St Philips Care Limited

Ravendale Hall

Inspection report

East Ravendale
Ravendale Hall
Grimsby
South Humberside
DN37 0RX

Tel: 01472823291

Date of inspection visit:
03 January 2019

Date of publication:
04 February 2019

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 comprehensive inspection took place on 3 January 2019. It was unannounced and completed by one adult social care inspector.

Ravendale Hall 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.

The service can accommodate a maximum of 34 people. At the time of this inspection10 people were using the service. The property consists of a house that has been converted into a care home and has bedrooms and bathroom facilities located across two floors.

Ravendale Hall had previously been registered with CQC under a different provider. Changes to the ownership of the service mean the service was reregistered with CQC in January 2018 and therefore this was the first inspection of the service under the new providers ownership.

At the time of this inspection, a manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and trusted the staff. Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). Risks to people's safety and wellbeing were appropriately managed, this helped to protect people.

We observed that the staffing levels provided on the day of our inspection met people's needs. Staff were aware of the risks to people's wellbeing and what action they had to take to minimise risks. Staff were knowledgeable about their roles and responsibilities and were trained in a variety of subjects to develop and maintain their skills. Staff received a thorough induction at the start of their employment. Training was updated, as required and staff received regular supervision and annual appraisals.

People received their medicines when they needed them from staff who had been trained and had their competency checked.

The service employed a maintenance person who managed the general maintenance of the service to help maintain people's safety. Service contracts to maintain equipment were in place, ensuring they remained safe to use.

Staff were recruited using safe recruitment procedures and processes.

Staff knew the people they were supporting and care plans were in place detailing how people wished to be supported including people's likes and dislikes. People's health and nutritional needs were assessed and staff worked well as a team liaising with relevant organisations and professionals for advice to help maintain people's wellbeing.

People were cared for with kindness and compassion. They were treated with dignity and respect and supported to maintain their independence by staff that were knowledgeable about their needs. Staff supported people to maintain and develop their relationships with those close to them, their social networks, and community. Care and support plans were person-centred and included people's views. This ensured people chose how to spend their time and were able to make choices about their daily lives.

Staff completed end of life training. People who used the service and their relatives were encouraged to be involved in advanced care planning.

A complaints procedure was in place. People who used the service and their relatives knew how to make a complaint. Processes were in place to investigate and resolve complaints.

The registered manager undertook a variety of audits to help monitor the quality of the service. The registered provider and registered manager were proactive in supporting people living at the service, their relatives, and staff. People's views were asked for, feedback received was acted upon and they actively implemented ways to improve the care and support people received.

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 had the skills and knowledge to safeguard people from abuse.

Medicines were managed safely with people receiving their medicines as prescribed.

There were sufficient staff to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was caring.

Staff were kind, caring and sensitive to people's emotional needs.

Staff were knowledgeable about people's needs, likes, dislikes and preferences.

Staff maintained people's privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff acted promptly when someone needed access to healthcare professionals and interventions were appropriately sought.

A complaints procedure was available to people and their relatives.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who staff described as approachable.

Staff felt supported by the registered manager.

The service had quality assurance systems in place that collected people's views, audited the service and produced action plans to meet any shortfalls.

Ravendale Hall

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 3 January 2019. It was unannounced and completed by one inspector.

Prior to our inspection we looked at the information we held about the service, which included the provider information return (PIR). This is information we require providers to submit at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Healthwatch North East Lincolnshire and North East Lincolnshire safeguarding and commissioning teams for their views of the service and we used their feedback to inform our inspection and judgements.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

We completed a tour of the environment, looked at four people's care records, including their care plans and risk assessments. We also looked at a variety of documents relating to the management and running of the service. This included quality assurance information, audits, recruitment information for four members of staff, staff training records, policies and procedures, complaints, and staff rotas.

At this inspection we spoke with the registered manager, deputy manager who also worked as a member of the care team, two care staff, one of whom was also a cook and the activities coordinator. We spoke with two people who used the service, two relatives and four health and social care professionals.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and that the staff were very respectful. A person told us, "When I was at home I had lots of falls and didn't feel safe, but I feel safe here." We asked relatives if they felt their loved ones were safe living at the service, they had no concerns about the safety of their family members. One relative told us, "[Person's name] is safe and well looked after and we are very happy with the service."

The service had clear whistleblowing and safeguarding adult's policies and procedures. All staff we spoke with said they had completed safeguarding training and training records confirmed this. They had a good understanding of the different forms of abuse and said they would report any concerns using internal processes. One member of staff told us, "If I thought someone was being abused I would report it to the manager."

Consent from people was sought before sharing information with relevant organisations, such as the local authority safeguarding team. Where people did not have capacity to consent, referrals were made in people's best interests under the Mental Capacity Act 2005. Safeguarding incidents within the service had been documented and referred to the relevant agencies including the Care Quality Commission (CQC).

We saw accidents and incidents had been documented and action taken to minimise future reoccurrences. A staff member said, "If anyone had an accident I would let the manager know, but I would also complete the accident records, the diary sheets and make sure the care plan and risk assessment were up to date." The registered manager told us any incidents or accidents would be used to make improvements and lessons learned would be shared with staff through team meetings and supervision.

The care records we looked at contained detailed risk assessments relating to people's individual needs. Risk assessments were in place for areas including, falls, moving and handling, and weight loss. The risk assessments were reviewed monthly or earlier if required. Staff and relevant health care professionals were involved in monitoring these risks which helped to maintain people's health and wellbeing. One health care professional told us, "The staff always keep me updated if there are any changes to people I am involved with and the documentation is reviewed regularly."

There were clear policies and procedures for the safe handling and administration of medicines. Medication was stored in a locked medication trolley. Records showed staff checked the medicines room and medication fridge temperature daily. Staff we spoke with understood their role in relation to obtaining, administering, and recording medication correctly. They also understood the process in place for the safe storage and disposal of medicines.

The support people needed to take prescribed medicines was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow. A person told us, "Staff support me with my medication, it's always on time and they do a great job."

A register of controlled drugs (CD) was held within the service and when these were administered to people; two staff completed checks of the CD register to ensure records were correct. Staff who administered medicines had their competence reviewed annually to check they were still managing medicines safely.

Systems were in place to protect people against the risk of infections. Staff were aware of their roles and responsibilities in relation to hygiene and infection control. Staff had uniforms and personal protective equipment, including gloves and aprons. People we spoke with confirmed staff always wore gloves when supporting them with personal care tasks. We noted staff had access to an infection prevention and control policy and procedure, and had completed relevant training.

The service has undergone a programme of refurbishment which had been done to a high standard. Residents had personalised their rooms with some of their own furniture, family pictures and items of their choice. One room had twin beds to enable family members who have never been apart to share. Most of the bathrooms and toilet refurbishments had been completed.

We looked at documents relating to the maintenance of equipment and health and safety checks within the service. The maintenance person employed by the service carried out checks which were documented weekly monthly or annually as needed. These included fire doors, water temperatures, window restrictors, wheelchairs, call bells and emergency lighting. These environmental checks help to ensure the safety of people who use the service.

The service had a procedures manual which informed staff of what to do in case of emergencies such as a fire or a flood. Personal Emergency Evacuation Plans (PEEPs) had been completed and held information for staff and emergency services about the support people needed to evacuate safely in an emergency. This helped to ensure people would receive care and support in a crisis.

We looked at four staff recruitment files. We saw the recruitment records included an application form, an interview and two references. All staff had an enhanced Disclosure and Barring Service check (DBS) prior to starting their employment with the service. This enables providers to check the applicant's suitability to work with vulnerable people. All staff had an induction and shadowing period prior to working independently and had completed the training needed for their role.

People confirmed there was always enough staff available to provide the care and support required as detailed within their care plan. A person told us, "The help they give me helps me with my independence." A relative told us, "When we visit there is always staff about." Professionals who visited the service told us that there were always enough staff available, and that staff supported residents needs well.

Good

Is the service effective?

Our findings

The people we spoke with felt the staff were well trained and understood their needs and how best to meet them. One person said, "The staff are well trained and are skilled at what they do. They have helped me a lot with my confidence." Another said, "They [staff] are all very nice and they help me when I need it." Relatives we spoke with commented that they felt the staff were trained to meet their loved ones needs. One told us, "[person's name] is looking a lot better and is a lot happier here."

The training matrix showed staff had completed relevant training such as safeguarding, medicines administration, health and safety, infection control, manual handling, first aid, food hygiene and fire safety. We spoke with staff who demonstrated a good knowledge of these areas. All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively Staff comments included, "There is a lot of training available" and, "The training is relevant to my role."

The registered manager told us staff received an induction when they first started working for the service. In addition, shadow shifts allowed new staff time to work alongside an experienced member of staff whilst they were learning and settling into their role. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision which were recorded and kept in staff files. The staff we spoke with told us they were well supported and didn't have to wait for formal supervision to discuss issues or concerns. They could discuss these at any time with the management who were always available.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff sought consent from people and had a good knowledge of the MCA. Care files showed capacity assessments and best interest decisions had been made in line with the MCA. Staff had a good awareness of DoLS and the provider had applied for DoLS when required.

People's care records showed people were supported to access health care services when needed. We saw

that people had visits from district nurses, chiropodist's and GP's. All meetings were recorded in the person's care plan with the outcomes or actions recorded for staff to follow. A relative told us, "Staff contact the GP when [person's name] is unwell and let me know what has happened straight away." A health care professional said, "Staff liaise with other professionals well to achieve the best for residents."

We saw staff were kept informed about people's needs during staff handovers. This enabled staff to maintain knowledge about the immediate needs of each person and identify changes to ensure timely referrals to health professionals. This showed us the service involved professionals and welcomed intervention from other agencies when needed to ensure people received an effective service.

People were supported to ensure they had enough food and drink. People's care plans detailed what support people needed in relation to their nutritional needs. One relative told us, "[Person's name] has put on weight and is looking a lot better, their skin is a lot better and we are very pleased about that."

People were included in developing a four-weekly menu which was implemented to offer people greater choices and variety of meals. A person told us, "Staff always ask what you want to eat, there is always a choice." Staff knew who required specialist diets and how to support them. Food and fluid intake records were kept for people who needed them.

During our visit we observed the lunchtime meal being served. The food looked hot and appetising and people were given a choice of meals and drinks. Those eating their meal were appropriately supported by staff. We saw a member of staff speaking quietly to a person, asking if they wanted to use another spoon so they could not be over heard. We observed a staff member eating with the residents and there were good interactions creating a pleasant atmosphere.

Good

Is the service caring?

Our findings

People were cared for with compassion and kindness. People told us, "Staff are very kind and caring and you can have a laugh with them" and, "The staff are very nice they take time to talk to you." A member of staff said, "I love that I am able to sit with them [residents] and get to know them." Relatives told us the staff were all very nice and caring.

Staff were aware of equality and diversity and respected people's individual needs and circumstances. Care plans contained diversity information such as gender, race, religion, nationality and sexual orientation. When speaking with people, staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way.

Records relating to people's care were written respectfully and continued to refer to people as they preferred. There was an up to date equality and diversity policy in place which detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Staff were knowledgeable on how to promote people's independence and told us different ways they did this such as encouraging people to complete tasks for themselves. A member of staff told us, "We like to maintain people's independence as much as possible." One person told us, "The staff help me with things when I need them to." Another told us "I am independent most of the time but the staff help me on my bad days." We could see for ourselves, people had confidence and trust in the staff who supported them, which had a positive impact on their health and wellbeing.

Staff treated people with understanding, kindness, dignity, and respect. People told us, "There's plenty of privacy" and, "Staff always knock before they come into my room and always ask for my consent before they start any care tasks," A healthcare professional said, "Staff ensure the dignity and safety of residents is paramount." Another told us," Residents are given choices and their dignity and preferences around personal care are respected."

Care records contained the information staff needed about people's significant relationships including, maintaining contact with family. Relatives were encouraged to visit anytime as long as meal times were protected. A relative told us "I usually visit in the afternoon but I can visit when I want." Staff recognised the importance of relationships, one told us, "Special events such as Bonfire Night and Christmas are celebrated and used to bring people together." A relative told us, "We were invited to the fireworks and they had a buffet too it was great." Staff told us on Christmas day a table was set up for a resident and their family to enjoy lunch together in privacy.

Staff were welcoming and helpful. A healthcare professional told us, "Staff are very open and approachable. They have a positive attitude towards residents and visitors." Another healthcare professional told us, "Staff liaise well with professionals and are very welcoming to families." There was a friendly relaxed atmosphere as people were talking and laughing together. Relatives told us there was good communication from care staff and management provided regular updates about their loved one's care.

Information was available about the local advocacy service and several residents had advocates. An advocate is a person who supports the person to have an independent voice if they have difficulties expressing themselves and do not have family or friends to advocate for them.

Confidentiality was maintained throughout the home. People's personal information was stored securely and electronic information was password protected, ensuring only relevant staff had access. We found that staff understood their responsibilities in relation to this.

Good

Is the service responsive?

Our findings

People were included in creating care plans that were specific to their individual needs. People said, "Staff let me know about my care plan" and, "Staff talk to me and keep me involved." People's care plans contained key information including next of kin details, involvement of health professionals and relevant medical history. Care plans were updated and reviewed as people's needs changed, which helped staff to provide the support people required.

Staff were knowledgeable about people's care needs, their preferences, and respected people as individuals. They knew what caused someone to feel anxious, and what calmed them down. They knew how to encourage someone to be more involved in activities to prevent isolation. The provider used electronic care plans which held enough information to enable staff to provide person-centred care. Through this system messages could be sent to all staff so they had current information about people and their care needs.

The registered manager told us people, their representatives and professionals involved in their care were provided with opportunities to discuss their care needs when they were planning their care. We were told this was done during the initial assessment and then through regular meetings with the person and their families once their service had started.

During our inspection we saw that a review was being held which involved the person and health professionals. The manager told us reviews were held in line with people's needs. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service. One relative told us "We have had a review and the assessors from the local authority were involved."

The service employed an activities coordinator who told us people were involved in deciding what activities would be taking place and this information was displayed around the home on notice boards informing people of upcoming activities. People accessed a wide range of activities including crafts, gardening, pampering sessions and attending social events within the service. The activities coordinator had organised social events such as firework displays Christmas concerts and inviting the local school to attend on a regular basis promoting social inclusion.

Observations showed that people could spend their day as they wished. They could read in the library which had a good choice of reading materials. Some people watched television or spent time in their bedrooms and others were taking part in activities such as bowling.

People had the opportunity to discuss their end of life wishes. When people chose to do so, their preferences as to place of care and who should be present was recorded in their care plan. At the time of the inspection, no one was receiving end of life care. Some staff had completed end of life care training to ensure they had the skills and knowledge when it was needed.

We saw the service had a complaints policy to enable people's concerns to be addressed. The service had

no complaints at the time of the inspection but the manager told us that any complaints would be investigated and addressed in line with the policy. We asked people living at the home if they knew how to make a complaint if needed. One person told us "I have never had to make a complaint but if I did I would speak to the manager."

Good

Is the service well-led?

Our findings

People who used the service and their relatives were familiar with the registered manager and knew how to access them if needed. One person told us "The manager is friendly and the service is pretty good." Another told us, "The manager is quite new but we get along quite well." Relatives spoke positively about the management of the service. One told us, "I know who the manager is and there is always a competent member of staff on duty who I can speak to."

Staff told us they were well supported and felt valued as part of the team. One staff member told us, "I feel very supported" and another said, "The management support is fantastic both on a personal and professional level, they always try and support you."

The registered manager promoted the ethos of openness and honesty, being open to change and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff told us there was an open culture within the service and that their comments and feedback were encouraged and welcomed. One staff member told us, "I feel very comfortable talking to the manager, nothing is taken personally, they are so easy to talk to."

Records showed the service requested feedback from people, relatives, and staff on a yearly basis. We saw that resident and family meetings also took place within the service every few months and copies of residents and relatives meeting were available, showing issues discussed and actions to be taken if required. For example, relatives and residents had requested the garden be used more and the registered manager outlined the plans for this in time for the warmer weather.

Staff meetings were held regularly and senior staff meetings held monthly. This gave staff the opportunity to discuss issues or concerns within the service. Other areas discussed included annual leave, rotas, key working, and mentoring.

Records showed us that the service worked closely with other professionals from outside agencies and sought interventions when required. During our inspection health and social care professionals told us, "The manager was very knowledgeable and had all the relevant information which enabled efficient decision making." Another told us "I am always told of any changes which are relevant to my role." This demonstrated the provider worked in partnership with other health professionals.

We reviewed the audits that took place within the service. Records showed regular audits of the environment, care planning and medicines administration were continuously monitored and reviewed to ensure the service remained safe and effective. On the day of the inspection we saw that a senior manager from the company was visiting to conduct their regular audit of the service. These audits produced an action plan that showed areas the registered manager needed to work on including reviewing and monitoring of care plans and reviewing risk assessments. This enabled the registered manager to make improvements to

the operation of the service and maintain good oversight.