

Caresure Limited

Ravenstone Care and Rehabilitation Home

Inspection report

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Date of inspection visit:
15 February 2017

Date of publication:
25 May 2017

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 unannounced inspection took place on 15 February 2017. We last carried out an inspection in April 2014 and rated the service as good.

Ravenstone Care and Rehabilitation Home (Ravenstone) provides care and accommodation for up to 13 people with mental health needs. The building has three storeys that have been adapted for use as a residential care home. Each person had their own room and there are lounge and dining facilities on the ground floor.

Ravenstone was flooded in December 2015. At the time the people who lived there had to be found temporary accommodation. Ravenstone staff and the registered manager continued to provide support to people while they awaited significant rebuilding and refurbishment works to be completed. The service lost much of its paper records in the flood. When we inspected the home had just re-opened and was accommodating six of its former residents.

The service had a registered manager. 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.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read, based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Staff had developed good relationships with people and communicated in a kind and friendly manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable

standards in this area.□

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. There were no outstanding complaints in the service.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

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.

There were sufficient numbers of appropriately trained staff.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service had a robust quality assurance system in place.

The registered manager had a vision for the future of the service.

People knew how to contact a member of the management team if they needed.

Ravenstone Care and Rehabilitation Home

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 checked 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 the 15 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we gathered information from adult social care and other stakeholders. We planned the inspection using this information.

We spoke with three of the people who used the service, one relative and two visiting professional's. We also spoke with five members of staff including the registered manager and care staff.

We read five written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined the training record and quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked if there were enough staff to meet people's needs in a timely manner. They told us they had no concerns.

During our inspection we noted that staff appeared calm and were responding to people's needs quickly and professionally. When we spoke with staff they told us, "There are enough of us."

According to the duty rota the registered manager was achieving consistent staffing levels and had arrangements in place to cover short notice absence. These included offering additional hours to staff.

We asked people who used the service if they felt it was safe. One relative said, "Yes, I'm so pleased he is back here."

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The recently updated training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

We look at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. All new staff had obtained a Disclosure and Barring Service (DBS) check which demonstrated they were not barred from working in with vulnerable people. The registered provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers. As previous records of existing staff had been lost in the flood the provider was completing new DBS checks for all staff in line with best practice guidance.

There were contingency plans in place to deal with emergency situations such as outbreak of fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager was available to talk to out of hours via telephone and would attend the home if necessary.

Medicines were stored appropriately and administered by registered nurses. We carried out checks on medicine administration record charts (MAR charts) for both oral medicines and topical creams. We noted that MAR charts had been filled in correctly. There were care plans in place that outlined when to administer extra, or as required, medication. Procedures were in place for the ordering and safe disposal of medicines.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as being at risk of hazards such as traffic whilst out in the community. Plans were in place to ensure people were able to cross roads safely.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person commented, "Yes, I'm spoiled rotten"

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. When asked about the quality and frequency of ongoing training they told us that the registered manager was ensuring that their training was up to date.

The registered manager had put systems in place to record and identify the training that care staff had completed and still required. In addition to the training that the provider deemed mandatory such as infection control other vocational qualifications were available.

While the home was being refurbished and repaired following the flood the registered manager had ensured that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. Staff told us they felt well supported by the registered manager and the provider.

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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

We observed that people were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission.

People we spoke with about the nutrition and hydration support in the home told us that they liked the food in the home. One person told us, "The food is great."

Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians had also been obtained. The staff were aware that some people required specialist diets and others required fortified food.

People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

The registered manager had risk assessed the environment. This risk assessment included information about area of the home, any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required maintenance and why. As a result the home had now been, as far as possible, flood proofed.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives. They told us that the staff were caring and treated them well. One person who was returning after the flood said, "I'm glad to be back with my friends."

Throughout our inspection we observed staff speaking with people in a kind and caring manner.

We spent time in communal areas observing staff interacting with people. Staff took time to sit down and make conversation with people whilst supporting them.

We looked at people's written records of care and saw that, where possible, care plans were devised with the person who used the service or their relatives. This meant, where possible, people were actively involved in making decisions about their care treatment and support.

The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. During the inspection we saw staff ensured that people's privacy and dignity were protected.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

When we spoke with staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff information about people's life. This provided the staff with information to help build relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people required very little assistance with personal care but needed support to access their local communities as part of their rehabilitation.

Is the service responsive?

Our findings

We spoke with two visiting professionals and asked if the service was responsive to people's needs. One told us, "They are responsive and recognise risk, they have a good understanding and we trust the registered manager's judgement." The other added, "This spots absolutely excellent, it's nice to see people relaxed."

When people were referred to the service an assessment of needs was carried out. This included assessing their mental wellbeing, their dietary needs and their mobility. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis and as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Care plans were based on a rehabilitation model that promoted people's abilities and skills. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

There was evidence within the care plans that showed people had exercised their choice. For example some people's care plans recorded their preferred choice of meals. Others indicated what people's chosen daily routines were.

We looked at the activities available in the home. According to the care plans many were facilitated on a one to one or small group basis. They were primarily focused on people's specific rehabilitation needs, for example support to go to the local shops. The registered manager told us that she was developing other activities within the home as the population increased and she was able to establish what people wanted to be available to them.

We spoke with people who used the service and their relatives, they told us they knew who to speak with if they had a comment or complaint about the service. People told us they would speak with the manager.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. There were no outstanding complaints at the time of our inspection. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the home. People told us they were satisfied with this aspect of the service. The registered manager addressed all the people we spoke with by name and demonstrated knowledge of each person we spoke with them about. The staff told us they felt supported by the registered manager.

People were asked for their views about the support they received. The registered provider had previously sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. However these had been lost in the floods. The registered manager planned to send out more questionnaires in the future.

We spoke with the registered manager and asked her about her vision for Ravenstone. She told us, "Moving forward the plan is that the top floor of our home will be refurbished over the next eighteen months and we will continue to maintain residents independence and offer support to them including rehabilitation."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality. The provider had visited the home regularly to supervise the repair and refurbishment work.

During the inspection the registered manager and her staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular meetings with the staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager throughout our inspection.