

Random inspection report

Care homes for older people

Name:	Ravenhurst
Address:	21 Lickhill Road North Stourport-on-Severn Worcestershire DY13 8RU

The quality rating for this care home is:	zero star poor service
The rating was made on:	17/11/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Sandra Bromige	2	5	0	2	2	0	1	0

Information about the care home

Name of care home:	Ravenhurst
Address:	21 Lickhill Road North Stourport-on-Severn Worcestershire DY13 8RU
Telephone number:	01299825610
Fax number:	01299879341
Email address:	ravenhurst@orbit.org.uk
Provider web address:	www.heart-of-england.co.uk

Name of registered provider(s):	Heart of England Housing and Care Limited
Name of registered manager (if applicable)	
Mrs Anastasia Meredith	
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	50	0
old age, not falling within any other category	0	50
physical disability	50	0

Conditions of registration:									
The maximum number of service users to be accommodated is: 50									
The registered person may provide the following categories of service only Care Home only Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories Old age, not falling within any other category Code OP maximum number of places 50 Dementia Code DE maximum number of places 50 Physical Disability Code PD maximum number of places 50									
Date of last inspection	1	7	1	1	2	0	0	9	

Brief description of the care home

Ravenhurst is a Victorian house, which has been adapted and extended for its present purpose. It is situated on a level site on the outskirts of Stourport-on-Severn. (A former coach house in the grounds is used for a day care service).

The home has 46 single bedrooms and two double bedrooms. Communal lounge areas, dining areas, a visitors room and communal toilets and bathrooms are also provided. There is good parking in front of the building and sheltered garden areas.

The home provides residential care for older people, some of whom may have a physical disability and/or dementia. Appropriate mobility aids such as handrails, hoists and bathing aids are provided.

Heart of England Housing and Care Limited owns the home and they are referred to in this report as the registered provider. Ms Michelle Shawcross is the responsible individual and Mrs A Meredith is the registered manager. She is supported by a hotel services manager and a deputy manager who deputise in her absence.

Up-to-date information relating to the fees charged for the service is available on request from the home.

What we found:

This was an unannounced visit by two Inspectors and a specialist Pharmacist Inspector, which took place over one day. The purpose of the visit was to see if the service had complied with the 19 requirements made at the key inspection on 17th November 2009.

Following the last key inspection we asked the manager for an improvement plan showing us what they were going to do to improve the service, how they were going to achieve this and by what date. This information was sent to us four weeks after the inspection visit. The improvement plan told us the latest date for implementing their action plan was the end of February 2010.

The outcome of the inspection showed the service had complied with all of the requirements made at the key inspection thus ensuring good outcomes of care for the people who use the service.

What the care home does well:

We were asked for our identification by the administrative staff before we were invited into the home. This is good practice and protects the people who use the service.

We looked at the pre-admission assessment of a person who came in for respite care. We saw a thorough assessment had been undertaken, and this information had been used by staff to prepare a written care plan.

We looked at the care of four people who use the service. We saw they all had care plans that had been reviewed and re-written since the last inspection. The care plans were very informative; they were much more person centred and staff were aware of the care these people needed. We spoke to the people whose care we tracked and we saw they were receiving the care they needed. For example, one person needed to sit on a special cushion to improve the condition of their skin. We saw the person sitting on the cushion and the person told us staff take the cushion to wherever they are sitting in the home.

We saw assessments for each person identifying if there was any risk to them due to their mobility, or if they may be at risk of malnourishment, developing sore skin or any risk due to dementia related problems. We saw procedures had been put into place to monitor people day and night, if they were at risk of wandering out of their bedroom or out of the home. We saw people's weight was being checked and recorded on a regular basis to ensure they were not losing weight.

We saw detailed information in care plans about people's life history, including their hobbies and interests. We saw staff had maintained records of any social events the people had attended. We saw a four week activity programme posted around the home, and people told us they had a copy of this in their room. We saw people enjoying the interests they liked, such as doing puzzles. The activity programme we were given for February 2010 said they were having a '1950's' activity day on the day of the inspection, but we did not see any evidence of this taking place.

We saw that all medication was stored securely. New storage arrangements had been

completed including a new refrigerator and a new controlled drugs cabinet. We saw that peoples medication were stored neatly which means that medication is safe and therefore the people who live in the service are protected from harm.

We looked at the medication administration records and overall found that they were well documented with a signature for administration or a reason was recorded if medication was not given. For example we looked at 12 peoples MAR charts and found that the records were clear and easy to follow. The manager informed us that regular checks are also made on the medicine records and we were shown completed audits and checks made on peoples medication to ensure that they are correct and up to date. This means that there are arrangements in place to ensure that medication is administered as directed by the prescriber to the person it was prescribed, labelled and supplied for.

We found that other medication records were generally up to date. For example, we saw current records for the receipt and disposal of medication. The date of opening of boxes and bottles of medicines were usually recorded and balances of medication were carried forward from old records to new records. These records helped to ensure there was a clear audit trail of medication. We found that counts and checks made on medication were accurate, which showed that people who live in the service were being given medication as prescribed by a medical practitioner.

We saw that staff had received training to ensure they had the knowledge and skills needed to identify and provide the care the people needed. We spoke to staff and looked at their training records and we saw a high proportion of the staff team had received training for nutrition in older people, dignity and choice, diabetes and pressure care, Deprivation of Liberty safeguards, person centred care planning and medication.

The service have reviewed the temperatures they wash communal bed linen, towels, flannels and any foul laundry at, to ensure it is washed at sufficiently high temperatures to thoroughly clean the laundry and prevent any risk of cross infection.

On the day of the inspection there was a lead carer and four care staff on duty who were employed by the home. They also had two staff from a nurse agency and one was a trained nurse who was able to support the lead care staff with the administration of medication. There were 42 people using the service at the time of the inspection. The manager told us they have not reviewed the staffing levels since the last inspection, but they have maintained the same numbers of staff for 50 people, although there are eight less people using the service at present. The activity co-ordinator continues to work four days each week, although she was on holiday at the time of the inspection. We looked at the staff rota for a two week period and this showed the home has two lead care staff and five care staff on duty during the day and three care staff at night time.

We saw the organisation had reviewed the format of their monthly monitoring visits of the service. They are now unannounced and had been undertaken each month. The visit for February 2010 had consulted two people who use the service and a one staff member.

What they could do better:

The overall quality of the care records we looked at was good. The following are examples of areas where further improvement could be made relating to these four care records. We saw a risk assessment about a person leaving the home unnoticed. Only three of the

care staff had signed to say they had read and understood the action plan to prevent this happening and reduce the risk of harm to the person using the service. The assessment information in the care plan needs to record the frequency of the medication being given as well as the amount. If there is skin care equipment in use this needs to be written in the care plan to ensure staff know what is in use and any checks they need to do to ensure it is working correctly. Care staff need to sign any entries they make in the daily records to ensure the home are able to identify who has made the entry. If staff identify any change in the condition of people's skin, this needs to be monitored by care staff and by the lead carer to ensure their skin is not ulcerating.

The number of people who use the service and staff who are spoken with during the monthly visits by a representative of the organisation are insufficient to monitor the service, in view of the size of the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	33	26	A copy of the monthly unannounced visits must be sent to the commission. To enable the commission to monitor any ongoing improvement of the service.	14/03/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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