

Abbey Ravenscroft Park Limited

# Abbey Ravenscroft Park Nursing Home

## Inspection report

3-6 Ravenscroft Park  
Barnet  
Hertfordshire  
EN5 4ND

Tel: 02084495222

Website: [www.ravenscroftparknursinghome.co.uk](http://www.ravenscroftparknursinghome.co.uk)

Date of inspection visit:  
16 September 2020

Date of publication:  
16 October 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbey Ravenscroft Park Nursing Home is a 'care home'. The accommodation is purpose-adapted with passenger lift access to all three residential floors, each of which have separate adapted facilities. People in this care home receive accommodation along with nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there were 53 people living in the service.

People's experience of using this service and what we found.

Relatives told us that people were safe and received good care and support.

Recruitment processes had been improved and procedures were now safe.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

Staff received the training and support to carry out their role effectively. Care staff told us that they felt that the management team was very supportive especially during the recent months of the pandemic.

Relatives confirmed that they received regular updates and feedback about their relatives. However, some healthcare professionals did comment that communication between them and the home could be improved.

There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was good (report published July 2018).

#### Why we inspected

We carried out a focused inspection of this service on 16 September 2020 to check that the provider had made improvements required in relation to recruitment and infection control. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Ravenscroft Park Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below

# Abbey Ravenscroft Park Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection was carried out by one inspector, a nurse specialist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience contacted people's relatives by phone to request feedback.

#### Service and service type

Abbey Ravenscroft Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out the inspection visit on 16 September 2020. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we

took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications, safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, the deputy manager, three nurses and three care assistants. We looked at three care records and three staff files; we looked at various documents relating to the management of the service which included medical records, staffing rotas and quality assurance records. After the inspection we spoke to seven relatives by telephone. We also received feedback from three healthcare professionals who were in regular contact with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included, "My relative is safe and being looked after and I am very happy they are in this home" and "I have absolutely no concerns over the safety and care my relative is getting. There are always staff around so I never worry about my relative being here and not being supported."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- There were systems in place to ensure designated staff at the service undertook safety checks regularly. These included bed-rails, water temperatures, and fire-release mechanisms on doors.
- Staff knew people well and were aware of people's risks and how to keep them safe.

Staffing and recruitment

- At our last inspection we found concerns relating to the checks of staff members' Disclosure and Barring Scheme (DBS) disclosures. These disclosures are checks of police records and a list of people legally recorded as unsafe to provide care to adults. The provider's recruitment process had been improved since our last inspection to reduce the risk of unsuitable staff being employed. This included obtaining references and completing DBS checks prior to them starting work with the service.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- There was enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- Relatives told us, "There does always seem to be plenty of staff all the time" and "Any time my relative calls out for staff they always come quickly."
- On the day of our visit, when people needed assistance staff responded promptly.
- Staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.

Using medicines safely

- The service continued to have suitable arrangements for ordering, receiving, storing and disposal of

medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.

- Medicines were managed safely, and people received their medication when they should. Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

#### Preventing and controlling infection

- At our last inspection we there were minor concerns with upholding cleanliness standards in practice. we found food stains on the table cloths in two units after lunch was finished, and that dining chair legs in one unit had encrusted food stains.
- At this inspections we found improvements had been made. People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection and the service was working with a healthcare professional to ensure continued improvement in this area.
- Staff demonstrated good infection control practices. The service was clean.
- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear when delivering personal care and supporting people. Staff were seen to be wearing PPE appropriately.
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.
- Throughout the service there were hand-sanitising dispensers, all of which were useable throughout our visit.
- Relatives told us, "Rooms are always clean, in my relative's room, their clothes are folded or hung up, and we haven't lost any clothes as everything labelled" and "My relative's room is always clean as is the whole home."

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

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

- The nominated individual, registered manager, deputy manager and senior care staff worked together to promote team work, continuous learning and development throughout the entire team
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC had been received following any notifiable events at the service.

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

- Relatives told us that communication was good and that they were updated regularly especially during the pandemic.
- Comments from relatives included, "The home has organised face time for me so I can chat to my relative which is great at this time. My relative is always happy when I speak to them on the phone" and "I have had issues that I have felt comfortable to raise."
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Staff were happy in their work. They described the management team as caring and approachable.
- A relative told us, "I have always found the manager very approachable and I feel that if I want to, I can call and speak to her at any time."
- The service worked closely with a range of external health and social care professionals.
- However, some healthcare professionals did comment that communication between them, and the home could be improved, and that information requested was not always received in a timely manner. Shortly after the inspection visit, we were notified of a situation where concerns were raised by health and care professionals regarding being allowed access to the service to carry out an assessment of a person living at the home. We spoke with the Nominated Individual and received assurances that health and care

professionals requiring access to carry out essential assessments would be safely facilitated to do so.

- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place and a high staff morale and team spirit. Comments from staff included, "The manager is always approachable" and "The manager is always available to listen to us."
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Staff were happy, and proud to be working at the service and motivation was high. We saw that some staff had worked for the service for many years which ensured consistency and continuity of care. One staff member told us, "There is a very friendly atmosphere here."
- There were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were been completed on either a daily, weekly, monthly or quarterly basis
- The provider had recently employed a quality assurance consultant that had updated procedures to oversee standards at the service

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

- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback. There were systems in place for gathering people's views and how the service could be improved which included feedback surveys and regular resident and relative meetings.
- The provider and staff team encouraged people and their relatives to express their views about the running of the service and provided feedback to people when changes had been made.
- Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and Managers' Meetings organised by the regional manager at the providers head office.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included COVID related health and safety, training and development, and handover procedures. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, Tissue Viability Nurses, GPs and Occupational Therapists to ensure relevant information is passed on and there was continuity of care.