included, "It's a brilliant place to work. We all work as a team." Staff told us they had worked hard to implement and sustain improvements since our last inspection, and took pride in the changes made. Comments included, "We all had to stick together, it's been hard work, but the home is much better than before."
- The registered manager was a visible presence, staff told us they were supportive of them in their role. Comments included, "I have been able to attend lots of different training and really develop in my role." The registered manager had a good understanding of people's needs and made themselves available to assist people with their daily activities or personal care.

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 provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. There was an open and transparent approach when incidents or mistakes occurred. The registered manager understood their responsibilities under this regulation and took the appropriate steps to ensure these requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure at the home. A deputy manager was in post, who had responsibilities for human resources and administration. There was a care team manager, who oversaw people's care and the supervision of care staff. Senior staff's roles were clearly defined, and each had an understanding of their strengths and responsibilities.
- The provider had commissioned an external care management company to help maintain the quality and safety of the service. This included the appointment of a regional manager, who oversaw the running of the home. The regional manager had a good understanding of the home and people's needs.
- The provider had displayed their previous inspection rating conspicuously throughout the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.

- Providers are required to notify CQC about significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feedback about the service they received. Other methods of gaining feedback included, questionnaires and monitoring external feedback websites, where people had left reviews about the service.
- The registered manager held regular staff meetings, which gave them the opportunity to share ideas and updates about the service.

Continuous learning and improving care

- The provider implemented learning from external stakeholders to improve the quality of care. This included implementing recommendations from a recent quality audit by the local clinical commissioning group (CCG) in November 2019. There were only minor recommendations, which had been actioned at the time of inspection.
- Monthly audits were completed which covered key areas of the home. These included audits of care plans, staff recruitment files, medicines management systems and infection control. The registered manager had oversight of all the outcomes from the audits and any actions identified to improve the service.
- The regional manager regularly visited the home to conduct quality audits. They also monitored the quality and safety of the service remotely using a computer-based system. The registered manager inputted information about the quality and safety from audits, which the regional manager then reviewed. Any actions identified were documented in an overall action plan for the home, which covered quality, safety and maintenance issues.

Working in partnership with others

- The registered manager made referrals to appropriate external professionals to meet people's changing needs. This included, doctors, district nurses, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.
- The registered manager and senior staff attended provider meetings arranged by the local authority. This helped to keep updated with best practice in the delivering of care. Senior staff had also attended training facilitated by the CCG around falls and tissue viability. They had used learning from this training to improve procedures in these areas.