

Abbey Ravenscroft Park Limited

# Abbey Ravenscroft Park Nursing Home

## Inspection report

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Date of inspection visit:  
12 September 2017

Date of publication:  
08 November 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 12 September 2017 and was unannounced. This inspection was a focused inspection following up on breaches in legal requirements we found at our last comprehensive inspection on 23 May 2017 which resulted in an Inadequate rating in the safe domain and a warning notice being issued. The provider had written to us after the last inspection telling us how they would meet requirements. On this inspection we found some improvements had been made in auditing, learning from incidents and the safety of the premises. However we did find some repeat concerns with safeguarding and new concerns with the safe management of medicines meaning the service was in breach of legal requirements relating to safeguarding and safe care and treatment.

This report covers our findings in relation to these topics. You can read the report from our last comprehensive inspection by selecting the all reports link for this service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Abbey Ravenscroft Park Nursing Home is a nursing home providing accommodation with nursing and personal care for up to 65 people. At the time of our inspection there were 60 people living there.

The service had a registered manager in post. A condition of the registration of the service was to have a registered manager in post at the service. 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.

Staff could identify what abuse looked like and had been on training but we saw one instance where a safeguarding referral was not made to the local authority.

Medicines were not always managed safely. Some medicines were not recorded as administered and records needed updating to reflect current prescriptions and allergy status.

Audits were more robust and frequent, with better oversight of care provided. However, audits for care plans were missing information that showed whether action had been taken.

People told us they felt safe and the home was clean, staff followed infection control procedures and wore gloves and aprons.

Staff told us they felt supported and their skills were being developed. The registered manager was reflective and positive on the improvements that had been made in the service.

We found two breaches of legal requirements in this inspection, and we made one recommendation regarding notifications to us. Further information is in the detailed findings below.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Medicines were not always managed safely. There was a safeguarding procedure in place but it was not always followed.

There were some improvements in how the service learned from incidents.

The premises was safer with window restrictors fitted on windows in communal areas of the first and second floors. □

People told us they felt safe and people's rooms and communal areas were clean.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. Notifications were not always made to us about safeguarding incidents.

Audits had improved and were much more robust but were still missing some information to show actions had taken place to remedy concerns they picked up. There were issues with medicines and risk assessments which may have placed people at risk of harm.

Clinical oversight was more effective with the appointment of a new clinical lead and staff felt supported.

**Requires Improvement** ●

# Abbey Ravenscroft Park 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 checked 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.

This inspection took place on 12 September 2017 and was unannounced.

The inspection team consisted of one adult social care inspector, one pharmacist inspector and one 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. For this inspection the expert by experience had experience of caring for people who were older and had dementia care needs.

Before this inspection we gathered information from previous inspection reports and findings, notifications that had been sent in by the service telling us about important events such as injuries, and by sharing information with the local authority.

During the inspection we spoke with 15 people that lived in the service and 13 of their relatives. We interviewed the registered manager and clinical lead and spoke with four care staff. We looked at risk assessments and care plans for eight people, six staff files, 20 MAR and files the service kept on safeguarding, incidents and audits.

We also observed communal areas and walked around the service to check the safety of the building and looked at health and safety records.

# Is the service safe?

## Our findings

At our last inspection on 23 May 2017 we had concerns about the safety of the premises, how incidents were learned from and the reporting of safeguarding concerns. We issued a warning notice to the provider and registered manager for this as we found breaches of Regulations 15 safe premises and equipment and Regulation 12 safe care and treatment.

At this inspection we found improvements had been made in the safety of the premises and the service was no longer in breach in this area. However, there were still improvements to be made in acting on safeguarding concerns and we found new concerns with the safe management of medicines.

At the last inspection we found a safeguarding concern that had not been reported to the local authority safeguarding team for investigation. During this inspection we noticed a large bruise on a person's face and asked a staff member about it, they told us that other staff had wiped the person's face too roughly and bruised it. We asked the registered manager to look into this and report it as a safeguarding concern. When we followed this up after the inspection the registered manager said they had not reported the concern as they had sought medical advice and a health professional had said they would review medicines first. We fed back to the registered manager they had been informed a staff member had been rough with a person resulting in a possible injury and that it should have been reported with no delay as their safeguarding policy states and we had fed back. This showed the service's safeguarding policy had not been followed and the procedure in place to protect people from abuse or avoidable harm was not effective.

The above evidence is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if medicines were managed safely and found some concerns that may have placed people at risk. We looked at medicines administration records (MAR) charts and saw where staff had not signed to say the medicine had been administered for five people on different occasions. Some of the medicines that had not been signed for were topical creams, one cream had not been applied for five days and the nurse on duty was unable to tell us why when we followed this up. On the medicines trolley there was a topical cream but it was not listed as prescribed on any of the MAR charts and staff were unsure whether it was being used or needed removing from the trolley. Other medicines that had not been signed for were pain medicines which may have left people in discomfort or pain. For another person their PRN protocol stated they should take paracetamol for pain relief but they were being given co-codamol instead. This was followed up by the registered manager and the protocol adjusted.

One person was being given a medicine that their MAR said they were allergic to; the MAR needed changing to reflect the correct allergy status of this person. Two people's medicine protocols were out of date with medicines on there that were no longer prescribed and medicines that had been prescribed but not added on to the protocol. This meant staff did not have up to date information on which medicines people needed administering which put them at risk of unsafe care and treatment.

The above evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For one person receiving covert medicines we fed back a concern as they were having two medicines administered covertly that said on the manufacturer's instructions they should not be crushed. When medicines are given covertly, it means that they are hidden in food or drink without the knowledge of the person. During the inspection the nurses on duty and the registered manager were unable to tell us at the time exactly how this medicine was administered. We asked for feedback on this as the crushing of the medicine was placing the person at risk of avoidable harm. We followed this up and requested further confirmation after the inspection of how the medicine was being administered and the registered manager confirmed it was not currently and never had been crushed for this person and their protocol would be made clearer as to the administration method.

We checked medicines storage, MAR charts, and medicines supplies. Prescribed medicines were available for people living at this service. Medicines were stored securely in locked medicines trolleys within locked clinic rooms. The medicines trolleys were attached to the wall when not in use. All the fridges where medicines were stored were locked. Minimum, maximum and current fridge temperature readings were taken daily. The ambient room temperatures where medicines were stored were also recorded daily. The readings provided assurance that medicines were being stored at the correct temperatures to remain effective.

Controlled drugs (CD) were stored in locked CD cabinets which were situated inside clinic rooms on each floor of the home. CD balance checks for each floor of the home were completed twice a day by two registered nurses. A registered nurse on each floor held the key to the medicines rooms, medicines cabinets and CD cabinets on each floor. Random checks of several CDs were carried out and we found that the quantity in stock matched the quantity recorded in the CD registers.

Medicines were administered by registered nurses. We saw signatures in the majority of cases to prove this on the MAR charts. This provided a level of assurance that clients were receiving their medicines safely, consistently and as prescribed in most cases. We saw some examples when medicines were given but the nurse had not signed for them immediately. We were told that this was because the nurse had been called to another person and was not usual practice.

We saw protocols that gave clear instructions for medicines that were used as required (PRN medicines) by people (for example paracetamol tablets, salbutamol inhaler). Some clients were prescribed lorazepam tablets when required for the treatment of agitation. Nurses kept records to explain why each dose was administered. We saw that this medicine was also reviewed regularly by doctors to ensure it was used appropriately.

There were enough staff to meet people's needs. Staff on shift matched the rota for the day and we saw staff visible in communal areas and in and out of people's rooms providing care. Most care staff we spoke with said there were enough staff; they said "Usually there are enough to manage. They get cover from another member of the team usually if someone is sick because we all know them it works", and "It is okay when people are off sick because we usually have someone from another unit who we know and if not we have someone called in. The nurse helps out with us and her own job if that happens. The nurses are really good here. Agency staff do come sometimes but we know them." People and relatives we spoke with similarly said there were enough staff and they were regular and recognised them.

At our last inspection we had serious concerns about the safety of the premises as window restrictors were

not fitted or inappropriate in some of the communal areas of the first and second floors. This placed people at risk of falling out of or climbing out of windows if they became confused. At this inspection we saw that new window restrictors meeting specifications from the Health and Safety Executive (HSE) had been fitted, making the windows safer. The HSE is the national independent watchdog which acts in the public interest to reduce serious injury or death in the workplace.

The home had been redecorated in parts and looked cleaner and fresher where repainting had taken place. We saw one maintenance issue that posed a safety risk to people; some screws were sticking out of a bi-fold door that was hanging off of its hinges. We reported this to the registered manager who called maintenance personnel to make it safe straight away. Communal areas were generally clean and the registered manager told us there were four housekeeping staff employed that we saw cleaning during the day. There was infection control equipment throughout the home, with gloves of all sizes and aprons easily accessible in and outside of bathrooms and staff were using them. Some bathrooms were out of use with equipment stored in them and required cleaning which we discussed with the registered manager, they said some people have en suite showers so there were enough bathing facilities for people.

We examined hoists and bathroom equipment stored in bathrooms or communal hallways, each piece of equipment had been recently serviced and the date of the next service had not yet passed. We asked the registered manager about maintaining equipment. They said "All hoists [are] working at the moment, they get checked quarterly, and when CQC came last time we had some worn out slings so we got all new ones after [the] last inspection. We keep the slings in the room. We have an audit staff have to take a turn to clean hoist weekly at nights."

At our last inspection we saw two instances of a person being moved in an unsafe way putting them and care staff at risk. At this inspection we saw an improvement in how people were supported to move. We followed up with the registered manager where we saw one person was uncomfortable when moved. The registered manager followed this up and sent evidence of a discussion with staff. We saw that some staff had been retrained in moving and handling after our last inspection and feedback and it was discussed in team meetings, specifically how to support people off of the floor safely.

We looked at the falls and accident record for one unit. It recorded for one person two falls in March 2017, one in May 2017 and one in August 2017. The action for each of the falls was 'refer to falls clinic'. After the inspection we established that a request had been promptly made to the GP for a falls clinic referral. However, the registered manager explained the referral was not ultimately made for another four months. Whilst the service had promptly requested support of community professionals to help keep the person safe, action had not been taken to check the request was being addressed in a timely manner.

The registered manager told us of the introduction of a new responsibility for a staff member who was now a 'falls champion'. This meant they worked with people and staff on how to prevent falls for those people at risk of falls. We saw that falls diaries were now being used to record incidents and people at risk of falls had anti slip mats and cushions where assessed as appropriate to reduce the risk of falls. Where other incidents had taken place these were being reviewed, at our last inspection they were not. This showed that despite the one example given above, the service was starting to learn from where incidents had taken place and trying to reduce their frequency.

Staff were better supported to manage risks, with an increase in spot checks on care and the introduction of a new clinical lead that was based on the floor to support staff and people so needs were being met in a safer and more effective way. Nurses wrote risk assessments which were reviewed regularly and checked by the clinical lead or registered manager before being approved. There were risk assessments in place for



specific risks such as choking and pressure sores and care plans incorporated these. We checked to see if risk management measures were in place as described in risk assessments and care plans such as anti slip mats and covered bed rails and saw that they were. The registered manager told us "Each and everybody's risk assessment is different and according to their risks." We asked them to give an example of how they supported one person around a risk they faced, they said "One resident likes to make her own tea, we can't stop that, we support her to make the tea but care staff supports to pour the boiling water."

Recruitment processes had been followed with application and interview documents in staff files. Each staff member had a criminal records check in place to ensure they were safe to work with people before they started. Nurses who were providing nursing care were registered with the nursing and midwifery council to ensure they were fit to practise.

People told us they felt safe, they said "I do feel safe, I like it. They clean a lot", "I am always safe and I like that I have a bit of freedom but they are keeping an eye out still", and "My belongings are looked after and I am too."

## Is the service well-led?

### Our findings

At the last inspection on 23 May 2017 there was a breach in regulation around the governance of the service and quality assurance was not robust. We found infection control audits were not always completed and care plan audits were missing issues with care plans. Actions picked up by audits were not completed that placed people at risk and health and safety audits did not pick up that the premises was not safe with window restrictors not fitted where required. We found the governance systems and processes, to assess and monitor the quality and safety of the service and ensure all relevant information was kept on file for people receiving care, were not always effective. We also found that safeguarding concerns were not always reported and the service's policy in respect to safeguarding was not being followed.

At this inspection we found the safeguarding policy was still not being followed by the registered manager with two instances of this evident throughout the inspection. A concern that had been reported to the local authority of financial abuse had not been notified to us as is required of providers, and a safeguarding referral had not been made to the local authority when an allegation of staff being rough with a person came to light during our inspection.

We recommend that the service seek support and training, for the management team, about making safeguarding referrals and notifications.

There were still some minor gaps in audits but enough improvements had been made for the service to no longer be in breach in this area. Improvements in the audit system included an overall audit of incidents and falls that had taken place in 2017 with learning and actions clearly stated. We saw how the service had introduced new equipment as a result of audits and fall frequency had reduced as a result for some people. Infection control audits were up to date and care plans and risk assessments had been reviewed in a timely manner and approved by the clinical lead or registered manager.

A selection of care plans had been audited on 7 September 2017 using a scoring system favoured by the service. However, on the last page of the audit for August and September it was not complete with a total of the score or an explanation of what actions needed doing and by whom showing the audit was not as effective as it could be in improving care plans. We discussed this with the clinical lead who said they would take our feedback on board and ensure all follow up actions were recorded and checked in future. They explained that the actions always took place but sometimes the recording of changes could be updated more promptly.

Action had been taken on the feedback given at our last inspection regarding premises safety and the premises was now safer and staff had been retrained in areas they needed extra support in to be effective in their roles. The registered manager was positive and reflective during this inspection on the changes that had taken place and how the service had improved. We asked them how the governance of the service had changed and they said "Audits, I have made a point of doing more. I was doing audits, not on a regular basis [before], now I am, that is a very big change. Doing the audits gave me more of an idea of what's going on with resident's safety and to prevent accidents. I make sure staff are aware of preventing accidents. Now I

use audits as a tool and I can take steps to act on them."

We asked the registered manager about any other changes and they said they now had a better idea of what was going on in the home as "Before I was concentrating more on staff and looking after them." The registered manager told us they had support from the provider and "I have lots of guidance and get advice when I need it."

Staff we spoke with said they felt supported. Records showed that regular supervisions were taking place and some staff were being developed to complete national vocational qualifications and two care staff were being supported on to their access to nursing course whilst working in the service. One staff member said "I feel I would like to stay here and get qualified more. They are trying hard to change things and make them better."

The registered manager told us they had made more of an effort to go out on the floor and sometimes did daily walk rounds. Some people and relatives we spoke with knew who the manager was and that if they had any concerns they would go to the office. Some people said the management were not visible but they felt they could speak to the nurses if they needed anything and were satisfied that issues were followed up. Care staff echoed what people fed back about seeing the registered manager and said "Not very often as she is in her office and busy. Maybe once or twice I have seen her downstairs" and "She comes around sometimes and says hello to residents and relatives."

Staff were asked for their feedback once a year through a formal survey and staff were also given an opportunity to feed back in supervision and at team meetings. Records reflected this. The registered manager said they made changes based on staff feedback and gave an example where care staff had told them two people used to play the piano and they purchased keyboards for them so they could play.

People living in the service and relatives had opportunities to feed back at residents meetings and the registered manager said relatives and people were kept updated on a proposed extension and asked their opinion on how it should be carried out. There was a survey in March 2017 for people living in the service.

We saw some improvements in the management of the service but also saw further areas for improvement with further work on audits needed to embed the practise and ensuring the safeguarding policy was followed. We asked people and their relatives what the service did well and how it could be improved. They said that nurses and care staff were caring and well liked, that people were safe, but that more stimulation was needed throughout the day as activities provision for people was lacking. The registered manager said they were always trying to improve activities provision and arrange things to do that people liked doing and were dementia friendly.

We saw evidence in care records of a good working relationship between the service and health care professionals such as tissue viability nurses, GP's and dieticians. This showed partnership working to achieve positive health results for people.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure the safe care and treatment of people by ensuring the safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The service failed to ensure service users must were protected from abuse and improper treatment, and failed to ensure systems and processes must be established and operated effectively to prevent abuse of service users.