

Ravensworth Care Home Limited

Ravensworth Care Home

Inspection report

Markham Road
Duckmanton
Chesterfield
Derbyshire
S44 5HP

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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

Ravensworth Care Home is a residential care home providing personal care and accommodation for up to 30 older people. At the time of our inspection there were 29 people using the service, many of whom were living with dementia.

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

People were happy with the support they received and felt safe living at Ravensworth. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously. Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively whilst supporting their independence. People received support to take their medicines safely and as prescribed. Accidents and incidents were regularly reviewed and analysed to ensure lessons were learnt.

Staff received a range of training appropriate to their role and people's needs, and were supported by the registered manager through regular supervision and evaluation of their working practices. People were encouraged and supported to eat and drink well and protected against the risk of poor nutrition. People were supported to access healthcare when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and kind to the people living at the service. It was clear bonds had been formed and people told us the staff were good and listened to them. People were given choices and encouraged to maintain their independence. Staff could describe how to support people and were aware of people's routines. People were given the time and supported to communicate about their care.

People were supported to develop care plans that were specific to them and supported staff to provide personalised care. These plans were regularly reviewed with people to keep them up to date. Concerns and complaints were acted on and used to drive improvements within the service.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered manager and the staff team showed a desire to improve on the service provided. Effective systems were in place to check the quality and safety of the service.

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 Good (published 5 July 2017).

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 reinspection 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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

Ravensworth Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, responsible for commissioning and monitoring the care of people using the service. The provider had not been sent a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gave the registered manager the opportunity to share this information during our inspection visit.

During the inspection

We spoke with five people who used the service and one person's relative. We also spoke with the registered

manager, the operations manager, the senior supervisor, three care staff, the cook and a housekeeper. We observed care and support provided to people in communal areas and staff interactions.

We reviewed care plans and records for three people and sampled medicine records. We also reviewed three staff recruitment files and information relating to the induction, training and supervision of staff. We looked at records of internal and external safety checks of the property, audits to monitor and improve the service and the processes, policies and procedures that supported the provider, people and the staff team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person told us they felt safe because staff looked after them well.
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in understanding safeguarding and procedures.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns and were aware of how to raise concerns with external agencies if they needed to.
- The provider had responded well when concerns were raised. They worked with other agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and measures identified to reduce known risks. Records in care plans titled 'how to keep me safe' provided detailed information on the actions staff needed to take to keep people safe and these were regularly reviewed.
- Staff knew people's identified risks well and were able to support people safely in and around the service. For example, staff were able to describe the use of sensor mats where people were at risk during night time hours, and people who required closer supervision when moving around.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe. For example, the lack of radiator covers in communal corridors was supported by a risk assessment which included an explanation and remedial action to reduce risk such as thermostatic controls.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people using the service at the time.
- The registered manager ensured the staff supporting people were familiar and consistent.
- Staff were recruited safely with the appropriate pre-employment checks in place before employment commenced.

Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been

prescribed.

- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Care plans included guidance for staff to support them to identify if someone was in pain.
- Staff had received training in safe administration of medicines. Their competency was regularly assessed by the registered manager through unannounced spot checks to ensure they were following the correct procedures.

Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The home was clean and staff were observed following good hygiene practice.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the registered manager who would analyse these for any trends or issues.
- The staff team at the service worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Staff carried out holistic assessments of people's needs and choices. These had been carried out with the person, their relatives, and other professionals supporting them. This helped ensure assessments were in line with best practice.
- The registered manager was clear on the level of needs the service was able to support and ensured assessments captured information about people's specific needs and protected characteristics.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Training was provided for staff throughout their employment to maintain skills and knowledge. Staff described detailed induction training and a combination of e-learning and face to face training that was regularly updated.
- Staff said they felt supported in their roles and received regular guidance and supervision from the registered manager. Formal supervision sessions were used to identify staff development needs and evaluate learning from training and incidents.

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

- People were supported and encouraged to maintain a healthy balanced diet and were provided with regular food and prompted have drinks. Hydration stations were available in communal rooms.
- People were fully involved in the choosing of their meals each day. Photographs were used for people to make their decision. One person told us, "The food is very good here, you can have more of it if you want to. They [staff] keep pushing fluids. Without them I would probably just drink tea or coffee all day, which I know isn't so good for me."
- Staff were knowledgeable of people's individual dietary needs and preferences. Where people were at risk of poor nutrition and hydration, staff followed guidance in people's care plans and provided the support and encouragement they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health through regular routine health appointments and, where required, had access to specialist health care.
- Staff worked with other health and social care professionals to understand and meet the needs of people to ensure their health and well-being was maintained.
- Staff had recorded the outcome of appointments in people's care records, including any advice or

guidance.

- People's care plans included advice and guidance for staff to follow to support them to maintain good oral healthcare.

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

- The home was maintained to a good standard and had recently been redecorated, with further re-decoration planned. Work was on-going to improve and develop the environment. For example, the registered manager planned to adapt one communal lounge to include items and furnishings that would support reminiscence.
- Bedrooms were furnished and decorated to suit people's individual tastes. There was signage around the premises to support people to find their way around independently where possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People had their mental capacity assessed and where there were concerns about a lack of capacity, a referral was made to the local authority to deprive a person of their liberty.
- Decisions were made with people, their relatives and professionals to support people with personal care, medicines management and to remain safely at the home, in people's best interests. Evidence of legal authority, such as a relative holding Lasting Power of Attorney, were included in people's care plans.
- Staff received training and had a good understanding of mental capacity and DoLS. We observed staff sought consent before providing care and supported people to make choices and decisions about their day to day care and support.

Is the service caring?

Our findings

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

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

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

- People continued to receive good care and support from staff who clearly knew them well. One relative described staff as 'kind and caring'.
- Staff had developed strong relationships with people and were seen to be genuinely kind and compassionate. We observed shared humour and banter between people and staff. One staff member told us, "I love my job. I get satisfaction knowing that I have done all that I can to help people."
- We observed staff responded to requests for support and intervened when people needed assistance in a timely manner. Staff were aware of people's different needs and responded to them in an individual way.
- A relative told us they could visit at any time and were made to feel welcome.

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

- Staff supported people to make decisions about their care and this was confirmed by people we spoke with. They told us they had freedom to choose how they spent their time. One relative told us they felt involved in their family member's care and were regularly consulted if there were changes.
- Care plans reflected people's wishes and preferences. Records included the support people needed to maintain relationships with immediate friends and family, and wider social circles.
- Information was available in communal areas detailing advocacy services who could support people to ensure their views were heard and listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's right to privacy and dignity through the provision of care and support. This ranged from protecting people's modesty during personal care, and affording people private time. Staff had pledged to uphold people's dignity and a descriptive board detailed how they upheld this in practice.
- People's care plans detailed their abilities which helped staff to provide care and support that maintained people's independence for as long as possible.
- Staff ensured personal information was securely stored and were careful to ensure sensitive information was discussed discreetly.

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 now remained the same. 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

- People received care that was individual to their needs and preferences. Staff had a good awareness of people's likes, dislikes and preferences and could describe people's preferences in detail.
- People had detailed care plans, which set out how their individual needs should be met. Plans included people's life history, significant events, interests and hobbies, relationships and sexuality. This information further supported staff to provide personalised care.
- Records were reviewed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.

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.

- Staff had identified people's communication needs and included them in the care plans. One person described how the registered manager supported them with their written correspondence so they could receive information in line with their wishes.
- Care plans contained detailed information about how people's communication needs may change if they became unwell.

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

- Staff had assessed people's individual interests and people had care plans in place to support them to participate in these. The activity co-ordinator was not on duty during our inspection visit which meant there were no scheduled group activities. We saw some people were engaged in individual activities, such as doll therapy and word searches.
- One person felt there should be more occasions when staff took people out individually to the local shops. Feedback from recent satisfaction surveys identified people wanted more meaningful activities. The registered manager had engaged with local schools, churches and families to increase the activities provided.
- The registered manager and staff had built links within the local community to access resources, such as dementia friendly film shows, days out and trips for specific interests such as armed forces and hobbies.
- People were supported to maintain links with their friends and family. Staff showed a good awareness of people's social networks and helped people to establish effective communication methods.

Improving care quality in response to complaints or concerns

- People told us they would speak to the registered manager or their relatives if they had any complaints. A relative said they had raised minor concerns with staff before and these were listened to and improvements made
- Complaints were recorded and responded to in a timely manner.

End of life care and support

- People had been supported to think about their end of life wishes and record this in their care plans.
- Staff understood people's preferences and were aware of good practice and guidance in end of life care.
- People's religious beliefs and preferences were respected and included in care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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 and registered manager had promoted a person-centred approach in the service. The registered manager had created a positive culture by engaging with people, relatives and staff. This was evidenced through the content of staff meetings, responses to surveys and observations during our inspection visit.
- Everyone we spoke with told us the service was well run. Comments included, "It's a nice place, I have the freedom to go where I want," and "I feel this is a good home. The [registered] manager is approachable. I have no concerns." Staff comments included, "We have a brilliant staff team. The [registered] manager is really supportive and regularly works alongside us," and "It's well managed because things change all the time to improve how things are done. We feel listened to and if we need anything, we only have to ask."
- The registered manager had a good understanding of their responsibilities under the duty of candour and the importance of being open and honest when things went wrong.

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

- Audits and checks to monitor and improve the service were completed regularly. These included audits by the registered manager and a recently introduced in-depth audit across all areas which was carried out by the operations manager. Where any concerning information was raised, actions were taken to remedy the findings.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes. This helped to ensure staff were clear on their roles and responsibilities.
- The registered manager was aware of their responsibilities under their registration and had notified the Care Quality Commission of any incidents affecting the service. Current ratings from the Care Quality Commission were displayed.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and in resident/relative meetings and let people know what action they had taken.
- The registered manager had established links in the local community, such as local community centres,

schools and places of worship, which helped people to feel a part of the local community.

- People, relatives and staff were able to access a social media site which kept them informed of social events and celebrations within the service.
- Staff were able to share their views and make suggestions to improve and develop the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with commissioners and health and social care professionals.
- The provider had systems in place to support continuous learning and development. For example, the operations manager worked to share best practice and learning between the provider's services through supporting, consulting and informing the registered managers.