

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Ravenswing Manor Residential Care Home

3 St Francis Road, Blackburn, BB2 2TZ

Tel: 01254207088

Date of Inspection: 20 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ravenswing Homes Limited
Registered Manager	Mrs Alison Foster
Overview of the service	Ravenswing Manor is registered to provide accommodation for up to 24 people over the age of 65 who require support to meet their personal care needs. Accommodation is provided in both single and twin rooms over two floors. Some rooms have en-suite facilities. Bedrooms on the first floor are accessed via a stair lift. The home is situated in a residential area on the outskirts of Blackburn.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

The inspection team included an inspector and an expert by experience. The team gathered evidence against the outcomes we inspected to help us answer our five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with eleven people who used the service and five relatives. We also spoke with a professional visitor, three staff members and looked at records.

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We spoke with eleven people who used the service. They told us they felt safe in Ravenswing Manor and were happy with the care provided. Comments people made to us included, "This is the best home I've been in" and "They [the staff] can't do enough for you".

Care records provided staff with good information about the individual needs of people. Information included areas of risk and what staff would need to do to keep people safe.

People had their medicines at the times they needed them and in a safe way.

Is the service effective?

People were assessed by the manager from the home before they were admitted to ensure their individual needs could be met.

To ensure that safe and effective care was provided, staff continued to update their skills and knowledge with regular training and updates.

Specialist dietary, mobility and equipment needs had been identified in care plans where required. Risk assessments were regularly reviewed and care plans amended to reflect people's changing needs.

Is the service caring?

People we spoke with were complimentary about the staff and the care provided. They told us, "You can tell that she [staff member] is doing the job because she cares" and "Staff are excellent".

It was clear from our observations and discussions with staff that they knew people well and had a good understanding of their care and support needs.

Is the service responsive to people's needs?

Information in the care records showed that the staff at the home involved other healthcare professionals in the care and support of people who used the service.

People knew how to make a complaint and were confident any concerns they raised would be dealt with by the home manager. One person told us, "I have no complaints. We have nothing to grumble about."

Systems were in place to ensure staff had access to up to date information regarding people's needs. This should help ensure they were supported to respond appropriately to any changes to a person's condition.

Is the service well-led?

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People we spoke with on the day of our visit were very complimentary about the manager. Comments made to us included, "The manager is good. She knows her job. She's always asking us how we are doing and if we need anything" and "She [the manager] is wonderful. She does things immediately."

Staff told us they felt well supported by both the manager and the owner of the service and were always able to raise any issues of concern with them.

There were a number of quality assurance systems in place to ensure people were cared for safely. Feedback was sought from people who used the service and visitors through questionnaires, asking for their views on the care and facilities provided. Comments we saw on the most recent questionnaires included, "I couldn't have come to a better place" and "I can't say enough good things about everybody; they have been so caring, helpful and nice".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with eleven people who used the service. They told us staff always treated them with respect and provided the support they wanted. During our visit we observed staff maintained the dignity of people when they assisted them to mobilise around the home.

We looked at four plans of care. We found people who used the service or their representative had signed to indicate their agreement to their plan of care. However, the provider might wish to note it was not always obvious from the records we looked at whether people had been involved in the regular reviews of the care they required.

We found care plans included information about people's wishes and preferences in relation to how their care should be provided. These plans also contained advice for staff about how they should promote people's independence and choice in relation to their care needs. This should help ensure people received the support they wanted.

We spoke with three staff who told us how they would ensure people were involved in making decisions about the care they received. One person told us, "I always ask people what they want me to do for them". Another person commented, "We need to learn from people in order to understand their needs. I always ask people before I provide any care".

Records we looked at showed us people who used the service had been involved in resident meetings and that staff had sought their suggestions for improving the service. This was confirmed during our conversations with people. One person told us, "We have meetings and they ask us if there is anything we want and if we want to bring up anything".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

All the people we spoke with who used the service told us they felt safe in Ravenswing Manor and were happy with the care provided. Comments people made to us included, "This is the best home I've been in" and "They [the staff] can't do enough for you".

We also spoke with five relatives and a professional visitor to the home. They were all confident people were well cared for in the home. They told us, "They provide good quality care here" and "People are all very well looked after".

During our visit we observed staff interacting with people in a kind and respectful manner and meeting people's needs in a timely way.

We reviewed the care records held for four people who used the service. We saw the manager had undertaken an assessment of people's needs before they moved to the home. This meant staff were confident they were able to provide the care people required.

Care records provided staff with good information about the individual needs of people. Information included areas of risk and what staff would need to do to keep the person safe.

We saw care plans and risk assessments had been reviewed regularly. A review is when a care plan is checked by staff so that any change in a person's condition can be identified and action taken if necessary. This should help ensure people received safe and appropriate care.

Staff we spoke with told us care plans were important to ensure people received the care they required. Comments they made to us included, "We have to read care plans and make sure you have fully understood what people need before you carry out any care" and "We always make time to read care plans".

Staff told us any changes to a person's needs were written in the communication book and discussed at the 'handover' which took place at the start of every shift.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People spoken with told us they received appropriate support to take their prescribed medication. Comments people made to us included, "Staff bring my tablets when I need them" and "They are very much on the ball with medication".

Policies and procedures were in place to cover the management of medicines and these were available for staff reference. We saw evidence that relevant staff had received training in the management of medicines and there were systems in place to evaluate the competency of staff to administer medication.

We found evidence that systems were in place for the storage, recording and administration of medication, including controlled drugs. We checked the medicines held for three people against the records and found there were no discrepancies. We also checked the stock of controlled drugs held and found these corresponded accurately with the records.

We spoke with two staff who were responsible for administering medication. They told us they had received training which was intended to ensure they were able to safely administer medicines to people in the home. One staff member told us, "The medicines system is working well here".

We noted medication audits had not taken place in the six months since the home had opened. The manager showed us the checklist she intended to use for this purpose and told us she would start the audits within the next few weeks. This should help ensure medicines were administered safely in Ravenswing Manor.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All the people we spoke with were positive about the manager and staff at Ravenswing Manor. They told us, "You can tell that she [staff member] is doing the job because she cares" and "Staff are excellent".

We spoke with the three members of staff who were on duty during our visit. They told us they felt well supported and had the training and information they needed for their role. Comments they made to us included, "The manager and the owner are both very supportive. We can go to them with any worries or concerns and they will listen to us" and "I enjoy working here. I have had good support from the manager and the staff; they have all helped me since I started working here".

Records we looked at showed staff had undertaken training relevant to their role including care planning, fire safety and moving and handling. Staff told us they were regularly offered the opportunity to undertake further training.

We found there was a structured induction programme in place when staff joined the home. We discussed this with a member of staff who had been employed at Ravenswing Manor with no prior experience of working in a care home setting. They told us they had received a structured induction which involved shadowing more experienced staff and the completion of mandatory training such as moving and handling. They felt this induction period has prepared them well for their role, although other staff and the manager were always available to provide them with advice and support if necessary.

We saw systems were in place for staff to receive regular supervision and an annual appraisal of their performance. This should help ensure people were supported by staff with appropriate knowledge and skills.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. We asked the manager to tell us what systems were in place for monitoring the quality of the service provided. They told us there were a number of quality assurance systems in place to ensure people were cared for safely including seeking feedback from people who used the service and visitors through questionnaires. These asked for people's views on the care and facilities provided. Comments we saw on the most recent questionnaires included, "I couldn't have come to a better place" and "I can't say enough good things about everybody; they have been so caring, helpful and nice".

People were provided with information about how to make a complaint. All the people we spoke with told us they knew how to make a complaint and were confident any concerns they raised would be dealt with by the manager. The manager told they were always available to respond to any comments or concerns raised and for this reason there had been no formal complaints received.

We were shown records relating to cleaning rotas which had been signed by a senior member of staff to confirm that cleaning had been completed to a satisfactory standard. However, the provider might wish to note it was not obvious from these records what checks had actually taken place.

We asked the manager about any risk assessments or audits in place in relation to the premises, including infection control, fire safety, the use of the stair lift, hoist and other equipment in the home. At the time of our visit the manager was unable to locate these assessments.

Following the inspection we were sent the fire risk assessment for the premises and risk assessments relating to the use of the hoist and the stair lift although the provider confirmed the latter had only been completed after the inspection visit. We were also sent an infection control audit tool, health and safety audit forms and a checklist for the manager or senior carer to complete to identify potential hazards in the home. None of

these forms had been completed at the time of our visit. However, the provider assured us the intention was to begin to use these tools immediately to develop a more robust system of quality assurance checks in the home. This should help protect people who live in Ravenswing Manor as well as staff and any visitors to the premises.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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