

# Review of compliance

<b>Ashbourne (Eton) Limited Ravenstone</b>	
<b>Region:</b>	West Midlands
<b>Location address:</b>	7 St Andrews Road Droitwich Worcestershire WR9 8DJ
<b>Type of service:</b>	Care home with nursing
<b>Publication date:</b>	May 2011
<b>Overview of the service:</b>	Ravenstone is a care home with nursing providing 43 beds for older people and people with a physical disability.

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Ravenstone was not meeting one or more essential standards. Improvements were needed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 April 2010, observed how people were being cared for, talked with people who use services and looked at records of people who use services.

### What people told us

The people we spoke to told us that they enjoyed living here and are happy with the care and the staff. They enjoyed the food and they liked the activities offered. People told us were able to make the choice of spending time in their rooms or using the shared areas of the home.

## **What we found about the standards we reviewed and how well Ravenstone was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People are at risk of receiving incorrect care and treatment as the care plans do not always detail the current needs of the people who use the service.

- Overall, we found that improvements were needed for this essential standard.

### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People who use the service could be exposed to potential infection because of poor infection control procedures.

- Overall, we found that improvements were needed for this essential standard.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The registered manager is able to ensure that there are sufficient numbers of sufficiently trained and experienced staff at all times to meet the needs of the people who live at the home.

- Overall, we found that Ravenstone was meeting this essential standard.

## **Action we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**There are moderate concerns**  
with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
A person that had recently come to live at the home felt well cared for and that their needs were met. They commented that the only thing they missed was their television, but as they were only there for a short time they had not requested a television. We spoke to a relative who told us they were very happy with the care their relative received and felt the staff were good. We spoke to two people who were in the garden who were petting a dog which belonged to a member of staff. They told us that they liked to sit outside and spoke about the gardens and they liked having the dog around. We spoke to person who was in their room. They told us they felt safe in their room and that's why they chose to stay in their room.

One person spoke positively about the activities provided. They said they had been taken out to the pub, trips on the canal and the home had recently held a fete. They told us that they felt all people were treated fairly as all people benefited from activities and the same amount of money is spent on each of them.

**Other evidence**  
We looked at the surroundings and felt there was a relaxed atmosphere in the home. The rooms we looked at appeared clean and were personal to the people who lived there. The decoration in some of the hallways and bathroom areas were

showing signs of wear and tear.

People made their choice of staying in their rooms, or going to the shared areas. Care staff were attentive and able to spend time with people. We saw that people were offered the choice of where to eat their meal, and which seat they would like. We saw a notice board for care staff that offered reminders regarding choice and dignity. The registered manager told us that this was updated and changed regularly.

In one lounge we saw lots of Easter bonnets. The Registered manager told us that these had been made by the people who live here as part of the activities held in the home. There were activities on offer and these were displayed on a notice board. The registered manager told us activities were provided to people who chose to stay in their room.

Menus for the current week and the next week were displayed on a notice board which showed a variety of food options. Special menus had been written for the Easter weekend and the Royal wedding day. During the morning we saw a trolley which held a selection of drinks, fruit, yogurts and biscuits. The manager told us that cakes are offered in the afternoon.

We looked at some care plans to see how the home was meeting the needs of the people who use the service.

One care plan had not been updated to reflect a change in their treatment following a professional assessment.

One care plan detailed how the home was meeting the nutritional needs of the person, but it was not dated. The daily notes we looked did not match the care plan. A member of staff told us that the change had been made following professional advice but this had not been recorded.

We looked at the medications records for one person. The medication listed did not match the information in the care plan.

The care plans we looked at did not always match the actual care people were receiving. This meant that the people who use the service may be at risk of receiving the wrong care and treatment.

### **Our judgement**

People are at risk of receiving incorrect care and treatment as the care plans do not always detail the current needs of the people who use the service.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 8: Cleanliness and infection control

### Our findings

**Other evidence**  
The environment was generally clean and free from odour. In some areas of the home the decoration was worn and not able to be cleaned easily to prevent the risk of infection.

We looked at three sluice rooms. In one room several commode buckets were stacked on top of a clinical waste bin. The buckets were not clean and one was heavily smeared with a brown substance. There were two raised toilet seats down the side of the macerator on the floor neither of which was clean and the white plastic pipe work had a black substance on it. The registered manager told us the commode buckets were likely to have been stacked on the bin ready for cleaning. They were still there when we checked several hours later.

In the other sluice rooms we saw clean washbowls used for the people who live there stored on the floor. This could lead to dirty and clean equipment being mixed up and there becoming at risk of infection.

The registered manager told us that there is a system for the maintenance staff to check the cleanliness of the equipment. There is no procedure for checking inside the mattress covers.

The home has a 'show room' which was not occupied and is used when showing people around the home. In the 'show room', we saw the commode was not clean under the lid and the frame underneath. The arm chair cushion was removed and a knife was found and dirt was present. The mattress cover on the bed was stained and there was a small brown spot on the inner mattress foam.

**Our judgement**

People who use the service could be exposed to potential infection because of poor infection control procedures.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
One person told us that they would like more care staff, but added 'you can never have too many staff'.

**Other evidence**  
We observed staff interacting with the people who use the service. The care staff spent time with the people and spoke to people in a clear and calm manner. People were addressed by their name and appeared to have a good relationship with the care workers.

The manager was able to tell us how they ensure that they have the necessary staff on duty and confirmed that they would increase the staffing number to reflect the needs of the people who live there.

The home has an 'in house' trainer and we saw a notice board with a list of forthcoming training. This helps to assure the home that their care workers are appropriately skilled to meet the needs of the people that live at the home.

**Our judgement**  
The registered manager is able to ensure that there are sufficient numbers of

sufficiently trained and experienced staff at all times to meet the needs of the people who live at the home.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury Diagnostic or screening procedures	9	4
	<b>How the regulation is not being met:</b> People are at risk of receiving incorrect care and treatment as the care plans do not always detail the current needs of the people who use the service.	
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury Diagnostic or screening procedures	12	8
	<b>How the regulation is not being met:</b> People who use the service could be exposed to potential infection because of poor infection control procedures.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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