

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

Ravenlea

11 Ravenlea Road, Folkestone, CT20 2JU

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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	✘	Action needed
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
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Lothlorien Community Limited
Overview of the service	Ravenlea provides accommodation and support for up to seven people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 12 July 2013, 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 and talked with staff.

What people told us and what we found

There were seven people using this service at the time of our inspection. People said they were happy living at the service and that the staff were kind. One person told us "I am happy living here, I like it", another person said "I enjoy the things I can do here".

During our inspection we looked at care plans and other records, we found that people did not always have the opportunity to be involved in discussions about their care and treatment. This meant that some recorded decisions may not continue to meet people's current wishes. We saw that health care plans were in place, people had access to healthcare professionals and appropriate referrals were made.

People told us that they felt safe living at Ravenlea and felt supported by the staff. We found that there were enough staff to meet people's health and welfare needs and records showed that all staff received training in key areas.

Quality checks were in place that helped to ensure that the service was provided within a safe and well maintained premises. There was a clear and accessible complaints procedure for people to follow if they wished to make a complaint.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 03 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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 × Action needed

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 not meeting this standard.

People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we saw that staff were kind, patient and respectful in their approach with people who used the service. Each person had their own bedroom that contained personal items of their choice. People told us that they were happy with their bedrooms. One person said " My room is how I like it". We saw that staff always knocked on people's bedroom doors before entering, this helped to ensure that their privacy was respected.

Pre admission assessments were carried out before people came to live at the service. These helped to ensure that people's initial needs could be met and that people and their relatives were involved in decision and planning processes from the outset. This showed that, in the first instance, people were encouraged to express their views in decisions that related to their care and treatment where they could.

Some user friendly documents containing pictures, words and symbols were used to encourage people to express their views and promote involvement in their care, treatment and activities. These included individual activity planners, health care plans and the different food that people preferred to eat. However, we found that not all care plans had been signed by people or their relatives or advocates. This made it difficult for the service to show that people had understood the care and treatment choices available to them and had agreed to their plan of care.

Care plans showed that people had initially been involved in making decisions about their care and treatment, however, this information had not been kept up to date. Key worker reviews should have happened every month, but some had not taken place since January 2013. People were not placed at the centre of their care, treatment and support because they did not have the opportunity of regular consultation or involvement in making decisions about their care and treatment. Whilst we did not find examples where this had a negative impact on people at this time, it placed people at risk of receiving care that did not

represent their current wishes.

We looked at activity plans for the people who lived at the service. We saw that people's activities were transferred from their activity plans and displayed in picture form in the dining area. People told us this helped to remind them what they were doing. We saw that some people attended college and went to local day centres. One person told us "I enjoy going to football and meeting my friends".

While some activity plans had recently been reviewed, progress and evaluation comments often noted 'no change' for consecutive months and did not reflect input from the people they were intended to support. This raised the potential that the activities identified no longer remained appropriate, were unachievable or did not represent people's current interests.

For one person who lived at the service, we saw that learning goals and aspirations had not been completed for the current year. We found that there was no system in place that identified if the person had declined to be involved in the planning and review processes.

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 looked at and discussed the care records of four people with the manager. All of the care plans were in the process of review. Although some parts required updating, such as activity plans and personal goals, we found that they provided sufficient detail and guidelines about the support required to meet people's care needs in areas such as health, personal hygiene, eating, mobility and risk.

People we spoke with told us that they knew what their care plans were. They said that staff sometimes sat down and talked with them about their care plans. One person said "I know I can talk to staff about things I want to change".

There was an assessment of needs, details of how to support the person and what assistance needed to be provided. The care plans highlighted what people could and could not do for themselves, their likes and dislikes and contained some information about people's social histories. Detailed guidance was available for staff about specific medical conditions and challenging behaviours together with recent risk assessments. This helped to ensure that people were supported consistently and safely.

However, the provider may wish to note that care plan reviews had lapsed during the transition between managers, this was clearly evidenced by gaps in key worker reviews and manager checks. We saw that new key worker contracts were prepared and due to be started straight away. They set out which member of staff had particular responsibility for each person living at the service and that reviews would take place monthly, or as needs changed. Within the key worker system, we saw that there was a quality review to be completed by the manager. This helped to ensure that future reviews would be carried out regularly and to the required standard.

We saw that health action plans were in place where specific needs were identified. For example, where a person had diabetes, we found that their blood sugar readings and a safe reading range were clearly recorded. Information was available for staff about what to do if the blood sugar reading was too high or too low. A referral had been made to the diabetic nurse in June 2013, dietary advice had been obtained and followed. This helped to ensure that the person's condition was monitored and effectively and safely managed.

We saw that other health action plans were in place for people who had epilepsy. They provided information about different types of seizures and the support required from staff. We saw that one person had recently been for a fitting to have a new protective helmet to safeguard their head against injury in the event of a seizure. Other health plans were in place about the support people needed from staff to help them with mobility, independence and behaviours. We saw that most of this information had recently been reviewed.

Where people had difficulty communicating verbally, their care plan contained information for staff about the words, sounds and pictures that the person used to communicate. This helped staff understand the person when they were making their needs known. Our observation of staff interaction and communication with people at the service showed that staff knew people well and understood their support needs.

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

Our judgement

The provider was meeting this standard.

People who use 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

Training records confirmed that all staff had undertaken and completed safeguarding of vulnerable adults training. The manager stated that safeguarding was taken seriously and that the training enabled staff to understand the aspects of safeguarding which were relevant to them.

We looked at the training plan and saw that all staff had also received training in other areas such as Managing Challenging Behaviour and an Introduction to Learning Disabilities. This provided staff with a focused awareness of the people they supported and helped to make sure that people who used the service were protected from the risk of abuse, were kept safe and treated with dignity and respect.

Discussion with staff showed they knew how to recognise signs of abuse, what constituted abuse and knew what steps to take to report all cases of concern to the appropriate person. The manager was aware of their obligation and the process to notify any instances of abuse to the relevant authorities.

We looked at the provider's safeguarding and whistle blowing policies and procedures. We found that they reflected the local authority multi-agency safeguarding procedures. The policies were available for staff to locate and contained appropriate information and contact numbers.

We observed that people were comfortable with staff and that the service had a friendly and relaxed atmosphere. One person commented "I feel safe and happy here".

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

People we spoke with told us they thought that there were sufficient staff in place and that they were caring and kind. One person commented "The staff are good here".

The manager explained that there was a needs analysis in place for the people who used the service. We saw that this was based on the number of hours of support that people needed and was linked to their assessment of needs. The analysis was used to reflect how many staff were required to provide care that was safe, effective and which met the needs of the people who used the service.

We looked at staffing rotas and noted that people were supported by three staff members during the day as well as the manager. At night, people were supported by two members of staff, one waking and one sleeping. Agency staff were not used, any shortfall in staff numbers was met by existing staff working extra hours. This meant that people who used the service could expect consistency of care.

Staff we spoke with said they felt that there were sufficient staff in place to be able to give the level of care and support that people needed. We observed that staff were able to spend time and interact with people in a positive manner, they explained what they were doing when they assisted people and did so at the person's own pace so that people were not rushed.

Training records showed that staff received training in key areas. We found that training was mainly computer based with competency checks once completed. Some staff told us that they would have preferred to have training delivered by a tutor, however, they accepted that the content delivered through the computer based training method provided the level of information they needed.

On the day of the inspection we saw that there were sufficient staff on duty with an appropriate mix of skills, qualifications and experience that met people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Regular checks had been completed within the service in key areas such as the fire and safety systems and infection control. Records showed that the provider carried out monthly checks of the service provided. These focussed on each area of the service and were aligned with the Commission's Essential Standards.

We saw that the last check had taken place in June 2013. Where improvement was needed an action plan had been drawn up, to be progressed by the manager. We saw that the action plans were reviewed on subsequent provider visits and tasks had been completed. This helped to ensure that progress was made within given timescales.

Staff practice was monitored through supervision and staff meetings were held monthly. Minutes of staff meetings showed that areas such as care planning, key worker responsibilities, safeguarding and infection control procedures had been discussed. The last staff meeting had taken place in July 2013. Staff told us that these meetings were meaningful; they allowed the opportunity for discussion and helped staff achieve a common understanding.

We saw that there had been meetings where people who lived at the service could discuss what they wanted to with staff. These included weekly meetings when menu planning was discussed and more general monthly meetings. Records of the meetings showed that discussion had taken place about holidays and activities such as college courses. People told us they could freely speak to staff on an individual basis if they needed to.

People who lived at the service had recently been given a questionnaire about what they thought about living there. People could be supported to complete it by relatives, friends, social workers, advocates or staff if needed. We saw that the survey was presented in an easy read format and included facial expressions as a measure of how happy people were with the accommodation and support provided at Ravenlea. As the survey had only been given out a few days before our inspection, no completed copies were available. Our discussion with people who lived at the service found that they were happy, nobody could think of anything that they didn't like or things that they wanted to change.

An easy read complaints procedure was in place. It was accessible to people who lived at the service and any visitors. It set out how a complaint could be made, how it would be handled and how long the process should take. People that we spoke with knew how to make a complaint. Most people told us they would talk to staff if they had a complaint and were confident that staff would sort it out. None of the people who we spoke with shared any concerns with us about living at the service. One person said "I am very happy living here".

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
	How the regulation was not being met: The registered person could not provide sufficient evidence that there were appropriate opportunities which enabled people to make, or participate in making decisions relating to their care or treatment. This was because people were not involved in regular reviews of their support and activity plans. Regulation 17(1)(b).

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 by 03 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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