Lukka Care Homes Limited

Ravenscourt Nursing Home

Inspection report

Ravenscourt Nursing Home
111-113 Station Lane
Hornchurch
Essex
RM12 6HT

Tel: 01708454715

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24 May 2016

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 24 May 2016. The service was meeting legal requirements at our last inspection in September 2014.

Ravenscourt Nursing Home provides care to 70 people some of whom may be living with dementia. On the day of our visit there were 61 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The premises and some equipment were not always safe or properly maintained. We spoke to the registered manager about this and were told repairs would commence by the end of June 2016.
We found that although some incidents had been reported to the local authority, the registered manager had not informed the Care Quality Commission as required by law of some incidents that had resulted in harm.

People told us they felt safe and secure at Ravenscourt and felt there were enough staff to support them. We found staff had attended safeguarding training and were aware of how to recognise and report any type of abuse in order to protect people from harm.

Risks to the environment were kept up to date. However we found that moving and handling and falls risks assessments were not always updated particularly for people who had been living at the service for a period of two or more years. In addition mental capacity assessments were not always evident except in instances where covert medicine was used.

We found short falls in staff understanding of the Mental Capacity Act 2005. Although they were aware of the some of the people requiring a Deprivation of Liberty Safeguards authorisation they were unsure about the process to be followed. We spoke to the registered manager and deputy who showed us evidence that appropriate steps had been taken to ensure that people were only deprived of their liberty when it was in their best interests to do so. We recommended that more advice and training from a reputable source be sought to expand staff knowledge base.

Staff were aware of the procedures to follow in an emergency. There was a colour coded system at the nurse's station to ensure staff knew at a glance the best method to evacuate people to areas of safety in the event of a fire.

Medicines were stored and handled safely by staff who received regular training and updates relating to medicines management.

People were supported to eat a balanced diet that met their needs. Staff including the chefs were aware of people on different types of diets. For people on enteral (feeding via a tube going into the stomach) feed appropriate guidance and direction and speech and language advice was followed to ensure people received their nutritional support safely.

People were treated with dignity and respect and their privacy was promoted. Staff addressed people by their preferred names and responded to calls in a timely and appropriate manner.

People and their relatives described staff as caring and compassionate. We observed staff being sensitive to people's needs. Staff had attended relevant training and were supported by annual appraisal and regular supervision. Appropriate recruitment checks were completed to ensure staff were suitable to work in a health and social environment.

Care plans were person centred and reflected people's social, emotional, cultural and physical needs. Activities were based on people's needs and were a mixture of one to one, group, indoor and outdoor activities. Lots of games were left around for people and staff to use when the activity coordinators were not around.

People told us they could raise a complaint without fear of being victimised. Staff were aware of the complaints procedure and told us that any complaints were usually resolved quickly.

There was an open and honest culture where people, relatives and staff were able to voice their opinions about how the care could be delivered. People, staff and relatives spoke highly of the registered manager and their deputy and thought the service was well run. Regular audits and quality assurance checks were completed in order to ensure that the service continued to improve the quality of care delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was not always safe. Risks to the environment and people were identified. However risks related to equipment and premises were not always mitigated in a timely manner.

People were safeguarded from abuse and were cared for by staff who understood and recognised the need to adhere to infection control and medicine management principles.

There were robust recruitment practices to ensure experienced and skilled and suitable staff were employed. Staffing levels were based on dependency of people.

Is the service effective?

Good

The service was effective. People thought staff were knowledgeable and supported them effectively. Staff were supported by regular supervision and yearly appraisal.

Before care was delivered consent was sought. Staff were aware of the Mental Capacity Act 2005 (MCA 2005) and how it applied in their daily practice. However, there were shortfalls in documenting the capacity assessment process and we have made a recommendation.

People were supported to maintain a balanced diet. Special diets including enteral nutrition were met. Where people required specialist input from other healthcare professionals they were supported to access the care required.

Is the service caring?

Good

The service was caring. People told us that staff were kind and caring and treated them with dignity and respect.

Staff attended to people promptly and addressed them by their preferred needs.

People at the end of their lives were supported to have a dignified and pain free death.

Is the service responsive?

Good

The service was responsive. People told us they were involved in planning their care and that staff were flexible and honoured their requests.

Care plans were person centred and took into account people's emotional, physical, cultural and religious needs.

Activities were based on people's interests with regular outdoor activities and visits to places of interest.

People told us they were able to raise complaints and that their complaints were listened to and resolved.

Is the service well-led?

Requires Improvement

The service was not always well led. We had not received notifications relating to serious injuries such as pressure sores of grade three and above. Furthermore key policies were not always up to date or reflective of current best practice guidelines.

People, staff and relatives thought the registered manager was approachable, visible and promoted an open and honest culture. They all said they would recommend the service to friends and relatives.

Ravenscourt Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced took place on 24 May 2016 and was completed by an inspector.

Prior to the inspection we reviewed information from the local authority and healthwatch.

During the inspection we spoke with 11 people and ten relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We interviewed two care staff, three nursing staff, the deputy manager, the registered manager, two activities coordinators and the chef. We reviewed six care plans, eight medicine administration records and five nutritional intake charts. We also looked at eight staff files, twelve appraisal records and 14 supervision records. We sampled records relating to health and safety checks and maintenance of equipment and the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ravenscourt. One person said, "I think I am safe here. No concerns over my safety at all." Another person said, "Yes, I think I am safe and secure. They make visitors sign when they come in, which is a good thing." Relatives told us they had no concerns about the safety of people living at Ravenscourt. A relative said, "They look after mum very well here." Another relative said, "They look after her [person using the service] well and quickly notice if anything is wrong."

However, we found the premises and equipment were not always maintained properly or safe for use. The ground floor flooring in the small lounge, the visitor's toilet, the kitchen, the corridors leading to the main lounge, the kitchen, the main lounge and dining areas was worn and damaged in several places. On the second floor two chairs were torn and tatty and the flooring worn and uneven in some places. We asked the registered manager about it and they told us that a contractor had been round and they were waiting for a suitable date to start replacing the flooring. A trip hazard we noted on the ground floor was immediately rectified and the tatty chairs were removed. After our inspection we were sent photographs to confirm that some flooring on the ground floor had been replaced and work was scheduled to be completed on the first floor. We recommend further guidance be sought relating to ongoing maintenance a safe environment.

Appropriate guidelines were put in place and followed by staff to protect people from avoidable harm and potential abuse. Staff had attended training on safeguarding and were able to explain how they would recognise and report any allegations or signs of abuse. We reviewed safeguarding notifications made to the local authority and found that they were investigated and identified actions were completed in order to safeguard people from harm.

Staff said there was a culture of learning from mistakes and an open approach. There had been one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incident in March. There was evidence of learning from the incident with regular checks on people being completed and documented in order to reduce the risk or recurrence. We saw records and action taken after people had a fall or any injury in order to reduce the risk of harm. Staff were aware of how to report incidents and were aware of the procedure to follow if someone falls or in the event of a fire. They told us they had regular fire drills.

Staff had attended equality and diversity training and could demonstrate how they respected people's human rights and diversity when delivering care by promoting choice and not restricting people. Where people behaved in a way that may challenge others, staff managed the situation in a positive way and protected people's dignity and rights. We saw evidence of regular reviews including behaviour charts and how they used these to work with people, supporting them to manage their behaviour. Staff made an effort to seek to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Staff managed medicines consistently and safely. We reviewed medicine administration records and found them to be completed correctly. We observed staff administer medicines safely by making all the necessary checks to ensure they delivered the right medicine to the right person at the right time. Medicines audits

were completed regularly to ensure all guidance was followed. We checked controlled drugs and found no discrepancies. Registered nurses checked these daily to ensure no discrepancies. Nurses were aware of the procedure for ordering and disposing of medicines. Where covert medicine was administered appropriate guidance and authorisations were sought.

People on the whole thought there were enough staff working at the service. We found that observations were completed regularly on people in their rooms and communal areas to ensure they were comfortable. One person said, "there is always someone around when I call for help." Another person said, "Yes there seems to be enough staff around and we get to know them very well." We looked at staff rotas and found staffing levels were based on peoples dependency scores. Two qualified nurses and five care staff were the minimum numbers of each floor with activities coordinator, maintenance person, chef and their assistant, a domestic staff and an administrator. In addition the manager and registered manager were around during the week to support people staff and visitors. Any absences were covered by a pool of bank staff to ensure continuity of care by staff who understood people's needs.

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. Staff files contained proof of identification, qualifications, interview record, application form, occupational health clearance and two verifiable references. In addition disclosure and barring checks (checks to see if applicants have any criminal records) were completed for all staff to ensure they were suitable to work in a health and social care.

Good

Is the service effective?

Our findings

People told us that they thought the service was well run and that staff understood their needs. One person said, "Staff are very good. They listen and seem to know what they are doing." Another person said, "They help me get about as I can no longer do it on my own." Relatives also said staff were knowledgeable about the needs of people living at the service. One relative said, "They go out of their way to make mum comfortable." Another relative said, "They try their best to keep everyone stimulated."

Staff had a thorough induction when they began to work. This included a period of shadowing until they were confident enough to deliver care according to the national guidelines for dementia care. We reviewed staff files and found regular supervision and yearly appraisal was in place. This was used to develop and motivate staff and review their practice and knowledge of providing care that met people's needs. It included personal development plans. We saw that staff were supported to develop within their roles and others were supported to change roles. For example one staff member said, "I started off as a domestic but I am now an activities coordinator and enjoy my role."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had attended training and were aware of the need to follow the MCA guidelines before depriving people of their liberty. They told us that before care was given they sought consent from people. There were capacity assessments in place for some decisions such as covert medicine and daily choice. However we saw staff were aware that capacity could be variable and needed to be assessed for specific decision this was not always clearly documented.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to specific and timely capacity assessments for people living with dementia.

People experienced positive outcomes regarding their health. There was a named GP for all over 75s for continuity of care and to better manage chronic illnesses. A regular GP came to review people every Monday and was also available when required. One person said, "I get to see the doctor every Monday. They also call the surgery when I need anything." Arrangements were made for those who wanted to have a flu jab to have it. People were supported to attend hospital appointments and to access services such as chiropody, speech and language therapy and physiotherapy. On the day of our visit we saw a therapist working with people to improve their mobility. One person said, "The therapist is very helpful. I am gradually gaining my confidence to use my legs again and am very pleased with my progress so far."

People's needs and preferences were taken into account when parts of the premises were adapted or

decorated. There was a sensory room on each floor which was used regularly for people when they needed to be alone or some stimulation. The walls on the dementia units had various colours. There was appropriate signage to aid people in finding their rooms and bathrooms.

People said the food was good and mealtimes were a pleasant experience. One person said, "The food is very good. I get cooked breakfast when I want." Another person said, "I look forward to meal times. The meals are quite enjoyable." People were protected from the risk of poor nutrition and dehydration as regular weights and nutrition risk assessments were completed. Where weight loss or obesity was identified appropriate guidance was sought from dietitians. People on enteral (feeding via a tube going into the stomach) nutrition was managed safely with appropriate guidance as advised by dietitians being followed to ensure they received a balanced nutritional supplement.

Staff were aware of people on special diets and were able to tell us who these people were and how their dietary needs were managed. We observed that hot and cold drinks were available in between meal times and on demand. Staff interacted with people whilst assisting them. People were supported to eat in a timely manner and at a pace that suited them.

Good

Is the service caring?

Our findings

People, their relatives and other people who had contact with the service told us staff were considerate and caring. A person said, "Staff are very kind and always polite. I never hesitate to call when I need them." Another person said, "Staff are very good, patient and kind." We observed staff speaking politely to people and bending down to people's level in order to maintain eye contact when speaking. Relatives also confirmed that staff were welcoming, pleasant and polite each time they visited.

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. Staff were engaged in one to one conversations with people about their past, their family. At one point we saw staff talking through a photo album with a person encouraging them to talk about people and subjects they were interested in. Another person who was fond of gardening was discussing different plants and showed us their room which had potted plants in order to encourage them to maintain their hobby by daily watering the plants.

When people were nearing the end of their life they received compassionate and supportive care. We saw that other professionals such as the Macmillan nurses and GPs were involved in delivering end of life care. Where possible peoples wished relating to end of life care and funeral arrangements were clearly documented in advance. Staff were aware of the need to respect people's wishes and to support relatives by offering reassurance and refreshments. Relatives told us that staff were very sensitive to their needs and were supporting them during a difficult time. "One relative said, "It's been a difficult time, but the manager and staff have been supportive. Little things like making favourite food available and pain relief when requested mean a lot to us."

People were supported to express their views. Where people required help they were supported to access advocacy services to enable them to make informed choices about decisions relating to their health and care. One person said, "I have a say about what I do and where I go. I like having my hair done every Monday and my sons take me out for a drink every week." Another person said, "We choose what we want to do, where we have our meals. It is a good place I don't feel restricted in any way." Information about the service was available on notice boards and at reception. In the communal areas a board with all the meal choices of the day was kept up to date and reminded people about the choices available. Upcoming events and activities for the day were also available in communal areas so people could choose what they wanted to do.

People told us they were treated with dignity and respect and that their confidentiality was maintained. We observed staff treating people and visitors with dignity and respect. Staff knocked and waited for a response before entering people's rooms. Staff asked people discreetly if they wanted to use the toilet at regular intervals and waited outside whilst people used the bathroom. People were referred to by their preferred names and past occupations. This encouraged people to reminisce about pleasant memories. We observed staff spending one to one time with people, listening to what they had to say. Staff spoke fondly of people and showed an understanding of how to effectively meet people's needs.

Good

Is the service responsive?

Our findings

People said they received care that met their individual needs. One person said, "Staff are helpful, they know me by now, what I like and don't like." Another person said, "I get up when I want. They know I love my sleep." A third person said, "I am satisfied with the care here." A family member was looked after here before I decided to come here myself."

People received personalised care and support. Before people started to live at Ravenscourt an initial assessment was completed which included medical history, religion, physical, social and emotional needs. Once at the home comprehensive care plans which included people's history likes and dislikes were formulated. We observed that people woke up at a time that suited them. We saw different people come to the lounge at several intervals during the morning. People who preferred to get up later in the day were enabled to do so. Care plans specified preferred wake up and sleep times and staff were aware of these and stuck to these but were also flexible should a person decide to alter their routine for special occasions or appointments.

People, and those that mattered to them, were actively involved in developing their care and support plans where possible. We saw care plans and annual care reviews included people's present associations, and their involvement in their care and support needs.

People were protected from the risks of social isolation and were encouraged to maintain contact with their friends and relatives. Each person had a social and leisure care plan which clearly outlined peoples current hobbies and interests. Some people went out regularly with their relatives. On the day of our visit relatives told us they could come at any time and could take people out for a coffee or to their home. People said they received visitors regularly and looked forward to seeing their family and friends. People were given a choice of where they would like to receive their visitors.

Staff told us that activities were available and that people were able to choose what they wanted to do. A person was supported to go out to have fish and chips every Friday as was their routine before they started living at Ravenscourt. We saw birthdays were celebrated and significant events and public holidays such as the Queens 90th birthday were celebrated. There were plans to go out to the seaside and the local stadium and a range of outdoor activities. During our visit we saw, knitting and reminiscence therapy going on. Some people played scrabble others dominoes and at one point a group was concentrating on completing a three hundred piece puzzle.

People were able to raise concerns or complaints. One person said, "I can speak to the manager at any time. He will sort things out." Another said, "I can say what I want when I need too. No major problems so far." Relatives told us that any issues they had were quickly resolved by the registered manager or their deputy. There was a clear complaints policy which was available for people, visitors and staff to see and access as needed.

Requires Improvement

Is the service well-led?

Our findings

People, staff and relatives told us the service was well run by a visible and approachable registered manager. People knew the registered manager and deputy by name and interacted with them as and when they passed by. One person said, "They always pop in at regular intervals during the day to make ensure things are alright." Another person said, "The registered manager notices when things are not right and always asks if everything is ok. And if not nothing is too hard for him to rectify."

However, we found that the registered manager did not always ensure that all notifications and conditions of registration with the Care Quality Commission (CQC) were understood and met. The registered person did not always send notifications about incidents that affect people who use services to the CQC) without delay. We found that there had been safeguarding issues within the service and that the registered manager had not sent notifications of these incidents to CQC as required. We spoke with the registered manager and deputy manager about this and they told us they were not aware that they needed to submit these to the CQC. Other authorities such as the local safeguarding team where appropriate had been notified of all safeguarding incidents including grade three pressure sores (skin damaged caused by multiple factors such as poor nutrition or friction).

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Policies relating to safeguarding and whistle blowing were not always up to date and still referred to predecessor organisations such as CSCI. We highlighted this to the registered manager who said they would rectify this.

People, their family and friends were involved in how the service was run. People told us that they were involved in planning activities, meals and outings. They told us and we saw that they were included in making decisions about their daily life at Ravenscourt. We spoke to a volunteer who had started off visiting a friend despite their friend being deceased had continued to come and help with activities including one to one conversations.

Staff understood their roles and reporting structures and told us they could get hold of the registered manager or their deputy during out of hours if they had any concerns. There was room for staff to progress within the service to senior care staff. Staff told us they were supported to maintain their professional development and some had progressed to doing different roles within the service from the roles they were initially employed to do.

There were robust quality assurance arrangements to ensure people received care that met their needs. These included obtaining feedback from people and their relatives via formal and informal routes such as meetings and questionnaires. An open door policy also allowed people and their relatives to make any suggestions about the care provided. One person said, "You can talk to the manager at any time and they listen to my suggestions. A relative told us, "The management are very open to suggestion. Plus we can take mum out as often as she wants."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.