

FitzRoy Support Ridgemoor

Inspection report

The Mallards
Bridge Sreet
Leominster
Herefordshire
HR6 8UN

Tel: 01730711102
Website: www.fitzroy.org

Date of inspection visit:
31 October 2019

Date of publication:
02 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ridgemoor provides accommodation and personal care for up to eight adults with physical and or learning disabilities. The home consists of two bungalows accommodating four people each, which is located within a residential housing estate in Leominster. At the time our inspection, there were six people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not always supported to be safe. Fire prevention measures were not always taken and staff instruction of what to do in the event of a fire had not been up-dated.

Infection control measures were not always followed to prevent cross-infection.

The provider's quality audits had failed to identify shortfalls and risks for the people living at the home, putting people at unnecessary risk of harm

Staff had not received regular training to support them in their role and /or put their knowledge from training into practice to effectively reduce cross infections.

Not all staff were kind and caring. Some staff spoke in an uncaring way about the people they were supporting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We have identified two breaches of regulation in relation to safe care and treatment and governance at this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good [published 30 May 2017].

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring and Well-Led sections of this full report.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

This service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Ridgemoor

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors on 31 October 2019.

Service and service type

Ridgemoor is a 'care home' split into two individual residential bungalows. 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers, support workers and an agency staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider's fire risk prevention procedures and policies were not followed, putting people at unnecessary risk of harm. Throughout the two bungalows we found fire doors with keep closed instructions left open.
- We saw in the laundry room the tumble drier and washing machine were in use despite the home being left unattended in. In the other bungalow in the laundry room there were articles such as paper towels being stored, but the cupboard doors had been removed to add to the potential increase of fire spreading.
- We saw in the medicine room storage of linen and paper alongside two portable heaters. The team leader removed these once we highlighted the potential risk.
- Fire checks including checking emergency lighting had not been performed between 10 April 2019 and 29 July 2019 and between the period of 29 July 2019 and 10 September 2019.
- Not all staff employed had attended a fire drill and we could not see a fire drill had been performed at night time. Therefore provider could not be sure all staff knew how to react in an emergency and keep people safe.
- When we checked the fire emergency bag, we found there was not enough foil blankets for all the people in the home to use in an emergency. Personal evacuation plans had not been up-dated and included names of people and staff who no longer had any association with the home. We contacted the Hereford and Worcester Fire Service to share our findings.
- Throughout the two bungalows, people had access to areas where they were exposed to risk. For example, laundry areas and kitchens containing cleaning chemicals and fence paint was readily accessible to people as staff did not ensure these areas were locked. People living with a learning disability could access these areas and be at risk preventable harm or injury.
- When we arrived at the home we saw people were left unsupervised sitting in a minibus with the doors wide open and the engine running for approximately five minutes. We immediately reported this incident to the senior support worker and then to the registered manager on their arrival.

Preventing and controlling infection

- People were exposed to the risk of infection through poor practice in relation to the use, storage and maintenance of equipment. Slings were allocated for people's sole personal use, however we saw used

slings left draped over coat hooks in the hallway stored next to people's clothing to dry.

- Additionally in the communal bathroom had gone rusty and required replacing. There was mould around the seal of the flooring in the bathroom and a loaf of bread and milk left defrosting in a soiled kitchen sink.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Although incidents or accidents were recorded, so could not see if any learning had taken place.

Systems and processes to safeguard people from the risk of abuse

- Systems and handovers between shifts were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.
- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety

Staffing and recruitment

- Staff were recruited using safe recruitment practices. All employees' Disclosure and Barring Service (DBS) status had been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The provider was currently using agency staff whilst they recruited more staff. Agency staff told us they felt supported whilst working at the home. One agency staff member told us, "They are a good team here, anything I need to know I just ask."

Using medicines safely

- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. Although we found temperatures for the storage of medicines had not always been recorded. The registered manager was made aware of our findings and said they would ensure this happened in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Where staff had received IPC training they were not putting this into practice which is aligned to the IPC issues found.
- A relative told us they felt the staff were "Good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the home.
- The registered manager told us they were in the process of making people's care plans more person centred.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements were considered. Menus were designed around a healthy diet to assist people to stay fit and well.
- Where people had eating and drinking difficulties, guidelines were available for staff to follow.

Adapting service, design, decoration to meet people's needs

- Where people required specialist equipment to help them live as independently as possible this had been supplied, such as a specialist bath and ceiling hoists to help people during personal care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to see health professionals, when they required.
- The staff team regularly liaised with health and social care professionals to achieve the best outcomes for people. For example, we saw where people required assistance with their eating and drinking referrals had been made to the speech and language therapist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw where best interests' meetings had been held they were recorded in people's care plans.
- People's capacity to make specific decisions had been assessed

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and right to confidentiality was not always respected. On the day of the inspection we found people's personal information stored in communal areas, such as the lounge, and hallways that was accessible to anyone visiting the home
- Staff understood which people required privacy and time alone and ensured this was respected.

Ensuring people are well treated and supported; respecting equality and diversity

- We heard mixed responses when staff spoke with people living at the home. Whilst most staff spoke affectionately about the people they supported, we overheard an agency staff say to another agency staff "It's important to control [person's name]." We immediately reported this to the registered manager who told us they would address this with the agency staff concerned.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood how each person required support to express their care needs. For example, where people had difficulty verbally communicating, visual prompts and gestures were used.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. A relative told us they felt listened to, when discussing their family member's care.
- People living at the home had individual activity programmes which included attendance at local day centres and music groups.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured people's communication difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the staff and the registered manager identified, recorded, shared and met the communication needs of people with a learning disability

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. However we could not see when complaints and concerns were resolved, because none had been raised in the last twelve months.
- We saw people had accessed advocacy services when required.

End of life care and support

- People's care wishes at the end of their lives were recorded in their files wherever possible. A relative told us "We discussed the decision to have do not resuscitate decision in place for [person's name] and the doctor and staff supported our decision."
- Staff received training on how best to support people at the end of their lives. Staff respected people's religious beliefs and preferences

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 Requires Improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since our last inspection the provider had not made significant improvements to ensure people were not placed at risk of receiving unsafe care and support. During the inspection we identified several concerns that the provider had failed to identify during their quality checking processes so these could be addressed. For example, concerns over the fire safety risks and infection control risks [identified in the safe section of this report].

- The provider's quality assurance and oversight had also failed to maintain people's right to privacy and confidentiality by identifying the inappropriateness of storing people's private information in communal areas.

The provider had ineffective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us their morale was good despite to the changes in management and staff changes. One staff member told us "It's alright here, despite being a few staff short."
- Staff told us they felt able to express their opinions through staff meetings and supervisions.

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

- We did not find enough evidence to show that people's views and experiences were gathered and acted on to improve services. There were no effective systems in place to seek feedback from people and their relatives. Although the registered manager told us they thought a national questionnaire was sent out annually from the provider – but could not show us any evidence of this happening

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- We saw that when any notifiable incidents had occurred they had been reported to the Care Quality

Commission [CQC] as required.

Continuous learning and improving care; Working in partnership with others

- The provider was working closely with the local authority quality team as they carried out visits to the service and the registered manager was working closely to address the issues found during their visits.

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 Fire and infection control procedures had not been followed in line with provider's own policies and procedures putting people at risk of unnecessary harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems or processes were not in place to ensure compliance with the requirements in this regulation.

The enforcement action we took:

A warning notice was served against the registered manager.