

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

Ravenhurst Care Home

21 Lickhill Road North, Stourport-on-Severn,
DY13 8RU

Tel: 01299825610

Date of Inspection: 20 November 2012

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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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Heart of England Housing & Care Limited
Registered Manager	Mrs. Anastasia Meredith
Overview of the service	Ravenhurst Care Home is registered to provide accommodation for nursing and personal care for up to fifty people. The home does not provide nursing care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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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 November 2012, 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Our inspection was unannounced; no one knew we would be visiting. There were 46 people living there on the day of our inspection. We spoke with three people and two staff to find out their views about the service provided. People told us positive things about the care and support that they received.

The atmosphere at the home was relaxed and homely. We observed positive and respectful interactions between people that lived at the home and staff throughout our inspection. We found that people were supported to maintain their interests and lead as full a life as possible.

People's needs had been assessed by a range of health professionals which meant their health care needs had been monitored and met.

Staff knew how to safeguard people from harm and felt confident that if they had to report any abuse, action would be taken to protect people.

There was enough staff to meet people's needs. Staff knew how to meet people's needs, and understood the needs of people living with dementia.

People's complaints were listened to and resolved to their satisfaction.

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

People's diversity, values and human rights were respected. We saw that people were spoken with in a friendly and respectful way. We saw that staff greeted people by their preferred names which matched what was recorded in their care records, and offered them choices of how and where they wanted to spend their time. One person who lived at the home told us that they were supported to follow their own religious beliefs in the community. Staff told us that church services are held at the home including Holy Communion. One staff member said that people's beliefs were an, "Important part of us all, we all believe in something."

People's privacy and dignity were respected. We saw that each person had their own room and they could have their own key if they wished. One person told us, "I can lock my door at night if I want to." We saw that staff knocked on people's bedroom doors and waited for a response before entering. This meant people had somewhere private and personal to go.

We found there were a variety of ways that people who lived at the home were involved in making decisions about their care and treatment. Personal information was gathered from people or their representatives when they came to live at the home. This information was written down in care plans and we saw that people's preferences and dislikes were highlighted for staff so that people received care in the way they preferred. This included what people's normal routine was for going and getting up from bed.

People we spoke with told us they were happy with the support they received and that it made a difference to their everyday living. For example, some people told us that staff supported them to remain independent and take part in activities that interested them. We also found that in the care plans for the three people we looked at, it was noted how their independence was being promoted whilst reducing risks to their safety and wellbeing. One person told us, "I have had some support to strengthen my legs to help me keep walking", another person said, "They (staff) help me when I need them to, which is all I can ask for

as I like to do what I can and they understand that."

We spoke with three people about the choices of activities. One person told us, "We do word games, keeps my mind going and I like to listen to opera". Another person told us they had enjoyed spending time in their room and were going away for Christmas. Two people told us that staff made life fun in the home and that they enjoyed bingo. During our inspection we saw staff engaging in activities with people in the lounge. There were lots of friendly interactions and we saw people were having fun. We also spoke with staff who told us that, "There is always something going on," for instance, ball games, entertainers, reminiscing with people, looking through items of interest, such as, jewellery boxes, walks and organised trips in the minibus. We found that care plans had details about how people's interests were being addressed, and were centred around the individual person.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with three people who lived at the home and they expressed their satisfaction with how staff met their needs. One person told us, "I am happy with the care I get here; they (staff) are all wonderful." Another person said, "Nothing is too much trouble, they (staff) always respond when I need anything."

People's care and support had been planned and delivered in a way that promoted their safety and welfare. We looked at three people's care records. We found there was sufficient information provided in people's care plans to ensure staff had clear guidance on how to support people. The care plans were written from each person's perspective to help staff to meet their individual needs and not just a list of tasks to be completed.

The provider may find it useful to note that some important information in one person's evaluation had not been placed in their care plan to meet their eating and drinking needs. Staff we spoke with were able to describe this person's eating and drinking needs. We showed the registered manager the care plan and they assured us that all information would be written into the care plan to help promote consistency of care provided.

The care records we looked at showed risks to people were identified and assessed to make sure staff had clear information to keep people safe. This included behaviour management plans, which provided guidance on what could unsettle people and what to do during these periods.

All the staff we spoke with had a good understanding of the preferences, routines and care needs for the three people whose care we followed. Staff described how they supported people and any changes in behaviours that may indicate that something was wrong. During our inspection, we observed care and support that followed people's care plans.

We saw that staff provided support to people as discreetly as possible and staff showed patience towards people. For example, we saw how staff supported one person who was upset by using words of reassurance and helping this person to describe how they were feeling. Staff also used some distraction therapies which we saw supported this person to feel better. The actions we saw were written into this person's care records so that they would receive consistent care from all staff to meet their needs.

We observed staff assisting some people with the use of specialist moving equipment,

such as hoists, so that people could move safely between wheelchairs and more comfortable seating in the lounge. Whilst this process was carried out staff engaged in everyday conversation with people and we saw this helped to put them at ease.

People were supported to stay healthy and well. We saw that people had regular access to health professionals for advice and treatment for their specific needs. Three people we spoke with confirmed they had access to the doctor and other health professionals when they needed it. We saw that people had been seen by their dentist and optician, or district nurse. This meant that people's health care was promoted.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We observed very positive interactions between people who lived at the home and staff throughout our inspection. The people we talked with told us that they felt safe at the home and had no concerns about how staff treated them. One person told us, "I am happy here and do feel safe."

We found staff had access to safeguarding procedures. We spoke with two staff who had received training to help them to recognise and respond appropriately to any signs of abuse. They could describe the action they would take to keep people safe if they witnessed an incident of possible abuse. Staff were aware that incidents of potential abuse or neglect must be reported to the local authority so that they could be investigated. Records showed that staff had received training in safeguarding vulnerable adults from abuse.

The registered manager reported important events that affected people's welfare, health and safety to the Care Quality Commission (CQC) and other appropriate bodies so that, where needed, action can be taken.

Staff we spoke with told us that they had received training in Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff knew how to assist people who may be unable to make their own decisions. Some of the people who lived at the home had dementia related illnesses and may need decisions made on their behalf. One person had been assessed by external professionals to ensure their needs were met in the least restrictive way. We saw the outcome of this and the measures that were put in place for staff to follow. Staff we spoke with told us that they remained alongside this person when they were unsettled and used methods of engagement which they had learnt on their dementia training. This showed that staff knew how to meet this person's needs in the least restrictive way with due regard for their well being and safety.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There was enough qualified, skilled and experienced staff to meet people's needs. We spoke with three people and asked them how quickly staff responded when they needed assistance. One person told us, "They (staff) are kind, come when I need them to. Whatever I ask, they will do without any complaining." Another person said, "Staff are always helpful when you need them, it suits me living here."

We saw that staff responded to people's care needs without delay, for example, supporting people to go to the dining room for lunch or making them comfortable. We saw staff anticipated people's needs and responded appropriately such as supporting them to walk from one area to another, and responding to people's emotional needs, offering reassurance and comfort. This meant that people received assistance at the times they needed it.

Staff rotas reflected the numbers of staff we saw during our inspection. We spoke with the registered manager and they told us that if there was an increase in people's dependency levels they would alter staffing to meet people's needs. We also spoke with two members of staff who confirmed that there was enough staff to meet people's needs. One staff member told us, "Don't feel rushed" and they could spend time with each person to meet their needs as they are, "The important one." Another staff member said that people do not have to wait long to have their needs met as staff, "All work well as a team."

Staff told us that they had received mandatory training, such as, moving and handling, infection control and health and safety. Staff also told us about the specialised training they had received to meet people's needs, for instance, dementia awareness, end of life, person centred care planning and nutrition. The registered manager told us that there was an ongoing rolling programme of training to ensure staff had the skills to carry out their roles and meet the diverse needs of people who lived at the home.

We saw staff were aware of people's behaviours and responded by going to them, holding their hand, and sitting talking to them. Staff we spoke with had a good understanding of dementia and how this affected individual people. This showed that staff were respectful to people's communication methods, and knew how to support them. We could see that people found this reassuring because their agitation subsided.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

One of the people we spoke with told us "If I had any complaints I would speak to Stacey (the registered manager)". Another person said, "I have never had a reason to complain, but I would know how to complain if I needed to."

Staff that we spoke with described to us how they would support people with any complaints they wanted to raise and would inform the registered or deputy manager of these. Staff were confident that people's complaints would always be listened to with action taken to resolve them satisfactorily.

People were made aware of the complaints system and told us they had been given information about this. This was provided in a format that met their needs and was available in the home. There was also a comments and compliments book available in reception, offering visitors and people the opportunity to raise concerns in an informal way.

We looked at the complaints log book and saw that when a complaint had been made appropriate steps had been taken to resolve these. This meant people's complaints were fully investigated and resolved where possible to their satisfaction.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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