

Sanctuary Care Property (1) Limited

Ravenhurst Residential Care Home

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Ravenhurst Residential Care Home can accommodate up to 50 people one adapted building and on the date of this inspection there were 48 people living at the service.

People's experience of using this service: People and relatives were very positive, passionate and complimentary about the service. People received care from kind and caring staff who respected their privacy and dignity. The service had worked with people to create a community within the home, with people hosting activities and providing outreach support to the local community. The service worked with people, relatives and other professionals to create personalised care plans which helped to promote people's independence.

People we spoke to were very positive about the culture of the service and the positive benefits living there had brought to their lives. The service had two "resident representatives" who were responsible for engaging people, planning activities with staff and being the voice of the people living at the home. Feedback provided by people living at the home was actioned immediately by the management team to improve the quality of care provided. The registered manager used this continuous feedback and annual feedback surveys to provide a bespoke service to people.

The service had worked hard to establish a 'Dignity when Dying' programme which was used after people had been assessed as requiring end of life support. This assessment was created with people, relatives and other health professionals to provide physical and emotional support to people and their relatives.

People living at the service had very active lives and hosted their own activities at the service and within the local area. People were positively engaged to promote their independence and supported to continue doing what they were passionate about. The service was working with people and the local community to provide an outreach support network for members of the public who benefited from social inclusion. People living at the home volunteered in the community and hosted local groups within the service.

Care records continued to be detailed and individual. The service worked closely with other health care agencies to support people during their placement at the service. People's needs were regularly reviewed by staff to reflect any changes.

The premises were safe for people living at the service. There were environmental and personal risk assessments in place to help keep people safe. Medicines continued to be managed safely.

There was a robust governance framework in place to allow for the quality and safety of the care provided to be monitored by the registered manager and the provider. The service used the framework to address issues, provide action plans and improve the quality of care provided.

Staff continued to be safely recruited and received regular refresher training. New staff to the service were

provided with an in-depth induction which provided them with all knowledge and skills needed to safely support people.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: Good (report published June 2016).

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our inspection 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 Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to Outstanding.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remained Good.

Details are in our Well-led findings below.

Good ●

Ravenhurst Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and one expert by experience who had experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Ravenhurst Residential Care Home 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 can accommodate 50 people in one adapted building.

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: The inspection was unannounced.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Health watch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with 11 people who used service, three relatives and eight members of staff including the registered manager. We reviewed the care records for two people, medicine records for four people and the recruitment records for two members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to reduce the risk of abuse to people. Staff had received training around identifying abuse and knew the appropriate action to take.
- The registered manager had notified the CQC of all safeguarding concerns and escalated these appropriately to the local authority.
- People and their relatives knew who to contact if they had a concern. Information about safeguarding was available in easy-read formats.

Assessing risk, safety monitoring and management.

- The premises were safe and there was regular testing of equipment and utilities to help keep people safe. One person commented, "The fire alarm is tested every day." The service had been awarded five stars by the food standards agency.
- People felt safe living at the service. One person said, "I feel very safe here." Relatives also commented that they felt people were safe.
- There were risk assessments in place for staff to follow to keep people safe. Risk assessments were completed in partnership with people and relatives. One person told us about their risk assessment for mobility and said, "I feel safe from falling."

Staffing and recruitment.

- Staff recruitment continued to be safe and there were enough staff to support people. One person said, "I press the buzzer and they come quite quickly." A relative commented, "There are enough staff."

Using medicines safely.

- Medicines continued to be managed safely. Staff had received training in medicine administration and had their competencies checked regularly.
- Medicines were stored in a locked treatment room and were regularly audited.
- A relative said, "They give (person) medication at regular times and they make sure they take them."

Preventing and controlling infection.

- Staff followed the infection control policy and we saw regular cleaning of the service during our inspection.
- One person told us, "Yes, it is very clean."

Learning lessons when things go wrong.

- The registered manager regularly reviewed all accidents and incidents to identify any trends and used this

to improve the quality of care provided. Investigations were clearly documented and shared with relevant partnership agencies.

- Outcomes and lessons learned were shared with staff, people, relatives and the wider management team.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Staff asked people for consent before providing assistance and asked for people's choices for meals and drinks.
- One person told us, "They ask my permission before doing anything for me."

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

- People had their needs assessed by the service and regularly reviewed them in partnership with staff and relatives.
- The registered manager promoted national best practice to staff. People received support and treatment in line with best practice standards and guidance, for example the National Institute for Health and Care Excellence (NICE) and MCA.

Staff support: induction, training, skills and experience.

- Staff continued to receive a thorough induction provided by the provider which included the 'care certificate.'
- The registered manager and deputy manager continued to support staff by having regular supervisions and yearly appraisals.
- Staff were accessing on-line and face to face training sessions to keep their knowledge and skills to the required level. One staff member told us, "We get a lot of training. Some people don't have it when they come, but they get full training."

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

- Staff supported people in a discreet manner with their food and drinks. People were supported to maintain a healthy balanced diet and if a risk was identified staff referred people to other health and social care professionals, for example the dietitian.
- One person told us, "Wonderful food. There is always an alternative. A lot of us have put weight on, as it is so good. I always have a drink. We have squash in our rooms."

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

- The service worked closely with the local GPs and other health care professionals to make sure people had a consistent level of support that was appropriate for their needs.
- One person had recently had a review of their needs by the Speech and Language Team (SALT). The service had worked with the person and developed the SALT assessment to create a pureed diet that they enjoyed, but also followed the guidance provided.
- People told us that they received support from other health professionals. One person said, "If you need to see someone, the staff sort it out for you. They always ask if we are feeling well."
- The service encouraged people to attend well-being sessions to improve their overall health. We saw people attending a yoga session at the service, which was hosted by one person living at the home.

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

- The service was appropriately adapted for people to access without difficulty. There was clear signage around the home to help people find their way around.
- There was an accessible garden for people to use where summer activities could be held.
- The service was in the process of adapting a stable block as a community outreach centre so members of the local community could easily access sessions with people to improve social inclusion.

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.

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.

- Staff were friendly and caring with people and knew them well. We talked to people about how staff treated them and their comments included, "They are caring, I like them very much," and "Wonderful care." One person told us, "I am happy. My son said I look happier and in better health, than I have for years."
- Equality and diversity policies were in place at the service to ensure that everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief. People told us they were supported to attend religious meetings if they wanted and the service worked with the local church to arrange these.
- Staff and people had positive relationships and it was clear staff thought very highly of people. One staff member told us, "I love everyone. I love them all, even all the staff. It's a really good environment for me, positive and I love it too."
- The registered manager discussed the relationship between the staff team and people living at the service. They said, "It's local people caring for local people."

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

- People were consulted about their care and staff worked with them to make sure all of their needs were met.
- During the inspection we saw staff reviewing people's care plans and discussing changes they had noticed with people.
- The service promoted advocacy and there was information available for people and relatives to access these services.
- Staff used a range of communication methods to make sure people had their choices heard. One person told us, "They listen to me."

Respecting and promoting people's privacy, dignity and independence.

- People were supported to remain as independent as possible and staff treated people with dignity and respected their privacy. People's care plans were individual and person-centred.
- One person told us, "They treat me always with respect."
- Relatives and visitors were always welcome at the service and during the inspection we saw one person's relative brought in their dog to visit them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had detailed care plans which reflected their own personal choices for the support provided by staff. Staff spent time with people during assessments and reviews to make sure all of their individual preferences were recorded and included in their care planning.
- The service listened to what people had to say regarding their care and created bespoke activities to support their choices and requests.
- People were at the heart of the service and the staff team went above and beyond to support everyone to reflect personalised support packages that reflected each person's individuality and their own goals. For example, one person wanted to teach yoga and the service worked with the person to host yoga sessions in the home. The person was able to achieve their goal and it allowed other people to enjoy a physical exercise class. This created positive well-being outcomes for people and we saw people engaging very positively with the activity.
- The service had 'resident representatives' who had worked with staff to deliver a range of activities. People were very positive about the range of activities available and the service worked with people to add new activities to make sure everyone was catered for.
- One person told us, "I belong to a creative writing group. We are going to have our next meeting here. I am a butterfly coming out of a chrysalis. I have regained my confidence, since being here. I am helpful here."
- Staff and people were also working together to provide social inclusion for other people in the community as part of their own outreach programme. People at the service wanted to give back to the local community. People had experienced social isolation before moving to the service and wanted to make sure others did not have to go through this. Staff used a range of techniques to include everyone at the service and people were able to copy this with the community.

Improving care quality in response to complaints or concerns.

- There was a complaints process in place at the service and the registered manager investigated all complaints in line with this. There were records of meetings and outcomes of complaints were shared with people, relatives and staff.
- During the inspection people told us that they did not have any complaints about the service at present. The resident representatives took forward any concerns people had to help quickly resolve issues.
- The management team worked to create a positive environment for everyone and this was also demonstrated with the handling of complaints. Since our last inspection there had been no complaints formally received, which demonstrated the proactive approach taken by the service to work with people to continuously improve.
- The service worked to create a culture of equality between staff and people. People and staff worked together to resolve any concerns quickly and with positive outcomes. One person told us, "I have made a

complaint about a member of staff. We both gave our view on the complaint separately and then we were brought together to find a resolution, which we did."

End of life care and support.

- People had conversations about their end of life wishes with staff and these were recorded within their care plans. Staff had received training about supporting people and relatives with the delivery of end of life care.
- People told us that they had plans in place for their final wishes.
- The service was working with a 'Dignity when Dying' programme. This enabled assessments that were very personalised, reflecting people's individual wishes for the last days of their lives. These reflected their religious and cultural wishes and enabled them to involve all those people important to them, ensuring they had the right emotional and physical support when they most needed it.
- The service had received compliments on its delivery of end of life care from people's relatives. This reflected the outstanding support provided by staff during very difficult times for people. One relative's feedback said, "(Person)'s room was so peaceful. Staff hugged me and this meant more to me than a thousand words would have, and it gave me the strength to climb those stairs one final time."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service worked to make sure everyone's needs were met physically, socially and emotionally. The staff team were passionate about making a positive difference in everyone's lives. People and their relatives were very positive about the service and staff.
- One person told us, "I am very happy here. My daughter says she is going to take me to live with her, I say 'no thank you'." Another person said, "Without a doubt, I would recommend the home."
- The management team had created a positive staff culture. A member of staff said, "I would say we have a good relationship as a staff team. It's friends and family in one building." A newer member of staff told us, "Everyone made me feel part of the team at once."
- People, relatives and staff were complimentary about the registered manager. A staff member said, "They are very good and they listen to us for ideas. Nothing is passed over. If they can, they will."
- If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.

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

- There was a long standing registered manager in post who was fully aware of their legal responsibilities. They had an open and honest approach. One person commented, "They are approachable and very nice."
- During the inspection, we saw the management team interacting with people, relatives and staff.
- There was an effective governance framework in place and the registered manager carried out audits of the service regularly to monitor the quality of care provided.

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

- People, staff and relatives were regularly asked for their feedback about the service and what it offered. Suggestions were made to the management team and via the resident representative.
- Feedback and ideas were used to shape the service. One idea around community engagement was being developed at the service. People were engaging with the local community as part of this and the registered manager was planning to have an outreach centre built in the grounds of the service.
- There were regular resident and staff meetings held at the service. People were invited to join interview panels when new staff were being interviewed for positions.

Continuous learning and improving care.

- The registered manager supported staff with their personal development and helped them access additional training material.
- Results from feedback surveys, quality and assurance audits and meetings were used to improve the service. Action plans were created to target areas for development.
- The service had won the provider's award for 'Best Performing Home' due to the quality of the care provided to people.

Working in partnership with others.

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.
- We saw involvement from other health care professionals in people's records and people told us about visits from them too.